Second Regular Session Sixty-seventh General Assembly STATE OF COLORADO

PREAMENDED

This Unofficial Version Includes Committee Amendments Not Yet Adopted on Second Reading HOUSE BILL 10-1038

LLS NO. 10-0213.01 Jerry Barry

HOUSE SPONSORSHIP

Miklosi, Pace, Ryden

SENATE SPONSORSHIP

Carroll M., Hodge, Tochtrop

House Committees Business Affairs and Labor Appropriations **Senate Committees**

A BILL FOR AN ACT

101	CONCERNING A BROCHURE TO DESCRIBE THE PROCESS FOR WORKERS'

102 COMPENSATION CLAIMS, AND MAKING ADJUSTMENTS TO

103 APPROPRIATIONS IN CONNECTION THEREWITH.

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://www.leg.state.co.us/billsummaries.)

Interim Committee to Study Issues Related to Pinnacol Assurance. The bill requires the employer or the employer's insurance carrier to provide a brochure to a workers' compensation claimant, in a form approved by the director of the division of workers' compensation, that describes the entities the claimant may contact for information, the claimant's rights related to his or her medical treatment and rights to receive benefit payments, and the claims process.

1 *Be it enacted by the General Assembly of the State of Colorado:* 2 SECTION 1. 8-43-203, Colorado Revised Statutes, is amended 3 BY THE ADDITION OF A NEW SUBSECTION to read: 4 8-43-203. Notice concerning liability - notice to claimants -5 notice of rights and claims process - rules. (3) IN ADDITION TO ANY 6 OTHER NOTICE REQUIRED BY THIS SECTION, AT THE TIME THAT THE 7 EMPLOYER OR, IF INSURED, THE EMPLOYER'S INSURANCE CARRIER 8 PROVIDES THE NOTICE REQUIRED BY SUBSECTION (1) OF THIS SECTION, THE 9 EMPLOYER OR INSURANCE CARRIER SHALL PROVIDE TO THE CLAIMANT A 10 BROCHURE WRITTEN IN EASILY UNDERSTOOD LANGUAGE, IN A FORM 11 DEVELOPED BY THE DIRECTOR AFTER CONSULTATION WITH EMPLOYERS, 12 INSURANCE CARRIERS, AND REPRESENTATIVES OF INJURED WORKERS, 13 DESCRIBING THE CLAIMS PROCESS AND INFORMING THE CLAIMANT OF HIS 14 OR HER RIGHTS. IF THE CLAIMANT HAS PREVIOUSLY AUTHORIZED THE 15 EMPLOYER OR, IF INSURED, THE EMPLOYER'S INSURANCE CARRIER TO 16 COMMUNICATE WITH THE CLAIMANT THROUGH ELECTRONIC 17 TRANSMISSION, THE BROCHURE MAY BE SENT TO THE CLAIMANT 18 ELECTRONICALLY. THE BROCHURE SHALL, AT A MINIMUM, CONTAIN THE 19 FOLLOWING INFORMATION: 20 (a) WHO THE CLAIMANT MAY CONTACT WITH QUESTIONS

20 (a) WHO THE CLAIMANT MAY CONTACT WITH QUESTIONS
21 CONCERNING THE CLAIM, THE CLAIM'S PROCESS, AND ASSISTANCE WITH
22 THE CLAIM, INCLUDING:

23 (I) THE INSURANCE CARRIER OR EMPLOYER;

24 (II) THE DIVISION AND THE WEB SITE FOR THE DIVISION;

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(III) THE OFFICE OF ADMINISTRATIVE COURTS AND THE WEB SITE
 FOR THE OFFICE; AND

3 (IV) AN ATTORNEY HIRED AT THE EXPENSE OF THE CLAIMANT.

4 (b) THE CLAIMANT'S RIGHT TO RECEIVE MEDICAL CARE FOR WORK
5 RELATED INJURIES OR OCCUPATIONAL DISEASES PAID FOR BY THE
6 EMPLOYER OR THE EMPLOYER'S INSURANCE CARRIER INCLUDING:

7 (I) THAT MOST CLAIMANTS HAVE A RIGHT TO CHOOSE FROM A LIST
8 OF AT LEAST TWO DIFFERENT DOCTORS;

9 (II) THAT MOST CLAIMANTS HAVE A RIGHT TO CHANGE DOCTORS 10 ONE TIME WITHIN NINETY DAYS AFTER THE INJURY AND ALL CLAIMANTS 11 HAVE THE RIGHT TO REQUEST A CHANGE OF DOCTOR AT OTHER TIMES 12 UNDER CERTAIN OTHER CIRCUMSTANCES;

(III) THE CLAIMANT'S DOCTOR'S RIGHT TO REFER THE CLAIMANT
TO OTHER MEDICAL PROVIDERS AND SPECIALISTS TO PROVIDE THE
REASONABLE AND NECESSARY MEDICAL CARE THAT THE CLAIMANT'S
WORK-RELATED INJURIES OR ILLNESS REQUIRE;

17 (IV) THE CLAIMANT'S RIGHT TO DISCUSS WITH HIS OR HER DOCTOR
18 WHO SHOULD BE PRESENT DURING A CLAIMANT'S MEDICAL APPOINTMENT,
19 AND THE RIGHT TO REFUSE TO HAVE A NURSE CASE MANAGER EMPLOYED
20 ON THE CLAIMANT'S CLAIM PRESENT AT THE CLAIMANT'S MEDICAL
21 APPOINTMENT;

(V) THE CLAIMANT'S RIGHT TO SEE AND HAVE COPIES OF ALL OF
THE CLAIMANT'S MEDICAL RECORDS RELATED TO THE MEDICAL CARE THE
CLAIMANT RECEIVED FOR HIS OR HER WORK-RELATED INJURY OR ILLNESS;
(VI) THE CLAIMANT'S RIGHT TO SEEK MEDICAL CARE AND MEDICAL
OPINIONS ABOUT THE CLAIMANT'S WORK-RELATED INJURY AT THE
CLAIMANT'S OWN EXPENSE; AND

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(VII) THE CLAIMANT'S RIGHT TO A MEDICAL EXAMINATION BY A
 DOCTOR CHOSEN BY THE CLAIMANT OR BY THE DIVISION AT THE
 CLAIMANT'S EXPENSE;

4 (VIII) THE CLAIMANT'S RIGHT TO A PERMANENT IMPAIRMENT
5 EVALUATION AFTER THE CLAIMANT'S TREATING DOCTORS DETERMINE
6 THAT THE CLAIMANT HAS REACHED MAXIMUM MEDICAL IMPROVEMENT;
7 AND

8 (IX) THE CLAIMANT'S RIGHT TO BE INFORMED WHETHER MEDICAL
9 CARE AFTER MAXIMUM MEDICAL IMPROVEMENT WILL BE PROVIDED AND
10 TO RECEIVE REASONABLE CONTINUED MEDICAL CARE IF IT IS NECESSARY
11 TO MAINTAIN MAXIMUM MEDICAL IMPROVEMENT.

12 (c) A DESCRIPTION OF THE CLAIMANT'S RIGHT TO RECEIVE BENEFIT
13 PAYMENTS, INCLUDING THE CLAIMANT'S RIGHT TO RECEIVE:

14 (I) WAGE REPLACEMENT PAYMENTS IN THE FORM OF TEMPORARY
15 TOTAL DISABILITY PAYMENTS OR TEMPORARY PARTIAL DISABILITY
16 PAYMENTS;

17 (II) PERMANENT IMPAIRMENT BENEFITS IF THE CLAIMANT IS LEFT
18 WITH A PERMANENT IMPAIRMENT AS A RESULT OF A WORK-RELATED
19 INJURY OR DISEASE;

20 (III) DISFIGUREMENT PAYMENTS FOR PERMANENT SCARRING OR
 21 DISFIGUREMENT CAUSED BY THE CLAIMANT'S WORK-RELATED INJURY OR
 22 SURGERY REQUIRED BECAUSE OF THE CLAIMANT'S WORK-RELATED INJURY;
 23 AND

(IV) MILEAGE EXPENSES FOR TRAVEL TO AND FROM
WORK-RELATED MEDICAL CARE AND TO AND FROM PHARMACIES TO
OBTAIN MEDICAL PRESCRIPTIONS FOR WORK-RELATED MEDICAL CARE.

27 (d) A DESCRIPTION OF HOW THE CLAIMS PROCESS WORKS,

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1 INCLUDING:

2 (I) THE CLAIMANT'S RIGHT TO FILE A CLAIM FOR WORKERS'
3 COMPENSATION WITH THE DIVISION WITHIN TWO YEARS AFTER THE DATE
4 OF THE CLAIMANT'S INJURY OR OCCUPATIONAL DISEASE;

5 (II) THE CLAIMANT'S RIGHT TO RECEIVE A GENERAL ADMISSION OF
6 LIABILITY OR NOTICE OF CONTEST ONCE THE CLAIM HAS BEEN PROPERLY
7 REPORTED TO THE DIVISION;

8 (III) THE CLAIMANT'S RIGHT TO VERIFY THAT THE CLAIMANT'S 9 AVERAGE WEEKLY WAGE PAYMENTS FOR TEMPORARY TOTAL DISABILITY 10 HAVE BEEN PROPERLY CALCULATED BY THE CLAIMANT'S EMPLOYER OR 11 THE EMPLOYER'S INSURANCE CARRIER;

12 (IV) THE CLAIMANT'S RIGHT TO PREHEARINGS AND HEARINGS ON
 13 DISPUTED ISSUES;

14 (V) THE CLAIMANT'S RIGHT TO PRESENT EVIDENCE, TESTIFY,
15 INTRODUCE MEDICAL AND OTHER RECORDS, PRESENT WITNESSES, AND
16 MAKE ARGUMENTS AT ANY HEARING;

17 (VI) THE CLAIMANT'S RIGHT TO OBJECT TO AND REQUEST A
18 HEARING ON ANY FINAL ADMISSION OF LIABILITY WITHIN THIRTY DAYS
19 AFTER THE MAILING OF THE ADMISSION IN ORDER TO RETAIN CERTAIN
20 RIGHTS;

(VII) THE CLAIMANT'S RIGHT TO CHALLENGE A FINDING OF AN
IMPAIRMENT RATING OR MAXIMUM MEDICAL IMPROVEMENT IN A FINAL
ADMISSION OF LIABILITY WITHIN THIRTY DAYS AFTER THE MAILING OF THE
ADMISSION IN ORDER TO RETAIN CERTAIN RIGHTS;

(VIII) THE CLAIMANT'S RIGHT TO PURSUE PENALTIES FOR
VIOLATIONS OF THE LAW INCLUDING LATE PAYMENT OF BENEFITS OR
IMPROPER REFUSAL TO PAY BENEFITS;

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(IX) THE CLAIMANT'S RIGHT, SUBJECT TO CERTAIN REQUIREMENTS,
 TO REOPEN A CLAIM WITHIN SIX YEARS AFTER THE DATE OF THE INJURY OR
 ILLNESS OR WITHIN TWO YEARS AFTER THE DATE OF THE LAST RECEIPT OF
 MEDICAL OR WAGE BENEFITS; AND

5 (X) A DESCRIPTION OF OTHER RIGHTS CONFERRED UPON A
6 CLAIMANT PURSUANT TO LAW OR RULE.

SECTION 2. Appropriations in 2010 long bill to be adjusted.
For the implementation of this act, appropriations made in the annual
general appropriation act for the fiscal year beginning July 1, 2010, to the
department of employment and training, division of workers'
compensation, are decreased by eighteen thousand dollars (\$18,000) cash
funds. Said sum shall be from the workers' compensation cash fund
created in section 8-44-112 (7) (a), Colorado Revised Statutes.

SECTION 3. Safety clause. The general assembly hereby finds,
determines, and declares that this act is necessary for the immediate
preservation of the public peace, health, and safety.