

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

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.

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

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

20 (IV) Workers whose injuries are severe enough to lead to wage
21 loss or permanent impairment, or both, are limited in recovering their
22 economic losses by arbitrary benefit caps. Those caps most significantly
23 and wrongfully impact workers whose injuries are severe.

24 (V) Benefits payable to injured workers for permanent impairment
25 are paid unequally. While some permanent disabilities are paid through
26 a holistic lens based on the permanency of the workers' symptoms, lost
27 income, and an inability to work or complete activities of daily living,

1 others are paid according to an arbitrary schedule of benefits. The
2 schedule of benefits almost always results in less compensation for
3 injured workers, even in instances of severe disability.

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

9 (VII) Workers who are the most severely injured and therefore
10 unable to return to similar or "suitable" employment following an
11 industrial injury are not owed any additional monetary benefit under the
12 current scheme. Since the 1991 changes to the workers' act, to obtain
13 permanent total disability in Colorado, a worker must be "unable to earn
14 any wage". This standard has rendered permanent total disability benefits
15 nearly obsolete.

16 (VIII) Despite the fact that an injured worker is the first-party
17 insured of their employer's workers' compensation insurer, meaning that
18 the insurer is prohibited from the unreasonable delay or denial of benefits,
19 workers do not have access to the normal statutory remedies available for
20 the unfair claims handling practices of a workers' compensation insurer.
21 This emboldens Colorado workers' compensation insurers to engage in
22 deceptive, unfair, unreasonable, and frivolous practices in the handling
23 of claims.

24 (IX) All workers deserve the best care when injured. The state of
25 Colorado, as an employer, should make every effort to obtain workers'
26 compensation coverage with the worker experience in mind. Pinnacol is
27 the top-rated workers' compensation insurer by workers and is already a

1 quasi-state agency. The state should contract with Pinnacol for coverage,
2 rather than other third parties, many of which are out-of-state entities
3 without a connection to Colorado and are not subject to the same
4 transparency and financial disclosure requirements as Pinnacol.

5 (d) In contrast to the hardships faced by injured workers since
6 1991, Colorado's workers' compensation insurers are enjoying
7 unprecedented economic success, posting profit margins higher than any
8 other type of insurance in Colorado.

9 (2) The general assembly declares that:

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

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

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

17 **8-42-101. Employer must furnish medical aid - approval of**
18 **plan - fee schedule - contracting for treatment - no recovery from**
19 **employee - medical treatment guidelines - accreditation of physicians**
20 **and other medical providers - mental health provider qualifications**
21 **- mileage reimbursement - rules - definitions - repeal.**

22 (3) (a) (I) (A) The director shall establish a schedule fixing the fees for
23 which all surgical, hospital, dental, nursing, vocational rehabilitation, and
24 medical services, whether related to treatment or not, pertaining to injured
25 employees under this section shall be compensated. It is unlawful, void,
26 and unenforceable as a debt for ~~any~~ A physician, chiropractor, hospital,
27 person, expert witness, reviewer, evaluator, or institution to contract with,

1 bill, or charge any party for services, rendered in connection with injuries
2 coming within the purview of this ~~article~~ ARTICLE 42 or an applicable fee
3 schedule, ~~which~~ THAT are or may be in excess of ~~said~~ THE fee schedule
4 unless such charges are approved by the director. Fee schedules shall be
5 reviewed on or before July 1 of each year by the director, and appropriate
6 health-care practitioners shall be given a reasonable opportunity to be
7 heard as required pursuant to section 24-4-103 ~~C.R.S.~~, prior to fixing the
8 fees; impairment rating guidelines, which shall be based on the revised
9 third edition of the "American Medical Association Guides to the
10 Evaluation of Permanent Impairment", in effect as of July 1, 1991; and
11 medical treatment guidelines and utilization standards. Fee schedules
12 established pursuant to this ~~subparagraph (F)~~ SUBSECTION (3)(a)(I) shall
13 take effect on January 1. The director shall ~~promulgate~~ ADOPT rules
14 concerning reporting requirements, penalties for failure to report correctly
15 or in a timely manner, utilization control requirements for services
16 provided under this section, and the accreditation process DESCRIBED in
17 subsection (3.6) of this section. The fee schedule ~~shall apply~~ APPLIES to
18 all surgical, hospital, dental, nursing, vocational rehabilitation, and
19 medical services and to expert witness, expert reviewer, or expert
20 evaluator services, whether related to treatment or not, provided after any
21 final order, final admission, or full or partial settlement of the claim.

22 (B) AN EMPLOYER OR THE EMPLOYER'S INSURER SHALL USE THE
23 DIVISION'S UTILIZATION STANDARDS WHEN RESPONDING TO A REQUEST
24 FOR AUTHORIZATION FROM A TREATING PHYSICIAN. IF AN EMPLOYER OR
25 THE EMPLOYER'S INSURER FAILS TO ACT IN ACCORDANCE WITH THE
26 DIVISION'S UTILIZATION STANDARDS WHEN REVIEWING A REQUEST FOR
27 AUTHORIZATION, THE DIRECTOR MAY DEEM THE SERVICES PROVIDED BY

1 AN AUTHORIZED TREATING PHYSICIAN AS AUTHORIZED, REASONABLE, AND
2 NECESSARY AND REQUIRE PAYMENT FOR THE SERVICES BY THE EMPLOYER
3 OR THE EMPLOYER'S INSURER.

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

11

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

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

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

1 WILLING TO TREAT THE INJURED EMPLOYEE. IF THERE ARE THREE OR
2 FEWER LEVEL I OR LEVEL II ACCREDITED PHYSICIANS WITHIN SEVENTY
3 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS WHO ARE WILLING TO
4 TREAT THE INJURED EMPLOYEE, THEN THE AUTHORIZED TREATING
5 PHYSICIAN DESIGNATED BY THE EMPLOYEE MUST BE WITHIN ONE HUNDRED
6 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS. AN ACCREDITED
7 PHYSICIAN IS PRESUMED WILLING TO TREAT AN INJURED WORKER UNLESS
8 THE PHYSICIAN INDICATES THE CONTRARY TO A PARTY. THE EMPLOYEE
9 MUST DESIGNATE THE TREATING PHYSICIAN IN WRITING ON THE FORM
10 PRESCRIBED BY THE DIRECTOR. THE EMPLOYEE MAY MAKE ONE TREATING
11 PHYSICIAN DESIGNATION ON THE FORM PRESCRIBED BY THE DIRECTOR ANY
12 TIME AFTER THE ON-THE-JOB INJURY BUT BEFORE BEING PLACED AT
13 MAXIMUM MEDICAL IMPROVEMENT. IF THE EMPLOYEE DECLINES TO
14 DESIGNATE A PHYSICIAN WITHIN SEVEN BUSINESS DAYS AFTER RECEIPT OF
15 NOTICE OF THE RIGHT TO DESIGNATE IN WRITTEN VERIFIED FORM, AN
16 EMPLOYER OR INSURER MAY DESIGNATE ONLY A LEVEL I OR LEVEL II
17 ACCREDITED PHYSICIAN LICENSED UNDER THE "COLORADO MEDICAL
18 PRACTICE ACT", ARTICLE 240 OF TITLE 12, AS THE EMPLOYEE'S
19 AUTHORIZED TREATING PHYSICIAN. THE EMPLOYEE MAY SUBSEQUENTLY
20 DESIGNATE A PHYSICIAN CONSISTENT WITH THIS SUBSECTION (5)(a)(I)(A).
21 THE PHYSICIAN DESIGNATED BY THE EMPLOYER OR INSURER AND THE
22 PHYSICIAN DESIGNATED BY THE EMPLOYEE SHALL COMPLY WITH
23 SUBSECTION (5)(a)(IV)(A) OF THIS SECTION. FOR AN INJURED EMPLOYEE
24 WHO IS NOT A RESIDENT OF COLORADO, AS SOON AS POSSIBLE, BUT NO
25 LATER THAN TEN BUSINESS DAYS AFTER THE RECEIPT OF A NOTICE OF AN
26 ON-THE-JOB INJURY, AN EMPLOYER OR INSURER SHALL DESIGNATE A
27 TREATING PHYSICIAN AND NOTIFY THE EMPLOYEE OF THE DESIGNATION IN

1 WRITING. THE TREATING PHYSICIAN MUST BE WITHIN ONE HUNDRED MILES
2 OF THE EMPLOYEE'S HOME ADDRESS. IF THE EMPLOYER OR INSURER
3 DECLINES TO DESIGNATE A PHYSICIAN WITHIN THE TEN-BUSINESS-DAY
4 TIME PERIOD, THE EMPLOYEE MAY DESIGNATE A TREATING PHYSICIAN
5 WITHIN ONE HUNDRED MILES OF THE EMPLOYEE'S HOME ADDRESS IN
6 WRITING TO THE EMPLOYER OR THROUGH ATTENDANCE AT AN
7 APPOINTMENT WITH THE EMPLOYEE'S DESIGNATED PHYSICIAN.

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

26 (C) ~~If there are more than three physicians or corporate medical~~
27 ~~providers, but fewer than nine physicians or corporate medical providers~~

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

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

19 (E) If the insurer or self-insured employer admits liability for the
20 claim, any party may request an expedited hearing on the issue of whether
21 the employer or insurer provided a list in compliance with this subsection
22 (5) if the application for expedited hearing is filed within forty-five days
23 after the initial admission of liability for the claim. The director shall set
24 any expedited matter for hearing within sixty days after the date of the
25 application. The time schedule for an expedited hearing is subject to the
26 extensions set forth in section 8-43-209. If the party elects not to request
27 an expedited hearing under this subsection (5), the time schedule for

1 hearing the matter is as set forth in section 8-43-209.

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

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

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

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

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

25 ~~(C) The notice is directed to the ~~insurance carrier~~ INSURER or to~~
26 ~~the employer's authorized representative, if self-insured, and to the~~
27 ~~initially authorized treating physician and is deposited in the United States~~

1 mail or hand-delivered to the employer, who shall notify the ~~insurance~~
2 ~~carrier~~ INSURER, if necessary, and the initially authorized treating
3 physician;

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

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

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

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

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

25 (C) The originally authorized treating physician shall continue as
26 the authorized treating physician for the injured employee until the
27 injured employee's initial visit with the newly authorized treating

1 physician, at which time the treatment relationship with the initially
2 authorized treating physician ~~shall terminate~~ TERMINATES.

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

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

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

25 (VI) (A) In addition to the one-time change of physician allowed
26 in ~~subparagraph (H) of this paragraph (a)~~ SUBSECTION (5)(a)(II) OF THIS
27 SECTION, upon written request to the ~~insurance carrier~~ INSURER or to the

1 employer's authorized representative if THE EMPLOYER IS self-insured, an
2 injured employee may procure written permission to have a personal
3 physician or chiropractor treat the employee. The EMPLOYEE MUST
4 COMPLETE THE written request ~~must be completed~~ on a form that is
5 prescribed by the director. If ~~permission is neither granted nor refused~~
6 THE EMPLOYER OR INSURER NEITHER GRANTS NOR REFUSES THE
7 PERMISSION REQUEST within twenty days after the date of the certificate
8 of service of the request form, the employer or ~~insurance carrier shall be~~
9 INSURER IS deemed to have waived any objection to the employee's
10 request. IF THE EMPLOYER OR INSURER OBJECTS TO THE REQUEST, THE
11 EMPLOYER OR INSURER SHALL MAKE THE objection ~~shall be~~ in writing on
12 a form prescribed by the director and shall ~~be served~~ SERVE THE WRITTEN
13 OBJECTION on the employee or, if represented, the employee's authorized
14 representative within twenty days after the date of the certificate of
15 service of the request form. An ~~insurance carrier~~ INSURER, or an
16 employer's authorized representative if THE EMPLOYER IS self-insured,
17 shall track how often an injured employee requests to change ~~his or her~~
18 THE EMPLOYEE'S physician and how often such change is granted or
19 denied and shall report such information to the division upon request.
20 Upon the proper showing to the division, the employee may procure the
21 division's permission at any time to have a physician of the employee's
22 selection treat the employee, and in any nonsurgical case the employee,
23 with such permission, in lieu of medical aid, may procure any nonmedical
24 treatment recognized by the laws of this state as legal. The practitioner
25 administering the treatment shall receive fees under the medical
26 provisions of articles 40 to 47 of this ~~title~~ TITLE 8 as specified by the
27 division.

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

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

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

21 (10)(b) If ~~the~~ AN insurer or self-insured employer receives written
22 notice pursuant to ~~paragraph (a) of this subsection (10)~~ SUBSECTION
23 (10)(a) OF THIS SECTION, or if the insurer or self-insured employer and the
24 authorized treating physician receive written notice by certified mail,
25 return receipt requested, from ~~the~~ AN injured employee or the injured
26 employee's legal representative that an authorized physician refused to
27 provide medical treatment to the injured employee or discharged the

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

16 **SECTION 4. Act subject to petition - effective date -**
17 **applicability.** (1) This act takes effect January 1, 2026; except that, if a
18 referendum petition is filed pursuant to section 1 (3) of article V of the
19 state constitution against this act or an item, section, or part of this act
20 within the ninety-day period after final adjournment of the general
21 assembly, then the act, item, section, or part will not take effect unless
22 approved by the people at the general election to be held in November
23 2026 and, in such case, will take effect on the date of the official
24 declaration of the vote thereon by the governor.

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