



April 26, 2021

To: State of Colorado, Senate Business, Labor, & Technology Committee
Senator Rodriguez, Vice Chair, and Committee Members
Re: SB21-197

Thank you for the opportunity to address this committee.

I am providing written testimony about SB21-197 and thank you in advance for your consideration. I am the CEO of Workwell Occupational Medicine, LLC (Workwell) and have been in this role for the last 18 years. Workwell is the largest independent provider of occupational medicine and workers' compensation injury care in Colorado and since 1997, our organization of 100+ employees and eight (8) locations have had the privilege of caring for injured workers and safely returning them to their workplace.

I would like to provide my perspective **AGAINST SB21-197** and offer the following testimony to address three (3) specific issues:

1. Proposed Language

A Senate bill is currently being considered that would change the current process for injured workers to choose their treating physician. The proposed bill changes that choice to include any Level 1 or Level 2 accredited physician as the authorized treating physician. The proposed language "LEVEL I OR LEVEL II ACCREDITED PHYSICIAN" is confusing and limiting. The State of Colorado allows for Advance Practice Nurses (APN), Physician Assistants (PA), and other advanced practice providers to be Level I Accredited. Only licensed Doctors of Medicine (MD and DO) can attain Level II Accreditation and Level II providers must be supervised by a Level II physician under current statute. All Level I providers are critically important in the workers' compensation care model and the proposed language to exclude these non-physician providers would only further limit access by injured workers.

Several challenges are created by modification of SB21-197. First, accreditation by the Division of Workers' Compensation is a course taken by providers. The course itself is valuable for providers to understand the system of Workers' Compensation within Colorado, and for Level II physicians to perform impairment ratings as laid out under the Workers' Compensation Act. Recertification is required, which is also helpful, and training by the Division helps to understand and utilize the medial treatment guidelines. The course itself, however, can be passed simply by taking the course, and does not provide the skills and knowledge that develops over years of practicing occupational medicine. By funneling care to physicians who focus on the care of injured workers, an injured worker is in the hands of providers who understand the process of workers compensation and the injuries that occur from work activity.

Secondly, recovery from a work-related injury or illness can be complex. Returning patients to their pre-injury level of employment and daily activity is always the goal. There are often many impediments to this, including employer misunderstanding. An early return to safe, limited duty work activity has been shown to help patients recover more fully and more quickly than a complete separation from all work

activity. Physicians who have relationships with employers, and truly understand the work tasks involved, can craft safe activity levels of restrictions to keep patients working while safely recovering.

Thirdly, physicians who see repeated injuries from the same employer are in a strong position to guide employers towards safe practices to prevent injury. With injured workers scattered among multiple providers, these injury patterns may not be evident to physicians practicing with no connections to the employers.

Fourthly, limiting authorized treating physicians to a limited set helps patients see occupational medicine specialists who have expertise in managing work related injuries. The science of medicine continues to progress. We are continually finding that some common treatments are not helpful and delay recovery, while new approaches can help with diagnosis and treatment. It is well established that workplace injuries carry additional psychological stressors compared to personal health care, including workplace conflict with coworkers. A work-related injury for a common condition like low back pain carries a worse prognosis than the general low back pain and treating with providers who understand these complexities can help promote recovery.

Additionally, one of the basic tenets of the Workers' Compensation Act and training from the Division of Worker's Compensation is the focus on functional improvements. Maximum medical improvement" means a point in time when any medically determinable physical or mental impairment as a result of injury has become stable and when no further treatment is reasonably expected to improve the condition, per the Act. Allowing care by any licensed provider in the state moves the focus away from the intent of the act.

Lastly, the provision allowing patients to procure any nonmedical treatment recognized by the laws of this state as legal and the practitioner to receive fees as specified by the division is troublesome. While there are many practices within the state which are considered legal, from a scientific perspective, outcomes from these treatments are not present, and therefore should not be mandated as covered by a bill. This negates the scientific approach the Division has taken to focus care for patients towards interventions which are proven helpful.

2. Misconception of the Designated Provider List

Occupational medicine is a specialty focused on treating and returning injured workers back to the workplace. Currently employers are required to offer at least (4) options of treatment, and injured workers choose from that list and the current statute allows for patients to change providers.

Most medical providers are employed by groups (corporate and/or hospitals) and under current statute, typically the group is designated by an employer for the employees to choose. There is a misunderstanding that the current designated provider list of (4) options are (4) individuals and this is not the case. Rather in current practice among employers, the designated provider list is listed as (4) entities with multiple Level I and Level II providers at each entity.

In my experience, most employers have taken great care in selecting health care providers who understand the workers' compensation system and provide good outcomes for their injured employees. Most of our employer clients provide their injured workers with many aspects of choice already in their designated provider list by including multiple facilities of care with varying options to address concerns

over severity (i.e. clinics, urgent care facilities, hospitals), days and hours of operation, varying provider specialty types, and geographical locations.

3. Intent

My understanding is that SB21-197 is being designed to ensure injured workers are treated only by physicians who have their best interests at heart, not the employer/insurer's. I can assure you that by nature, medical providers at Workwell always puts the care of the injured worker first. In my opinion, most medical providers do as well as their ethics and the oath's they take are to put the care of their patient above all else.

Workwell's medical and therapy providers work closely with the injured workers they treat to coordinate the most appropriate methods of care, return to work issues, mental health concerns, and more. But caring for injured workers is more than just a treating medical provider and the patient interaction. The workers' compensation system is designed to account for ALL the stakeholders involved including the injured worker, medical and therapy providers, employers, and insurers. Collectively, we all want the injured employee to return to their pre-injury functionality in a safe, meaningful, and cost-effective manner. Our providers embrace their ethical responsibility to care for patients within the unique constructs of the workers' compensation medical treatment guidelines. These are well designed guides to systemically render appropriate care for the patient with cost-effective outcomes without interference from insurance carriers and employers. Our providers are supremely focused on the welfare of the patient and their treatment plans are designed to help workers get back to work because a safe and healthy return to the workforce is the workers' compensations' primary purpose. Rushing an injured employee back to work in an unsafe manner before they are ready does not serve their health care goals and would go against our providers' ethical responsibilities.

In conclusion, I have worked in the workers' compensation industry almost 25 years in states across the country. The system that we have in Colorado is by far the best at balancing the care of the injured worker and all stakeholders involved in getting employees healed and back to work. SB21-197 is not structured to solve any problems we face in the workers' compensation system, it will only make more issues by restricting access to avenues of care, create administrative and logistical challenges for injured workers, delay their care and ultimately increase costs to the system at large.

Respectfully,

A handwritten signature in black ink, appearing to read "Stephen Pottenger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Stephen Pottenger
CEO
Workwell Occupational Medicine, LLC

My name is Roseanna Sturtevant, I am a state employee and work at the Pueblo Regional Center with disabled adults. It's a physically strenuous job where employees unfortunately get injured and have to go through the workers' compensation system. I have injured my neck on the job twice and have had to go through the system. It has not been a good experience. Each time I have been injured, I have been sent to a Workers' Comp clinic at CCOM now owned by Concentra. Most of the time, I don't even see a doctor in the clinic; instead they send me to a PA or a Nurse Practitioner, who has sent me to physical therapy without ordering any testing like a CT scan or MRI. This occurs even when they don't know what the injury is. I have had to fight to get imaging done of the injury and the care needed to assess the injury. This has led to longer care and the inability to have surgery because it is too late for the procedure. It is for these reasons that I am testifying in support of SB-197 and ask for your "yes" vote.

My most recent injury happened while lifting a patient. I was already wearing a brace from a previous work injury, and due to overcompensation from that and the stress on my body, my bladder burst through my vaginal wall.

I filed my 'injured on the job form' and was told to go to the workman's' compensation doctor. They set me up for surgery to repair the torn muscles. I had the surgery and after a while continued to have incontinence issues. After the surgery, I told the surgeon I was still having severe issues. Nonetheless, the ATP placed me at maximum medical improvement and called it a day.

How could I be at MMI if I couldn't lift and was still having bowel and bladder issues? It felt like they didn't try anything to fully help me recover. I have been forced to pay for a review of my injury by the Division Independent Medical Exam (DIME) process, which has cost me \$1,000.00. The outcome of that DIME is unknown, and I may not get the follow-up care that I needed to begin with. This is discouraging.

I still have bladder symptoms, including daily incontinence; yet the ATP I was forced to see closed my case without reviewing that problem. I am stuck in this system with little choice over my care and doctors who seem to have the insurer's interest over my own. No physician is focused on my care and trying to help me.

Had I had the ability to choose a doctor who was not tied so closely to the insurance company, my care would have been much more efficient and I might have had a better outcome. It would have had my interest at heart not a bottom line. With the ability to have choice over our care injured workers like myself would heal faster, and go back to work faster. Isn't that everyone's goal in the Workers' Compensation system?

Please help prevent this from happening to others by voting yes on this bill. Thank you.

My name is Shelley Carr, I live in Highlands Ranch and I am here in support of SB 197 to give workers more choice over their doctor in the workers' compensation system, to help workers like myself and now my son, who have had the misfortune of going through the system.

In 2018 I was working for Southwest Airlines, I walking in to work to attend a training and slipped and fell on black ice. I fell forward hurting my knee and foot. I continued going to work and when I got out onto the tarmac I slipped on more ice, this time backwards. I reported this to my manager and was told I could go to Concentra to seek care. I didn't have a choice or know anything about the system so that is what I did.

Originally the only pain I felt was in my knee and ankle. I went to Concentra, there were no x-rays done, or real examination of my ankle, they basically looked at me, said I would be fine and sent me on my way. They ended up closing this claim after about a week.

A few days later my neck and back started hurting beyond belief. I thankfully, got them to reopen the claim. I was seeing a different doctor almost every time I went in. These doctors were sending me to massages and physical therapy, but this wasn't working. I kept telling them I was not getting better, that even some of the exercises we were doing in PT were making it worse, but they ignored me and just kept giving me anti-inflammatories. After 4 months I finally saw a PA who asked why I had never gotten and MRI. If this is what was needed to see what was really going on in my body, I wondered why the doctor didn't give me one originally. I got the MRI which showed that I had a bulging disk which was pinching a nerve causing back and neck pain, and numbness in my fingers.

I knew I wasn't getting the care that I needed, I was working with limited restrictions in baggage claim, mainly sitting but this was still causing discomfort to hold the weight of my head on my neck. I wasn't comfortable sitting or standing but no one was advocating for me. The attending doctor even placed me at MMI with a 0% impairment rating. How could this be? I was not improved and I certainly have impairments to my life and work capacity.

I have had to adjust my whole life. I can no longer work to the same capacity; I have difficulties traveling. I have to turn my whole body to talk to someone, I can just turn my head. I can't raise my arms above my head when I work out. This truly has changed everything in my life.

I want to work; I want to be able to enjoy my life like I did before. Had I gotten the MRI and subsequent treatments right after the injury, my long-lasting symptoms likely wouldn't be as sever and long lasting as they are today. It's been three years since my injury, its been a very emotional and draining process.

My son was just injured at work, I am terrified for him to go through this same process. To see doctors who delay and deny the care he needs. To be dismissed and rushed along. What will this mean for him and the long-lasting impacts this could have on his life.

If the system actually had the interests of workers at heart, if I was treated fairly, I would have never had to hire an attorney and I wouldn't be in this pain today. Please I beg you do the right thing and help injured workers. Please vote yes on SB 21-197.

www.WCC-CO.org workcompcoal@gmail.com

Opposition to Colorado Senate Bill 2021-197-Expanding Work Comp Choice of Physicians
April 28, 2021 Testimony Sonja Guenther

Thank you, Chairman and Committee members. My name is Sonja Guenther. I'm a nationally-known Work Comp Specialist for >20 years and I am here today representing the Workers' Compensation Coalition, an assn. of >70 business members of diverse size and industry. We oppose SB 197.

I am very grateful to the sponsor for engaging in discussion this week and at the Senator's direction, I shared with you my experience yesterday, when I attempted to select a physician from the Div of Work Comp website.

First, I have access to the internet. If no access, an injured worker is given a BOOK of 115 pages of doctors. I also speak English and I am VERY familiar with the Division website. I know exactly where to find the list of accredited physicians. Many will not know where to find this link.

Doctors are, first, listed alphabetically. 115 pages with 834 physicians. As the sponsor kindly directed me, I entered the city of Denver, CO. That narrowed it to 19 pages and over 100 doctors. To narrow the list further, I had to select from 45 medical specialties. Then, the worker has to search- What is the difference in Level 1 or Level 2 and what a Level-2 LIMITED doctor. The injured worker has to know the medical acronyms PA, DPM, DC, MD, NP. If they choose Orthopedics on the list what's a UE or CE and what is a physician that specializes in Emergency Medicine? After I selected a doctor, I wanted to check online to see what kind of public rating they received. The first doctor I picked was rated 1 star out of 5 (per Caredash.com). Committee members, after 45 minutes of this process, I had to start looking all over again.

I also called the WC Division Accreditation Program listed on the website. After several rings, I got a recording IN ENGLISH- they are working remotely. The message says to email them. Here is the email address on the phone message:

Cdle_dowc_provider_education@co.state.us

I had to call TWICE just to write down the entire email address.

Under CURRENT law, the notice required to be posted by employers already has 4 physicians in both English and Spanish. Presently, Pinnacol, (holding nearly half of the work comp. policies in CO), makes this choice letter available to injured workers in English and Spanish. SB197 is not the answer. It only makes the system more frustrating for a worker who is injured and needs prompt and quality care.

Please oppose or consider some of the other amendments that may expand our injured worker's choices without burdening them.

LYN D. ELLIOTT
ASSISTANT VICE PRESIDENT,
STATE GOVERNMENT RELATIONS

April 26, 2021

Sent via Email

RE: SB 197, Workers' Compensation Physician Choice

Dear Members of the Senate Business, Labor and Technology Committee :

The American Property Casualty Insurance Association (APCIA), representing approximately 50% of Colorado's property casualty insurance market, promotes and protects the viability of private competition for the benefit of consumers and insurers, with a legacy dating back 150 years. APCIA members represent all sizes, structures, and regions—protecting families, communities, and businesses in the U.S. and across the globe.

APCIA is concerned that SB 197 would significantly impact the current workers' compensation system. Under current practice, the injured worker can choose between four providers offered by the employer or insurer. Often, the employee may choose from more than four providers because often some of the choices involve medical clinics. Current practice provides the employee with additional control over the medical provider as the employee retains the option to change medical providers automatically within 90 days of initial treatment and, after 90 days, upon written request.

A key objective in delivering workers' compensation medical benefits is to ensure that injured workers are treated by qualified and competent health care providers. The current law provides the injured worker with access to medical professionals who have expertise in treating workplace injuries. These medical professionals are well-prepared to diagnose and treat occupational injuries and illnesses and assist the employer and employee with appropriate return to work decisions.

APCIA urges you to vote no on SB 197. Thank you for your consideration. If you have questions or need additional information you may contact me at 720-610-9473 or Lyn.Elliott@apci.org.

Sincerely,



Lyn D. Elliott
Assistant Vice President, State Government Relations

Good afternoon chair and members of the committee,

My name is Kevin Lowery I am a current King Soopers employee of 20 years. I am in support of SB 197.

In July of 2018 I was unloading perishables that had been delivered to the grocery store. During the process I found myself running into a hallway full of people converging from 3 different directions. I halted but my coworkers did not hear me say stop and continued to go which led to me getting smashed between the pallet racking and a pallet of perishables. My back was twisted, and I was in immense pain.

When I filed the claim the insurance company, Sedgwick, offered me a list of 3 places I could go to receive treatment. With minimal options, I chose the closest treatment center, Concentra Urgent Care.

When I arrived at my first appointment, the doctor only gave me a bare bones physical exam asking me to stand up and touch my toes, examining my lower back, saying the problem was just lower back strain.

I was confused by this interaction. After an incident like the one I had, I knew that any other doctor would have immediately sent me to get x-rays or an MRI. Knowing this I requested X-rays, but my doctor responded by saying that would be unnecessary and physical therapy would be enough. The therapy I received was minimal and consisted of riding a stationary bike and light stretches. This provided very temporary relief, but the pain persisted. I let my therapist know, but I felt like I was screaming into an empty void. They insisted it was working and helping me and my physical therapist told my doctor I was cleared to go back to work. I had only received 6 weeks of PT. I once again was given the bare bones physical exam and with the doctor in agreeance, I was sent back to work, not because I was healed but because he was only measuring my ability to work. As the patient how I feel should always be the primary tool to measure progress, but I truly believe their only metrics were based on profit.

2 and a half years later and I still have serious back pain issues daily. The pain gets so bad that when I take a step my lower back begins to feel as though I am getting stabbed and this pain can last for hours. I can no longer be the active person I was before my accident; it takes an intense toll on my mind and

body to do just about anything. I never asked for any of this. I just want to live my life and move on from this pain.

The hurt and suffering workers are facing in this system that takes choice and autonomy away from us is tearing families and lives apart. This system has torn me apart. This shouldn't and can't be our future. I implore you to vote yes on sb 197.

Thank you,

My name is Douglas Halbert, I live in Denver and I am here in support of Physician Choice in Worker Compensation.

I have worked at King Soopers for over 8 years. While working here I have worked in produce the whole time. I'm good at it and I've been in this job for a while, which can be rare with the long hours and stress it takes on your body.

Three years ago, I was getting off my shift and I felt some pain in my neck. I wasn't too worried as I was going to have my days off and some time to rest.

When I went back to work a few days it wasn't getting any better, I had radiating pain and tingling going down my neck and arms. I filed my workers compensation claim and the store secretary said, 'oh you just sprained something you'll be fine.' This didn't feel like a sprain, so I continued to push that I needed care. I was given an 1-800 number to call and spoke to a nurse over the phone. I was then told to go to a Concentra clinic. I didn't have any choice here.

I went to Concentra, and the doctor made me feel like she didn't believe anything I was telling her, it felt like she thought I was lying and just wanted to get me out of there. I was told to go to physical therapy and do some exercises to help with a sprained shoulder. A few weeks go by, of me going to PT, and things didn't feel right, I was really hurting. I feel like I had to fight and keep saying, no something is really wrong here.

Eventually I saw a specialist for some injections and told him all of my symptoms. This doctor finally listened to me and said that it was not something in my shoulder it was really in my neck and I should get an MRI to see what was going on.

It was at this point that Sedgewick, the company that runs the claims for my self-insured employer, denied everything, said I was fine, and in fact I needed to pay back \$2,000 for treatment that I had

received. I knew that wasn't right, so I told my union who put me in contact with an attorney to help me advocate for the care I needed.

Finally, after all of this went through, I did an independent medical examination where the doctor said ok, this is a work-related incident and I could continue to get care. Since then, I have had to have a disc replacement surgery, next I might have to have a fusion of discs in my neck.

I was not approved for surgeries by the doctors and insurance company until a year ago. I have always felt like if I would have been able to do this sooner maybe the outcome would be different. It's always felt like a delay of treatment and stalling of what care I really needed.

With the pain and uncertainty, I was going to I really wanted the ability to choose my own doctor. It felt like the doctors they chose for me were biased.

I think about all of my co-workers who have been hurt on the job and been taken advantage of who maybe didn't have the tools to advocate for themselves or ability to hire an attorney.

Please for workers like me and my colleagues' level the playing field by allowing workers to pick accredited doctors to treat them. Please vote yes today. Thank you.

Good afternoon chair and members of the committee, my name is Tammi Strickland, I live in Steamboat Springs Colorado and I am here in strong support of SB 197 due to my own experience with the workers compensation system.

I was hurt at work 4 years ago, while working at Yampa Valley Electric. We were remodeling and moving the office. I picked up a big box to move out of the room. I had to tip the box and all the weight shifted, when this happened I heard a loud pop. Because of that I tore my rotator cuff, tore my bicep tendon, and we later found out it also resulted in chronic neck pain.

I had to go to the designated orthopedic doctor who recommended I try physical therapy with my shoulder. This wasn't terrible because I wanted to try physical therapy before surgery or anything more drastic.

Shortly after, I realized PT was not enough and I did need surgery. The first surgery occurred after I had an MRI and scheduled it in December of 2017. My surgeon was amazing but the occupational physicians that I had to go to for the work comp requirements were not. They would just look at my surgeon's notes and agree, which is good, except when it came to the issue with my neck. My surgeon recommended I go get an MRI, of which they agreed to pay for. Based on those results he sent me to his colleague who recommended facet injections and PT. Insurance company would not pay for further treatment. From here a number of issues with the designated occupational physical care became evident.

As I stated, my neck was really hurting me. I had a burning sensation running down it that increased whenever I raised my arms above my head, which made it near impossible to do PT or rehab for my shoulder surgery as many of the exercises required this motion. My doctor approved an MRI which showed lots of inflammation of my neck.

At the occupational doctor he had another doctor come into the room and make a statement that felt prerecorded. That 'as of this day, your neck will not be included in your workers compensation claim'. I

knew this was the moment that would haunt me. If I wanted to have the injections I needed I would have had to pay with my own money. It was a new year I had a new deductible and simply could not afford it.

I did not feel fully rehabbed and went back to the surgeon. My surgeon had since retired, so I saw another colleague of his in the same office. He wanted a new MRI to see what was going on. That MRI showed that I had a remaining tear in my sub scapula that had not been caught in original surgery. He recommended that I get it fixed, as that was the only way to get the shoulder feeling better. Work comp company would not take the second surgeons recommendation and made me go to multiple doctors for evaluation, all of which I did not choose. I decided to get a second opinion and went to a different doctor at Stedman clinic. This was September 2018 and it took me until April 2019 to get approved for the second surgery. This doctor saw the notes and MRI and agreed that the tear in my shoulder was as a result of my injury. Finally, I was approved to get the second surgery I needed in 2019. This was almost 3 years after the injury. My neck wasn't getting better if anything it was getting worse from all the time passing being left untreated.

When the time came and I got the final admission of liability it didn't include the costs for any of the treatments on my neck.

I didn't get to pick or have a say in any of these doctors other than the DIME that both parties agreed to. The other doctors I saw I felt like they worked for the insurance company, you could sense it in the way they asked their questions. I trusted my surgeon because I was able to choose him.

The Chronic pain in my neck could have been avoided if better mitigated. If it would have been delt with early on we wouldn't be here today. I lost income through this, through lower wage rates, time off to see doctors with no pay. Everything was so stressful it makes you feel like a bad person for wanting to feel better. Please pass this bill and give injured workers more choice in their care. Thank you



April 27, 2021

Re: Senate Bill 21-197 – Workers Compensation Physician

Dear Committee Members,

I am writing regarding Senate Bill SB21-197 – Workers Compensation Physician. I am writing on behalf of our clients and the Colorado Self Insurers Association.

The current system in place for workers compensation and physician selection reflects a balance for both the employer and the injured worker. The medical providers currently that act as the injured workers' treating physician are trained in occupational injuries and have the expertise to provide the best care.

The current system also provides for a structured way of handling the first point of treatment when an injury occurs. It is beneficial to the injured party as much as employer. Occupational Health clinics are able to see the patient almost immediately and have the availability to see the worker for follow-up in a timely manner. The injured worker is then treated by an expert in Occupational Medicine and the medical providers know and understand the processes involved with workers' compensation in Colorado.

The passing of bill SB21-197 will disrupt the balance in our system and cause unneeded litigation. It will also decrease quality of care and cause delays in benefits to workers, prolonging their absence from work and add significant cost to Colorado businesses. Companies not currently located here, which may have relocated to our area, may decide instead to move to a more employer friendly State.

Our company services claims for many of the Colorado Public Entities that are currently self-insured for their workers' compensation coverage – This bill would be detrimental to their program, especially after they have already suffered revenue losses due to the COVID Pandemic. Therefore, I strongly urge you to oppose this bill. Passing of this bill would be devastating to Colorado businesses – It will significantly increase workers' compensation costs for employers – by way of medical care and litigation.

Thank you for your time and consideration – PLEASE OPPOSE THIS BILL.

Sincerely,

Stacy Ross

Stacy Ross
State Director
CCMSI

/ss

Cannon Cochran Management Services, Inc.

PO Box 4998 Greenwood Village CO 80155

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FRAUD WARNING: Any person who, knowingly and with intent to injure, defraud, or deceive any employer, insurance company, third party administrator, self-insured program, or any other third party, files an insurance claim containing any false or misleading information, which violates an applicable state statute, is guilty of a crime and subject to prosecution.



MAIN SHOWROOM/WAREHOUSE 8820 American Way Englewood, CO 80112

April 27, 2021

On behalf of American Furniture Warehouse, we urge you to oppose SB21-197.

We believe this is bad legislation that will have adverse effects for both workers and employers. For workers, the bill will result in delayed and lower quality care, lengthen the time workers are unable to return to work, and increase confusion and frustration with an already complex Workers Compensation system. For employers, this will result in increase cost, prolonged worker absences, and create additional administrative burdens.

Please vote "No" on SB21-197.

Best regards,

Paul Templeman
Risk Manager
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