2014 Amendments to Colorado Workers' Compensation Statute

(Please note that these statutory amendments have different effective dates)

8-41-211	Signed June 5, 2014	Effective July 1, 2014	New	SB-14-125

8-41-211. Transportation network company drivers - rules.
UPON THE EFFECTIVE DATE OF PART 6 OF ARTICLE 10.1 OF TITLE 40, C.R.S.,THE DIRECTOR, UPON CONSIDERATION OF EXISTING COLORADO STATUTORY AND CASE LAW, MAY BY RULE DETERMINE WHETHER OR NOT TRANSPORTATION NETWORK COMPANIES HAVE AN OBLIGATION UNDER EXISTING COLORADO LAW TO PROVIDE OR OFFER FOR PURCHASE WORKERS' COMPENSATION INSURANCE COVERAGE TO TRANSPORTATION NETWORK COMPANY DRIVERS.

8-42-101(3.5)(a)(I)	Signed June 6, 2014	Effective July 1, 2014	Amended	HB-14-1227

8-42-101. Employer must furnish medical aid - approval of plan - fee schedule - contracting for treatment - no recovery from employee - medical treatment guidelines - accreditation of physicians - rules - repeal. (3.5) (a) (I) "Physician" means, for the purposes of the level I and level II accreditation programs, a physician licensed under the "Colorado Medical Practice Act". For the purposes of level I accreditation only and not level II accreditation, "physician" means a dentist licensed under the "Dental Practice ~~Law of Colorado~~ ACT", a podiatrist licensed under the provisions of article 32 of title 12, C.R.S., and a chiropractor licensed under the provisions of article 33 of title 12, C.R.S. No physician shall be deemed to be accredited under either level I or level II solely by reason of being licensed.

8-42-101 (3.5) (c) (I)	Signed May 31, 2014	Effective July 1, 2014	Amended	HB -14-1278

8-42-101. Employer must furnish medical aid - approval of plan - fee schedule - contracting for treatment - no recovery from employee - medical treatment guidelines - accreditation of physicians - rules - repeal. (3.5) (c) (I) This subsection (3.5) is repealed, effective ~~July 1, 2014~~ SEPTEMBER 1, 2025.

8-42-101(3.6)(d)	Signed May 31, 2014	Effective July 1, 2014	Amended	HB-14-1278

8-42-101. Employer must furnish medical aid - approval of plan - fee schedule - contracting for treatment - no recovery from employee - medical treatment guidelines - accreditation of physicians - rules - repeal.
(3.6) The two-tier accreditation system shall comprise the following programs:

(d) The level I and level II accreditation programs shall operate in such a manner that the costs ~~thereof shall be~~ OF THE PROGRAM ARE fully met by registration fees paid by the physicians. ~~The registration fee for level I accreditation shall not exceed two hundred fifty dollars, and the registration fee for level II accreditation shall not exceed four hundred dollars.~~ The registration fee for each program ~~shall~~ MUST cover the cost of all accreditation course work and materials.

8-42-101(3.6)(r)(I)	Signed May 31, 2014	Effective July 1, 2014	Amended	HB-14-1278

8-42-101. Employer must furnish medical aid - approval of plan - fee schedule - contracting for treatment - no recovery from employee - medical treatment guidelines - accreditation of physicians - rules - repeal.
(3.6) The two-tier accreditation system shall comprise the following programs:

(r) (I) This subsection (3.6) is repealed, effective ~~July 1, 2014~~
SEPTEMBER 1, 2025.

8-43-201(3)	Signed May 31, 2014	Effective July 1, 2014	New	SB-14-191

8-43-201. Disputes arising under "Workers' Compensation Act of Colorado". (3) IT IS APPROPRIATE FOR THE DIRECTOR OR AN ADMINISTRATIVE LAW JUDGE TO CONSIDER THE MEDICAL TREATMENT GUIDELINES ADOPTED UNDER SECTION 8-42-101 (3) IN DETERMINING WHETHER CERTAIN MEDICAL TREATMENT IS REASONABLE, NECESSARY, AND RELATED TO AN INDUSTRIAL INJURY OR

OCCUPATIONAL DISEASE. THE DIRECTOR OR ADMINISTRATIVE LAW JUDGE IS NOT REQUIRED TO UTILIZE THE MEDICAL TREATMENT GUIDELINES AS THE SOLE BASIS FOR SUCH DETERMINATIONS.

8-43-204(8) Signed May 31, 2014 Effective July 1, 2014 New SB-14-191

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;

(b) PROVIDE FOR THE APPROVAL OF SETTLEMENT DOCUMENTS IF THE CLAIMANT'S SIGNATURE IS NOT AN ORIGINAL BUT IS NOTARIZED; AND
(c) REQUIRE THE DIVISION TO ELECTRONICALLY MAIL TO COUNSEL OF RECORD, OR TO THE INSURANCE CARRIER OR SELF-INSURED EMPLOYER IF NOT REPRESENTED, A COPY OF THE DIVISION'S ORDER APPROVING THE SETTLEMENT AGREEMENT OF THE PARTIES.

8-43-209(1) Signed May 31, 2014 Effective July 1, 2014 Amended SB-14-191

8-43-209. Time schedule for hearings - establishment.
(1) Hearings ~~shall~~ MUST commence within one hundred TWENTY days ~~after~~ FROM the ~~hearing is set~~ DATE OF THE NOTICE OF SETTING BY THE DIRECTOR PURSUANT TO SECTION 8-43-211 (2) (a) OR OF THE DATE SHOWN ON THE CERTIFICATE OF SERVICE ACCOMPANYING THE REQUEST, NOTICE, OR APPLICATION BY A PARTY OR THE PARTY'S ATTORNEY pursuant to section 8-43-211 (2) (b) OR (2) (c). UPON AGREEMENT OF THE PARTIES, AN ADMINISTRATIVE LAW JUDGE SHALL GRANT one extension of time, NOT EXCEEDING SIXTY DAYS, to commence the hearing. ~~of no more than sixty days shall be granted by an administrative law judge upon agreement of the parties.~~

8-43-211(1)&(2) Signed May 31, 2014 Effective July 1, 2014 Amended SB-14-191

8-43-211. Notice - request for hearing. (1) At least thirty days ~~prior to~~ 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 ~~shall~~ MUST:

(2) Hearings shall be set by the office of administrative courts in the department of personnel within eighty to one hundred TWENTY days after any of the following occur:

8-43-215(1) Signed May 31, 2014 Effective July 1, 2014 Amended SB-14-191

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 ~~said~~ THE claim. ~~Such~~ THE written order ~~shall~~ MUST either be a summary order or a full order. A full order ~~shall~~ MUST contain specific findings of fact and conclusions of law. If compensation benefits are granted, ~~such~~ THE written order ~~shall~~ MUST specify the amounts thereof, the disability for which compensation benefits are granted, by whom and to whom such benefits ~~shall~~ ARE TO be paid, and the method and time of ~~such~~ THE payments. A certificate of mailing and a copy of ~~such~~ THE written order shall be served by regular or electronic mail or by facsimile to each of the parties in interest or their representatives, the original of which ~~shall be~~ IS a part of the records in ~~said~~ 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 ~~seven~~ TEN working days after the date of mailing of the summary order. The request ~~shall be~~ IS a prerequisite to review under section 8-43-301. If a request for a full order is made, the administrative law judge ~~shall have~~ 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.

8-43-301(10)&(11) Signed May 15, 2014 Effective July 1, 2014 Amended HB-14-1347

8-43-301. Petitions to review. (10) The panel's order ~~shall~~ MUST be mailed to all parties of record. Any party dissatisfied with the panel's order ~~shall have twenty~~ HAS TWENTY-ONE days after the date of the certificate of mailing of such order to commence an action for judicial review in the court of appeals.

(11) If the panel has failed to enter its order within sixty days of the receipt of the certified record, the order of the director or administrative law judge ~~shall be~~ IS deemed the order of the panel and final unless, within ~~thirty~~ THIRTY-FIVE days after the end of the sixty-day period, the petitioner commences an action for judicial review in the court of appeals. If the panel has not acted on the sixtieth day, the industrial claim appeals office shall send a written notice to all parties stating that the parties have ~~thirty~~ THIRTY-FIVE days after the date of the certificate of mailing of the notice to commence such an action.

8-43-315(2)&(3)	Signed May 31, 2014	Effective July 1, 2014	New	SB-14-191

8-43-315. Witnesses and testimony - mileage - fees - costs.
(2) THE DIRECTOR, AN AGENT, DEPUTY, OR ADMINISTRATIVE LAW JUDGE OF THE DIVISION, OR AN ADMINISTRATIVE LAW JUDGE FROM THE OFFICE OF ADMINISTRATIVE COURTS, MAY, UPON A SHOWING OF GOOD CAUSE, ORDER THE ATTENDANCE AT A HEARING OR DEPOSITION OF ANY PARTY, OR OF AN OFFICER, DIRECTOR, EMPLOYEE, OR AGENT OF ANY PARTY, WHO IS LOCATED IN ANOTHER STATE. A WITNESS SO ORDERED SHALL APPEAR AS INDICATED IN THE ORDER OR SHALL BE AVAILABLE BY TELEPHONE AT THE TIME AND PLACE SET FORTH IN THE ORDER.

(3) IF A PARTY OR AN OFFICER, DIRECTOR, EMPLOYEE, OR AGENT OF A PARTY FAILS, IN THE ABSENCE OF A REASONABLE EXCUSE, TO OBEY AN ORDER ISSUED PURSUANT TO SUBSECTION (2) OF THIS SECTION, THE PARTY, OFFICER, DIRECTOR, EMPLOYEE, OR AGENT IS LIABLE FOR PENALTIES AS SPECIFIED IN SECTION 8-43-304 (1).

8-43-318	Signed May 31, 2014	Effective July 1, 2014	New	SB-14-191

8-43-318. Remand of case or order - time limit for further proceedings consistent with ruling on appeal. IF A CASE OR ORDER IS APPEALED TO THE PANEL, THE COURT OF APPEALS, OR THE SUPREME COURT, AND THE CASE OR ORDER IS REMANDED WITH DIRECTIONS, THE DIRECTOR, ADMINISTRATIVE LAW JUDGE, OR PANEL, AS THE CASE MAY BE, SHALL ISSUE AN ORDER CONSISTENT WITH THOSE DIRECTIONS WITHIN THIRTY DAYS FROM RECEIPT OF THE REMAND. THE REMANDING TRIBUNAL HAS CONTINUING JURISDICTION TO ENFORCE THE REMAND ORDER.

8-43-404(1)(b)(I)	Signed May 31, 2014	Effective July 1, 2014	Amended	SB-14-191

8-43-404. Examination - refusal - personal responsibility - physicians to testify and furnish results - injured worker right to select treating physicians - injured worker right to third-party communications - definitions - rules. (1) (b) (I) At least three business days in advance of an examination under paragraph (a) of this subsection (1), if requested by the claimant, the employer or insurer shall pay to the claimant the claimant's estimated expenses of attending the examination, including transportation, mileage, food, and hotel costs. IN ADDITION, IF THE CLAIMANT VERIFIES THAT HE OR SHE WILL INCUR UNCOMPENSATED WAGE LOSSES AS A RESULT OF ATTENDING THE EXAMINATION, THE EMPLOYER OR INSURER SHALL REIMBURSE THE CLAIMANT AT THE RATE OF SEVENTY-FIVE DOLLARS PER DAY. Failure to provide payment in accordance with this subparagraph (I) constitutes grounds for the claimant to refuse to attend the examination.

8-43-404(5)(a)(I)(A)	Signed June 5, 2014	Effective April 1, 2015, unless a referendum petition is filed by August 5, 2014	Amended	HB-14-1383

8-43-404. Examination - refusal - personal responsibility - physicians to testify and furnish results - injured worker right to select treating physicians - injured worker right to third-party communications - definitions - rules. (5) (a) (I) (A) In all cases of injury, the employer or insurer shall provide a list of at least ~~two~~ FOUR physicians or ~~two~~ FOUR corporate medical providers or at least ~~one~~ TWO ~~physician~~ PHYSICIANS and ~~one~~ TWO corporate medical ~~provider~~ PROVIDERS OR A COMBINATION THEREOF where available, in the first instance, from which list an injured employee may select the physician who attends said THE injured employee. ~~The two~~ AT LEAST ONE OF THE FOUR designated ~~providers shall~~ PHYSICIANS OR CORPORATE MEDICAL PROVIDERS OFFERED MUST be at ~~two~~ A distinct ~~locations~~ LOCATION FROM THE OTHER THREE DESIGNATED PHYSICIANS OR CORPORATE MEDICAL PROVIDERS without common ownership. If there are not AT LEAST two ~~providers~~ PHYSICIANS OR CORPORATE MEDICAL PROVIDERS at ~~two~~ distinct locations without common ownership within thirty miles of ~~each other~~ THE EMPLOYER'S PLACE OF BUSINESS, then an employer may designate ~~two~~ PHYSICIANS OR CORPORATE MEDICAL providers at the same location or with shared ownership interests. Upon request by an interested party to the workers' compensation claim, a designated provider on the employer's list shall provide a list of ownership interests and employment relationships, if any, to the requesting party within five days of the receipt of the request. If the services of a physician are not tendered at the time of injury, the employee shall have the right to select a physician or chiropractor. For purposes of this section, "corporate medical provider" means a medical organization in business as a sole proprietorship, professional corporation, or partnership.

8-43-404(5)(a)(I)(C)	Signed June 5, 2014	Effective April 1, 2015, unless a referendum petition is filed by August 5, 2014	New	SB-14-1383

(C) IF THERE ARE MORE THAN THREE PHYSICIANS OR CORPORATE MEDICAL PROVIDERS, BUT FEWER THAN NINE PHYSICIANS OR CORPORATE MEDICAL PROVIDERS WITHIN THIRTY MILES OF THE EMPLOYER'S PLACE OF BUSINESS WHO ARE WILLING TO TREAT AN INJURED EMPLOYEE, THE EMPLOYER OR INSURER MAY INSTEAD DESIGNATE TWO PHYSICIANS OR TWO CORPORATE MEDICAL PROVIDERS OR ANY COMBINATION THEREOF. THE TWO DESIGNATED PROVIDERS SHALL BE AT TWO DISTINCT LOCATIONS WITHOUT COMMON OWNERSHIP. IF THERE ARE NOT TWO PROVIDERS AT TWO DISTINCT LOCATIONS WITHOUT COMMON OWNERSHIP WITHIN THIRTY MILES OF THE EMPLOYER'S PLACE OF BUSINESS, THEN AN EMPLOYER MAY DESIGNATE TWO PROVIDERS AT THE SAME LOCATION OR WITH SHARED OWNERSHIP INTERESTS. UPON REQUEST BY AN INTERESTED PARTY TO THE WORKERS' COMPENSATION CLAIM, A DESIGNATED PROVIDER ON THE EMPLOYER'S LIST SHALL PROVIDE A LIST OF OWNERSHIP INTERESTS AND EMPLOYMENT RELATIONSHIPS, IF ANY, TO THE REQUESTING PARTY WITHIN FIVE DAYS OF THE RECEIPT OF THE REQUEST.

8-43-404(10)(a)	Signed May 31, 2014	Effective July 1, 2014	New	SB-14-191

(10) (a) IF AN AUTHORIZED PHYSICIAN REFUSES TO PROVIDE MEDICAL TREATMENT TO AN INJURED EMPLOYEE OR DISCHARGES AN INJURED EMPLOYEE FROM MEDICAL CARE FOR NONMEDICAL REASONS WHEN THE INJURED EMPLOYEE REQUIRES MEDICAL TREATMENT TO CURE OR RELIEVE THE EFFECTS OF THE WORK INJURY, THEN THE PHYSICIAN SHALL, WITHIN THREE BUSINESS DAYS FROM THE REFUSAL OR DISCHARGE, PROVIDE WRITTEN NOTICE OF THE REFUSAL OR DISCHARGE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE INJURED EMPLOYEE AND THE INSURER OR SELF-INSURED EMPLOYER. THE NOTICE MUST EXPLAIN THE REASONS FOR THE REFUSAL OR DISCHARGE AND MUST OFFER TO TRANSFER THE INJURED EMPLOYEE'S MEDICAL RECORDS TO ANY NEW AUTHORIZED PHYSICIAN UPON RECEIPT OF A SIGNED AUTHORIZATION TO DO SO FROM THE INJURED EMPLOYEE. THE DIRECTOR OR ANY ADMINISTRATIVE LAW JUDGE OF THE OFFICE OF ADMINISTRATIVE COURTS HAS JURISDICTION TO RESOLVE DISPUTES REGARDING WHETHER A REFUSAL TO PROVIDE MEDICAL TREATMENT OR A DISCHARGE FROM MEDICAL CARE WAS FOR MEDICAL OR NONMEDICAL REASONS.

8-43-404(10)(b) Signed May 31, 2014 Effective July 1, 2014 New SB-14-191

(b) IF THE INSURER OR SELF-INSURED EMPLOYER RECEIVES WRITTEN NOTICE PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (10), OR IF THE INSURER OR SELF-INSURED EMPLOYER AND THE AUTHORIZED TREATING PHYSICIAN RECEIVE WRITTEN NOTICE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, FROM THE INJURED EMPLOYEE OR THE INJURED EMPLOYEE'S LEGAL REPRESENTATIVE THAT AN AUTHORIZED PHYSICIAN REFUSED TO PROVIDE MEDICAL TREATMENT TO THE INJURED EMPLOYEE OR DISCHARGED THE INJURED EMPLOYEE FROM MEDICAL CARE FOR NONMEDICAL REASONS WHEN SUCH INJURED EMPLOYEE REQUIRES MEDICAL TREATMENT TO CURE OR RELIEVE THE EFFECTS OF THE WORK INJURY, AND THERE IS NO OTHER AUTHORIZED PHYSICIAN WILLING TO PROVIDE MEDICAL TREATMENT, THEN THE INSURER OR SELF-INSURED EMPLOYER SHALL, WITHIN FIFTEEN CALENDAR DAYS FROM RECEIVING THE WRITTEN NOTICE, DESIGNATE A NEW AUTHORIZED PHYSICIAN WILLING TO PROVIDE MEDICAL TREATMENT. IF THE INSURER OR SELF-INSURED EMPLOYER FAILS TO DESIGNATE A NEW PHYSICIAN PURSUANT TO THIS PARAGRAPH (b), THEN THE INJURED EMPLOYEE MAY SELECT THE PHYSICIAN WHO ATTENDS TO THE INJURED EMPLOYEE.

8-43-406(2),(3), (4) Signed May 31, 2014 Effective July 1, 2014 Amended/New SB-14-191

8-43-406. Compensation in lump sum. (2) IF A CLAIMANT WHO HAS BEEN AWARDED COMPENSATION IS THE INJURED WORKER OR THE SOLE DEPENDENT OF A DECEASED INJURED WORKER, the aggregate of all lump sums granted to ~~a~~ THE claimant ~~who has been awarded compensation shall~~ MUST not exceed ~~sixty~~ EIGHTY thousand EIGHT HUNDRED SIXTY-EIGHT dollars AND TEN CENTS.

(3) IF A CLAIMANT WHO HAS BEEN AWARDED COMPENSATION IS ONE OF MULTIPLE DEPENDENTS OF A DECEASED INJURED WORKER, THE AGGREGATE OF ALL LUMP SUMS GRANTED TO THE CLAIMANT MUST BE A PROPORTIONATE SHARE, AS DETERMINED BY THE DIRECTOR OR ADMINISTRATIVE LAW JUDGE, OF AN AMOUNT NOT TO EXCEED ONE HUNDRED SIXTY-ONE THOUSAND SEVEN HUNDRED THIRTY-FOUR DOLLARS AND FIFTEEN CENTS.

(4) FOR INJURIES SUSTAINED ON OR AFTER JANUARY 1, 2014, THE DIRECTOR SHALL ADJUST THE LUMP-SUM LIMITS SET FORTH IN SUBSECTIONS (2) AND (3) OF THIS SECTION ON JULY 1, 2014, AND EACH JULY 1 THEREAFTER, BY THE PERCENTAGE OF THE ADJUSTMENT MADE BY THE DIRECTOR TO THE STATE AVERAGE WEEKLY WAGE PURSUANT TO SECTION 8-47-106. A CLAIMANT WHO HAS RECEIVED COMPENSATION UNDER THIS SECTION IS NOT ENTITLED TO ANY FURTHER COMPENSATION UNDER THIS SECTION RELATED TO THE CLAIM AS A RESULT OF AN ADJUSTMENT BY THE DIRECTOR PURSUANT TO THIS SUBSECTION (4).

8-44-102 Signed March 27, 2014 Effective August 6, 2014 Amended/New SB-14-137

8-44-102. Contract for insurance subject to workers' compensation act. (1) Every contract for the insurance of compensation and benefits as provided in articles 40 to 47 of this title or against liability therefor ~~shall be made~~ IS subject to ~~all the provisions of said~~ articles 40 TO 47, and all provisions in ~~such~~ THE contract for insurance inconsistent with ~~the provisions of said~~ THOSE articles ~~shall be~~ ARE void. Any contract of insurance issued under ~~said~~ articles 40 TO 47 by any insurance carrier, including stock and mutual corporations and Pinnacol Assurance, may include and cover any liability of the employer on account of personal injuries sustained by or death resulting therefrom to any employee. ~~as such. No insurance carrier shall write any policy of insurance covering the liability under said articles of any employer doing business within the state of Colorado except on a form that has been previously filed with and approved by the commissioner of insurance, nor shall there be attached to said policy or contract of insurance any endorsement, rider, letter, or other document affecting such contract unless the same has been filed with and the form thereof approved by the commissioner of insurance. The commissioner of insurance shall from time to time approve and prescribe a standard or universal form, as nearly as possible, for every contract or policy of insurance, endorsement, rider, letter, or other document affecting such contract for use in insuring the compensation provided for in said articles.~~

(2) (a) EVERY CARRIER PROVIDING WORKERS' COMPENSATION INSURANCE THAT IS AUTHORIZED TO CONDUCT BUSINESS IN COLORADO SHALL SUBMIT AN ANNUAL REPORT TO THE COMMISSIONER OF INSURANCE LISTING ANY POLICY FORMS, ENDORSEMENTS, RIDERS, LETTERS, NOTICES, OR OTHER DOCUMENTS AFFECTING AN INSURANCE POLICY OR CONTRACT ISSUED OR DELIVERED TO ANY POLICYHOLDER IN COLORADO AS MAY BE REQUESTED BY THE COMMISSIONER. THE LISTING MUST BE SUBMITTED NO LATER THAN JULY 1 OF EACH YEAR AND MUST CONTAIN A CERTIFICATION BY AN OFFICER OF THE CARRIER THAT, TO THE BEST OF THE OFFICER'S KNOWLEDGE, EACH POLICY FORM, ENDORSEMENT, RIDER, LETTER, NOTICE, OR OTHER DOCUMENT AFFECTING AN INSURANCE POLICY OR CONTRACT IN USE COMPLIES WITH COLORADO LAW. THE COMMISSIONER SHALL DETERMINE THE NECESSARY ELEMENTS OF THE CERTIFICATION.

(b) (I) EVERY CARRIER PROVIDING WORKERS' COMPENSATION INSURANCE THAT IS AUTHORIZED TO CONDUCT BUSINESS IN COLORADO SHALL ALSO SUBMIT TO THE COMMISSIONER A LIST OF ANY NEW POLICY FORMS, ENDORSEMENTS, RIDERS, LETTERS, NOTICES, OR OTHER DOCUMENTS AS MAY BE REQUESTED BY THE COMMISSIONER AT LEAST THIRTY-ONE DAYS BEFORE USING THE POLICY FORMS, ENDORSEMENTS, RIDERS, LETTERS, NOTICES, OR OTHER DOCUMENTS.

(II) THE LISTING MUST ALSO CONTAIN A CERTIFICATION BY AN OFFICER OF THE CARRIER THAT, TO THE BEST OF THE OFFICER'S KNOWLEDGE, EACH NEW POLICY FORM, ENDORSEMENT, RIDER, LETTER, NOTICE, OR OTHER DOCUMENT PROPOSED TO BE USED COMPLIES WITH COLORADO LAW. THE COMMISSIONER SHALL DETERMINE THE NECESSARY ELEMENTS OF THE CERTIFICATION.

(c) THE COMMISSIONER MAY EXAMINE AND INVESTIGATE WORKERS' COMPENSATION CARRIERS AUTHORIZED TO CONDUCT BUSINESS IN COLORADO TO DETERMINE WHETHER WORKERS' COMPENSATION POLICY FORMS, ENDORSEMENTS, RIDERS, LETTERS, NOTICES, OR OTHER FORMS AS MAY BE REQUESTED BY THE COMMISSIONER COMPLY WITH THE CERTIFICATION OF THE CARRIER AND STATUTORY MANDATES.

8-45-117 IP (1) & (1)(c) Signed May 31, 2014 Effective January 1, 2015 Amended HB -14-1315

8-45-117. Regulation by commissioner of insurance. (1) Pinnacol Assurance ~~shall be~~ IS subject to regulation by the commissioner of insurance as provided in:

(c) Sections 24-31-104.5, C.R.S.; 10-1-108 (7), 10-1-109, and 10-1-102, except subsections (3) and (6), C.R.S.; 10-1-205 (1) to (6) and (8), C.R.S.; 10-3-109, C.R.S., except for the publication requirements; ~~10-3-118, C.R.S.;~~ 10-3-128, C.R.S.; 10-3-202, C.R.S.; 10-3-207, C.R.S.; 10-3-208, C.R.S.; 10-3-231, C.R.S.; 10-3-239, C.R.S.; ~~10-3-701, C.R.S.;~~ and ~~part~~ PARTS 7 AND 8 of article 3 of title 10, C.R.S., except as these sections are inconsistent with ~~the provisions of~~ this article.