

CHAPTER 315

LABOR AND INDUSTRY

SENATE BILL 26-186

BY SENATOR(S) Marchman and Baisley, Rodriguez, Kipp, Coleman;
also REPRESENTATIVE(S) Titone and Keltie, Paschal, Barron, Bradley, Caldwell, Duran, English, Flanell, Hamrick, Lieder,
Lindsay, Marshall, Nguyen, Ricks, Rutinel.

AN ACT**CONCERNING UPDATES TO THE "WORKERS' COMPENSATION ACT OF COLORADO" NECESSITATED BY TECHNOLOGY UPDATES.**

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

SECTION 1. In Colorado Revised Statutes, 8-40-201, **add** (10.5), (11.3), and (17.5) as follows:

8-40-201. Definitions.

As used in articles 40 to 47 of this title 8, unless the context otherwise requires:

(10.5) "FILING" MEANS SERVICE OF A DOCUMENT WITH THE DIVISION OR WITH A COURT.

(11.3) "MAILED" OR "MAILING" MEANS SERVICE UPON A PARTY BY ANY MEANS, WHETHER WITH A PHYSICAL COPY, THROUGH EMAIL, OR THROUGH THE DIVISION'S ELECTRONIC FILING SYSTEM.

(17.5) "SERVICE", "SERVE", OR "SERVED" MEANS PROVIDING A COPY OF A DOCUMENT OR FILING TO ALL REQUIRED PARTIES BY PHYSICAL OR ELECTRONIC MEANS AND INCLUDES A PROPER FILING THROUGH THE DIVISION'S ELECTRONIC SYSTEM.

SECTION 2. In Colorado Revised Statutes, 8-41-202, **amend** (1) as follows:

8-41-202. Rejection of coverage by corporate officers and others.

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

(1) Notwithstanding any provisions of articles 40 to 47 of this ~~title~~ TITLE 8 to the contrary, a corporate officer of a corporation or a member of a limited liability company may elect to reject the provisions of articles 40 to 47 of this ~~title~~ TITLE 8. If so elected, ~~said~~ THE corporate officer or member shall provide written notice on a form approved by the division through a rule ~~promulgated~~ ADOPTED by the director of ~~such~~ THE election to the ~~worker's~~ WORKERS' compensation insurer of the employing corporation or company, if any. ~~by certified mail.~~ If there is no workers' compensation insurance company, the notice shall be provided to the division. ~~by certified mail.~~ ~~Such~~ THE notice shall ~~become~~ BECOMES effective the day following receipt of ~~said~~ THE notice by the insurer or the division.

SECTION 3. In Colorado Revised Statutes, 8-42-105, **amend** (2)(a) as follows:

8-42-105. Temporary total disability - hearings - rules.

(2) (a) The first installment of compensation shall be paid no later than the date that liability for the claim is admitted by the insurance carrier or self-insured employer. If the insurance carrier or self-insured employer denies liability for the claim, the claimant may request an expedited hearing on the issue of compensability if the application is filed within forty-five days after the date of ~~mailing~~ SERVICE of the notice of contest. The director shall set any ~~such~~ expedited matter for hearing within forty days after the date of the application, when the issue is liability for the disease or injury. The time schedule for ~~such~~ an expedited hearing is subject to the extensions set forth in section 8-43-209. If a claimant elects not to request an expedited hearing pursuant to this ~~paragraph (a)~~ SUBSECTION (2)(a), the time schedule for hearing the matter shall ~~be~~ IS as set forth in section 8-43-209. Compensation shall be paid at least once every two weeks, except where the director determines that payment in installments should be made at some other interval. The director may by rule convert monthly benefit schedules to weekly or other periodic schedules.

SECTION 4. In Colorado Revised Statutes, 8-42-107.2, **amend** (2)(a)(I) introductory portion, (2)(a)(I)(A), (2)(b), (3)(a), (3)(b), and (4)(c) as follows:

8-42-107.2. Selection of independent medical examiner - procedure - time - allocation of costs - disclosures regarding physician relationships with insurers, self-insured employers, or claimants - rules - applicability.

(2) (a) (I) Except as otherwise provided in ~~subparagraph (II) of this paragraph (a)~~ SUBSECTION (2)(a)(II) OF THIS SECTION, the time for selection of an IME commences as follows, depending on which party initiates the dispute:

(A) For the claimant, the time for selection of an IME commences with the date of ~~mailing~~ SERVICE of a final admission of liability by the insurer or self-insured employer that includes an impairment rating issued in accordance with section 8-42-107.

(b) If any party disputes a finding or determination of the authorized treating physician, ~~such~~ THE party shall request the selection of an IME. The requesting party shall notify all other parties in writing of the request, on a form prescribed by the division by rule, and shall propose one or more acceptable candidates for the

purpose of entering into negotiations for the selection of an IME. ~~Such~~ THE notice and proposal is effective upon ~~mailing via United States mail, first-class postage paid, addressed~~ SERVICE to the division and to the last-known address of each of the other parties. Unless ~~such~~ THE notice and proposal are given within thirty days after the date of ~~mailing~~ SERVICE of the final admission of liability or the date of ~~mailing or delivery~~ SERVICE of the disputed finding or determination, as applicable pursuant to ~~paragraph (a) of this subsection (2)~~ SUBSECTION (2)(a) OF THIS SECTION, the authorized treating physician's findings and determinations ~~shall be~~ ARE binding on all parties and on the division.

(3) (a) (I) Upon receiving the requesting party's notice and proposal pursuant to subsection (2) of this section, the other parties have until the end of the thirtieth day after the date of ~~mailing of such~~ SERVICE OF THE notice and proposal within which to negotiate and select an IME. If the parties agree on an IME on or before ~~such~~ THE thirtieth day, the requesting party shall promptly notify the IME in writing that ~~he or she~~ THE IME has been selected. If, within such time, the parties are unable to agree or the requesting party ~~receives no~~ DOES NOT RECEIVE A response to the notice and proposal, the insurer or self-insured employer shall give written notice of ~~such~~ THE fact to the division within thirty days. ~~via United States mail, first-class postage paid.~~

(II) The division shall then, within ten days after receiving ~~such~~ written notice, select three physicians by a revolving selection process established by the division from the list of physicians maintained by the division. The division shall administer the list in ~~such fashion as to ensure~~ A FASHION THAT ENSURES that the names of candidates to serve as IME in each pending case remain confidential until the IME is selected. The director ~~of the division shall promulgate~~ ADOPT rules to implement the process of selecting a panel of three physicians from which the parties may select a physician to conduct a division independent medical examination. The selection of a physician panel ~~shall~~ MUST be based on various factors, including, but not limited to, the designation by rule of the fields of specialization authorized to perform independent medical examinations for conditions listed under each medical treatment guideline and measures to prevent the over-utilization of physicians or specialists.

(III) The requesting party shall ~~have~~ BE GIVEN the opportunity to strike one of the three physicians from the list, followed by the opposing party who shall then be given the opportunity to strike one physician from the list. The remaining IME physician shall be designated by the division to conduct the IME. If one or neither party strikes a physician from the list, the division shall select the physician to conduct the IME from the remaining physicians on the list.

(b) Upon selection of the IME, the insurance carrier shall provide to the IME and all other parties a copy of all medical records in its possession relevant to the subject injury ~~postmarked or hand-delivered~~ within fourteen days prior to the independent medical examination. If the insurance carrier or its representative fails to timely submit ~~such~~ THE medical records, the claimant may request that the division cancel the independent medical examination or the claimant may submit copies of all medical records relevant to the subject injury that the claimant has available within ten days prior to the independent medical examination, or as otherwise arranged by the division with the IME. If the claimant submits medical records, the defaulting

party may supplement ~~such~~ THE records pursuant to rules of the division. This subsection (3)(b) shall not be construed to prohibit an independent medical examination from being rescheduled.

(4) (c) Within twenty days after the date of ~~the mailing~~ SERVICE of the division's notice that it has received the IME's report, the insurer or self-insured employer shall either file its admission of liability pursuant to section 8-43-203 or request a hearing before the division contesting one or more of the IME's findings or determinations contained in ~~such~~ THE report.

SECTION 5. In Colorado Revised Statutes, 8-43-103, **amend** (1) as follows:

8-43-103. Notice of injury - time limit.

(1) Notice of an injury, for which compensation and benefits are payable, shall be given by the employer to the division and insurance carrier, unless the employer is self-insured, within ten days after the injury, and, in case of the death of any employee resulting from any such injury or any accident in which three or more employees are injured, the employer shall give immediate notice ~~thereof~~ OF DEATH OR INJURY to the director. If ~~no such~~ notice is NOT given by the employer, as required by articles 40 to 47 of this title, ~~such~~ TITLE 8, notice may be given by any person. Any notice required to be filed by an injured employee or, if deceased, by ~~said~~ THE employee's dependents may be made and filed by anyone on behalf of ~~such~~ THE claimant and shall be considered as done by ~~such~~ THE claimant if not specifically disclaimed or objected to by ~~such~~ THE claimant in writing filed with the division within a reasonable time. ~~Such~~ THE notice ~~shall~~ MUST be in writing and upon forms prescribed by the division for that purpose and served upon the division. ~~by delivering to, or by mailing by registered mail two copies thereof addressed to, the division at its office in Denver, Colorado. Upon receipt of such~~ THE notice from a claimant, the division shall immediately ~~mail one~~ SERVE A COPY ~~thereof to said~~ TO THE employer or ~~said~~ THE employer's agent or insurance carrier.

SECTION 6. In Colorado Revised Statutes, 8-43-104, **amend** (1) as follows:

8-43-104. Electronic filings - rules.

(1) The rejection for technical errors by the division of any document, form, or notice that is filed electronically ~~shall~~ DOES not affect the validity of the notice to the claimant or any other party; EXCEPT THAT SUCH REJECTION MAY RESULT IN A FINDING THAT THERE WAS NOT PROPER SERVICE TO THE DIVISION, OTHER PARTIES, OR BOTH.

SECTION 7. In Colorado Revised Statutes, 8-43-203, **amend** (1)(a), (2)(a), (2)(b)(II)(A), (3) introductory portion, (3)(d)(VI), (3)(d)(VII), and (4) as follows:

8-43-203. Notice concerning liability - notice to claimants - notice of rights and claims process - rules.

(1) (a) The employer or, if insured, the employer's insurance carrier shall notify in writing the division and the injured employee or, if deceased, the decedent's dependents within twenty days after a report is, or should have been, filed with the

division pursuant to section 8-43-101, whether liability is admitted or contested; except that, for the purpose of this section, any knowledge on the part of the employer, if insured, is not knowledge on the part of the insurance carrier. The employer or the employer's insurance carrier may notify the division electronically. Unless exempted by the director pursuant to rule because of a small number of filings or a showing of financial hardship, ~~beginning July 1, 2006~~, all notices of contest shall be filed electronically. The rejection of an electronically filed notice by the division for a technical error ~~shall~~ DOES NOT affect the validity of the notice to the claimant, BUT WILL NOT BE CONSIDERED PROPER SERVICE TO THE DIVISION. If the insurance carrier or self-insured employer denies liability for the claim, the claimant may request an expedited hearing on the issue of compensability if the application ~~therefor~~ FOR AN EXPEDITED HEARING is filed within forty-five days after the date of ~~mailing~~ SERVICE of the notice of contest. The director shall set any ~~such~~ expedited matter for hearing within sixty days after the date of the application, when the issue is liability for the disease or injury. The time schedule for ~~such~~ an expedited hearing is subject to the extensions set forth in section 8-43-209. If a claimant elects not to request an expedited hearing pursuant to this subsection (1), the time schedule for hearing the matter ~~shall be~~ IS as set forth in section 8-43-209.

(2) (a) If ~~such~~ notice is not filed as provided in subsection (1) of this section, the employer or, if insured, the employer's insurance carrier, as the case may be, may become liable to the claimant, if the claimant is successful on the claim for compensation, for up to one day's compensation for each day's failure to so notify; except that the employer or, if insured, the employer's insurance carrier shall not be liable for more than the aggregate amount of three hundred sixty-five days' compensation for failure to timely admit or deny liability. Fifty percent of any penalty paid pursuant to this subsection (2) shall be paid to the ~~subsequent injury~~ COLORADO UNINSURED EMPLOYER fund, created in ~~section 8-46-101~~ SECTION 8-67-105, and fifty percent to the claimant.

(b) (II) (A) An admission of liability for final payment of compensation must include a statement that this is the final admission by the workers' compensation insurance carrier in the case, that the claimant may contest this admission if the claimant feels entitled to more compensation, to whom the claimant should provide written objection, and notice to the claimant that the case will be automatically closed as to the issues admitted in the final admission if the claimant does not, within thirty days after the date of the final admission, contest the final admission in writing and request a hearing on any disputed issues that are ripe for hearing, including the selection of an independent medical examiner pursuant to section 8-42-107.2 if an independent medical examination has not already been conducted. If an independent medical examination is requested pursuant to section 8-42-107.2, the claimant is not required to file a request for hearing on disputed issues that are ripe for hearing until the division's independent medical examination process is terminated for any reason. Any issue for which a hearing or an application for a hearing is pending at the time that the final admission of liability is filed shall proceed to the hearing without the need for the applicant to refile an application for hearing on the issue. This information must also be included in the admission of liability for final payment of compensation. The respondents have twenty days after the date of ~~mailing~~ SERVICE of the notice from the division of the receipt of the IME's report to file an admission or to file an application for hearing. The claimant has thirty days after the date respondents file the admission or application for

hearing to file an application for hearing, or a response to the respondents' application for hearing, as applicable, on any disputed issues that are ripe for hearing. The revised final admission, if any, must contain the statement required by this ~~subparagraph (H)~~ SUBSECTION (2)(b)(II), and the provisions relating to contesting the revised final admission apply. When the final admission is predicated upon medical reports, the reports must accompany the final admission.

(3) In addition to any other notice required by this section, at the time that the employer or, if insured, the employer's insurance carrier provides the notice required by subsection (1) of this section, the employer or insurance carrier shall provide to the claimant a brochure written in easily understood language, in a form developed by the director after consultation with employers, insurance carriers, and representatives of injured workers, describing the claims process and informing the claimant of the claimant's rights. If the claimant has previously authorized the employer or, if insured, the employer's insurance carrier to communicate with the claimant through electronic transmission, the brochure may be sent to the claimant electronically. The brochure ~~shall~~ MUST, at a minimum, contain the following information:

(d) A description of how the claims process works, including:

(VI) The claimant's right to object to and request a hearing on any final admission of liability within thirty days after the ~~mailing~~ SERVICE of the admission in order to retain certain 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~~ SERVICE of the admission in order to retain certain rights;

(4) Within fifteen days after the ~~mailing~~ SERVICE of a written SUBMISSION OR request for a copy of the claim file, the employer or, if insured, the employer's insurance carrier or third-party administrator shall provide to the claimant or ~~his or her~~ THE CLAIMANT'S representative a complete copy of the claim file that includes all medical records, pleadings, correspondence, investigation files, investigation reports, witness statements, information addressing designation of the authorized treating physician, and wage and fringe benefit information for the twelve months leading up to the date of injury and thereafter, regardless of the format. If a privilege or other protection is claimed for any materials, the materials must be detailed in an accompanying privilege log.

SECTION 8. In Colorado Revised Statutes, 8-43-204, **amend** (8)(a) and (8)(c) as follows:

8-43-204. Settlements - rules.

(8) The director shall adopt rules as necessary to implement the procedure to review and approve settlement documents. At a minimum, the rules must:

(a) Allow a represented claimant to submit settlement documents for approval by ~~electronic mail~~ ELECTRONICALLY;

(c) Require the division to ~~electronically mail to~~ SERVE counsel of record, or to the insurance carrier or self-insured employer if not represented, WITH a copy of the division's order approving the settlement agreement of the parties.

SECTION 9. In Colorado Revised Statutes, 8-43-207, **amend** (1) introductory portion, (1)(e), (1)(f), and (1)(i) as follows:

8-43-207. Hearings.

(1) Hearings shall be held to determine any controversy concerning any issue arising under articles 40 to 47 of this ~~title~~ TITLE 8. In connection with hearings, the director and administrative law judges are empowered to:

(e) Upon ~~written~~ motion and for good cause shown, permit parties to engage in discovery; except that permission need not be sought if each party is represented by an attorney. The director or administrative law judge may rule on discovery matters and impose the sanctions provided in the rules of civil procedure in the district courts for willful failure to comply with permitted discovery.

(f) Upon ~~written~~ motion and for good cause shown, conduct prehearing conferences for the settlement or simplification of issues;

(i) Upon ~~written~~ motion and for good cause shown, grant reasonable extensions of time for the taking of any action contained in this ~~article~~ ARTICLE 43;

SECTION 10. In Colorado Revised Statutes, 8-43-211, **amend** (1) introductory portion as follows:

8-43-211. Notice - request for hearing.

(1) At least thirty days before any hearing, the office of administrative courts in the department of personnel shall send written notice to all parties by regular or electronic mail. ~~or by facsimile.~~ The notice must:

SECTION 11. In Colorado Revised Statutes, 8-43-215, **amend** (1) as follows:

8-43-215. Orders.

(1) No more than fifteen working days after the conclusion of a hearing, the administrative law judge or director shall issue a written order allowing or denying the claim. The written order must either be a summary order or a full order. A full order must contain specific findings of fact and conclusions of law. If compensation benefits are granted, the written order must specify the amounts ~~thereof~~ OF THE COMPENSATION BENEFITS, the disability for which compensation benefits are granted, by whom and to whom such benefits are to be paid, and the method and time of the payments. A certificate of ~~mailing~~ MAILING SERVICE and a copy of the written order shall be served by ~~regular or electronic mail or by facsimile to~~ UPON each of the parties in interest or their representatives, the original of which is a part of the records in the case. If an administrative law judge has issued a summary order, a party dissatisfied with the order may make a written request for a full order within ten working days after the date of ~~mailing~~ MAILING SERVICE of the summary order. The

request is a prerequisite to review under section 8-43-301. If a request for a full order is made, the administrative law judge has ten working days after receipt of the request to issue the order. A full order shall be entered as the final award of the administrative law judge or director subject to review as provided in this ~~article~~ ARTICLE 43.

SECTION 12. In Colorado Revised Statutes, 8-43-301, **amend** (2)(a)(I), (2)(b), (6), and (10) as follows:

8-43-301. Petitions to review.

(2) (a) (I) If a party is dissatisfied with an order that determines compensability of a claim or liability of any party, that requires any party to pay a penalty or benefits, or that denies a claimant any benefit or penalty, the party may file a petition to review the order. If the order was entered by the director, the party must file the petition with the division. If the order was entered by an administrative law judge, the party must file the petition at the Denver office of the office of administrative courts in the department of personnel. The party must serve the petition to review ~~by regular or electronic mail~~ on all the parties.

(b) A dissatisfied party may file the petition to review, ~~by regular or electronic mail~~, and the petition is deemed filed upon the date of ~~mailing~~ **mailing** SERVICE, as determined by the certificate of ~~mailing~~ **mailing** SERVICE, if the certificate of ~~mailing~~ **mailing** SERVICE indicates that the petition to review was ~~mailed to~~ **SERVED ON** the division or ~~to~~ the Denver office of the office of administrative courts in the department of personnel, as appropriate. The petition to review must be in writing and must set forth in detail the particular errors and objections of the petitioner. A petitioner must, at the time of filing the petition, order any transcript relied upon for the petition to review, arrange with the hearing reporter to pay for the transcript, and notify opposing parties of the transcript ordered. Opposing parties must order any other transcript not ordered by the petitioner and arrange with the hearing reporter to pay for the other transcript within twenty days after the date of the certificate of ~~mailing~~ **mailing** SERVICE of the petition to review the order.

(6) A party dissatisfied with a supplemental order may file a petition for review by the panel. The petition shall be filed with the division if the supplemental order was issued by the director or at the Denver office of the office of administrative courts in the department of personnel if the supplemental order was issued by an administrative law judge. The petition shall be filed within twenty days after the date of the certificate of ~~mailing~~ **mailing** SERVICE of the supplemental order. The petition ~~shall~~ **MUST** be in writing, ~~shall~~ set forth in detail the particular errors and objections relied upon, and ~~shall~~ be accompanied by a brief in support ~~thereof~~ **OF THE PETITION**. The petition and brief shall be ~~mailed~~ **SERVED** by petitioner to all other parties at the time the petition is filed. All parties, except the petitioner, shall be deemed opposing parties and shall have twenty days after the date of the certificate of ~~mailing~~ **mailing** SERVICE of the petition and brief to file with the division or the Denver office of the office of administrative courts, as appropriate, briefs in opposition to the petition.

(10) The panel's order must be ~~mailed to~~ **SERVED ON** all parties of record. Any party dissatisfied with the panel's order has twenty-one days after the date of the

certificate of mailing SERVICE of ~~such~~ THE order to commence an action for judicial review in the court of appeals.

SECTION 13. In Colorado Revised Statutes, 8-43-302, **amend** (2) as follows:

8-43-302. Corrected orders.

(2) Any order corrected for clerical error, mistake, or inadvertence shall be labeled "corrected order" and ~~mailed~~ SERVED by the division. Any corrected order may be appealed in the manner provided in this ~~article~~ ARTICLE 43 for any other order.

SECTION 14. In Colorado Revised Statutes, **amend** 8-43-317 as follows:

8-43-317. Service of documents.

All documents that are required to be exchanged under articles 40 to 47 of this ~~title~~ TITLE 8 shall be transmitted or served ~~in the same manner or by the same means to all required recipients~~ ON THE SAME DAY.

SECTION 15. In Colorado Revised Statutes, 8-43-404, **amend as it exists until January 1, 2028**, (5)(a)(III)(C) as follows:

8-43-404. Examination - refusal - personal responsibility - physicians to testify and furnish results - injured worker right to select treating physician - injured worker right to third-party communications - rules.

(5) (a) (III) An employee may obtain a one-time change in the designated authorized treating physician under this section by providing notice that meets the following requirements:

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

SECTION 16. In Colorado Revised Statutes, 8-43-409, **amend** (1) introductory portion as follows:

8-43-409. Defaulting employers - investigation - penalties - enjoined from continuing business - fines - procedure - definition - repeal.

(1) An employer subject to the terms and provisions of articles 40 to 47 of this ~~title who~~ TITLE 8 THAT fails to insure or to keep the insurance required by ~~such articles~~ ARTICLES 40 TO 47 OF THIS TITLE 8 in force, allows the insurance to lapse, or fails to effect a renewal of the insurance shall not continue business operations while ~~such~~ THE default in effective insurance continues. Upon receiving information that an employer is in default of its insurance obligations, the director shall investigate. ~~and, if the information can be substantiated, shall notify the employer of the opportunity to request a prehearing conference on the issue of default.~~ As part

of the director's investigation, the director may verify that all employees of that employer are insured through the employer's workers' compensation plan. The director may forward any workers' compensation coverage issue to the employer's workers' compensation carrier for further investigation by the carrier. Thereafter, if necessary, the director may set the issue of the employer's default for hearing in accordance with hearing time schedule and procedures set forth in articles 40 to 47 of this title TITLE 8 and rules promulgated ADOPTED by the director. Upon a finding that the employer is in default of its insurance obligations, the director shall take either or both of the following actions:

SECTION 17. In Colorado Revised Statutes, 8-43-501, **amend** (2)(a) as follows:

8-43-501. Utilization review process - legislative declaration - cash fund - rules.

(2) (a) An insurer, self-insured employer, or claimant may request a review of services rendered pursuant to this ~~article~~ ARTICLE 8 by a health-care provider. Requests for utilization review shall be submitted on forms promulgated ADOPTED by the director by rule. At the time of submission of a review request, the requester shall pay the division a fee prescribed by the director by rule. ~~Such~~ THE fee shall MUST cover the division's administrative costs and the costs of compensating utilization review committee members. If a claimant is successful in a utilization review case brought pursuant to this section, the division shall reimburse the fee charged pursuant to this ~~paragraph (a)~~ SUBSECTION (2)(a) and assess it against the insurer or self-insured employer. The state treasurer shall credit fees collected pursuant to this section to the utilization review cash fund, which fund is hereby created. ~~Moneys~~ MONEY in the utilization review cash fund ~~are~~ IS continuously appropriated to the division for the purpose of administering the utilization review program and may not revert to the general fund at the end of any fiscal year. The division shall ~~mail~~ PROVIDE to any claimant, insurer, or self-insured employer a notice that a case is to be reviewed and that the claimant may be examined as a result of ~~such~~ THE review. The claimant, insurer, or self-insured employer has thirty days from the date of ~~mailing of such~~ SERVICE OF THE notice to examine the medical records submitted by the party who requested the review and may add medical records to the utilization review file that the party believes may be relevant to the utilization review. The division shall maintain a special file for utilization review cases. ~~Such~~ THE file shall be MADE accessible only to interested parties in a utilization review case and shall not otherwise be open to any person.

SECTION 18. In Colorado Revised Statutes, 8-46-102, **amend** (1)(b) as follows:

8-46-102. Funding for subsequent injury fund, Colorado uninsured employer fund, and major medical insurance fund.

(1) (b) In the event that the deceased is a minor ~~with no~~ WITHOUT ANY persons either wholly or partially dependent upon the deceased, the employer or the employer's insurance carrier, if any, shall pay to the parents of the deceased the sum of fifteen thousand dollars, not to exceed one hundred percent of the death benefit. In the event that there are ~~no~~ NOT surviving parents, the employer or the employer's insurance carrier, if any, shall pay ~~such~~ THE benefits to the division, to be transmitted to the state treasurer, as custodian, and credited by the state treasurer to

the ~~subsequent injury~~ COLORADO UNINSURED EMPLOYER fund CREATED IN SECTION 8-67-105. In the event that there are persons only partially dependent upon the deceased, the employer or the employer's insurance carrier, if any, shall first pay such benefits to ~~such~~ THE partially dependent persons and shall pay the balance to the surviving parents of the deceased, or in the event that there are ~~no~~ NOT surviving parents, the remaining balance shall be paid to the division, to be transmitted to the state treasurer, as custodian, who shall credit the same to the ~~subsequent injury~~ COLORADO UNINSURED EMPLOYER fund CREATED IN SECTION 8-67-105.

SECTION 19. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2026 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Approved: June 2, 2026