

July 15, 2013  
Russell Ghitterman, Esq.  
Ghitterman, Ghitterman & Feld

Greetings:

Our firm has been helping injured workers for over 50 years. It is our understanding that rule changes are afoot for interpreters. If the intent of the DIR is to eliminate certified interpreters from helping injured workers, then continue your efforts. These are small businesses that cannot afford the onerous and expensive burden you are placing upon them to provide interpreting services at medical appointments and legal proceedings. The financial demands being placed upon them by filing fees, in addition to the extraordinary delay they are already endure to get paid, is driving them from the business. In their stead, we will be left with unqualified and inadequate interpreters, all to the detriment of the injured worker. To drive home that point, please review the attached letter that demonstrates the type of interpreting services that will be provided when there are no certified interpreters left.

**MINA THORLAKSSON**  
**State Certified Interpreter - Translator**  
**Certification # 100157**

P.O. Box 91422

Santa Barbara, CA 93190

Russell Ghitterman, Esq.  
Ghitterman, Ghitterman & Feld  
418 E. Canon Perdido St.  
Santa Barbara, CA 93101

Moises Vazquez, Esq.  
411 E. Canon Perdido St., #19  
Santa Barbara, CA 93101

**RECEIVED**

JUN 14 2013

**GG&F**

Susan Holmes, Esq.  
Holmes & Holmes  
2390 C Las Posas Rd., #509  
Camarillo, CA 93010

Brent Levine, Esq.  
Tobin Lucks  
6785 Hollister Ave.  
Goleta, CA 93117

June 13, 2013

RE: MARGARITO FLORES vs. CAL-EUROPE, FLORISTS MUTUAL/HORTICA  
EAMS CASE# ADJ4650262 ET AL

Dear Gentlepeople:

The purpose of this letter is to inform you about an inappropriate situation in the services provided to applicant Margarito Flores, which is exemplary of a growing and disturbing trend regarding insurance carriers' use of unlicensed and incapable interpreters in violation of existing law and inconsistent with SB-863. As you know, Labor Code §4600 requires provision of interpreter services when needed for medical treatment and SB-863 sets standards for the certification of these interpreters. Despite this, carriers are sending taxi cab drivers and cooks who are not certified interpreters into doctors' and lawyers' offices to translate (ineffectively) for injured workers.

On Monday 6/3/13 I was at Dr. Scheinberg's office to interpret for a patient. Also at the same office was certified interpreter Erik Thorbecke to interpret for a second patient. Margarito Flores arrived for his appointment and soon after a person named Anders Skjennum og Sønn (see business card attached) arrived and introduced himself as Mr. Flores' interpreter. When I asked Mr. Skjennum og Sønn for his credentials as an interpreter he explained that he is a mason who, in several years working in construction, has picked up some colloquial Spanish from Latino laborers. He also indicated that someone at his church put him in contact with TransNet, an agency in Florida, to obtain jobs as interpreter. He accepted the job because he is paid \$25 dollars per appointment which is more than what he makes as a mason.

During our conversation, Mr. Skjennum made it very clear to Mr. Thorbecke and to me that he does not really speak Spanish correctly; he has never had formal education in Spanish and hoped to be able to learn more Spanish to continue working as an interpreter. His intention was to enroll in a summer course at Santa Barbara City College in Spanish 2.

I have been certified since 1988 and pride myself in providing effective communication services to the interested parties. The ultimate purpose of providing interpreter services is to help the injured worker communicate appropriately with the medical providers in order to expedite and obtain the maximum improvement of the injuries. In the insurance companies' endeavor to have total control of workers' compensation claims, they seem to be acting not only illegally but in an unethical way by not providing the proper services the injured worker is entitled to. This is the most recent situation that I have encountered but these instances are happening over and over in many medical appointments where insurance carriers contract with large agencies out of state which call non-certified,

Phone (805) 564-8665

Fax (805) 560-0979

Cell (805) 705-6684

E-mail: minathor09@gmail.com

non-qualified people to perform the duties of a state certified interpreter. Recently, I was asked by another non-certified interpreter how to say "herniated disk" in Spanish.

Please consider how we, as a workers' compensation professionals community, including medical providers, judges and attorneys, can combat this growing trend of unlicensed and ineffective interpreters who are costing more to the system by delaying injured workers' recoveries. Perhaps a letter to other professionals in our local board and a policy that only certified interpreters will be recognized is in order.

Thank you for your attention to this matter.

Sincerely,

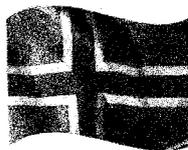
A handwritten signature in black ink, appearing to read "Mina Thorlaksson". The signature is written in a cursive, somewhat stylized font.

Mina Thorlaksson

Encl.

**Anders Skjennum og Sønn**  
**Felles-Ved, kvalitet utemerket**

801 Cold Springs Road  
Montecito, CA. 93108  
(805) 284-1689  
andersshenum@yahoo.com



(bi-lingual) se habla Español

July 22, 2013

Victor Reyes

Focus Interpreting

Hello!

We all work in the same field, and therefore will all be negatively impacted if this passes! Please join forces and voice your opposition so that we all may keep our jobs!

July 23, 2013

Camilo Castano

State Certified Interpreter

Dear Mr. Sullivan,

I am writing you in regards to the proposed legislation that will devastate the interpreting community, please take into account that we work very hard And most of us have families To support and contribute to the economy as well.

Thank you for your time.

Regards.

July 24, 2013  
Ellie Bertwell, Esq.  
Rules Attorney  
Aderant

Dear Mr. Sullivan,

We are writing to comment on the further modifications to the Rules of Practice and Procedure, 8 CCR 10210 et seq. and 10300 et seq., out for comment until July 25, 2013.

#### 8 CCR 10450

Proposed new 8 CCR 10450(b) sets a default deadline to file an answer to a petition as 10 days from the filing of the petition.

Proposed new subsection 10450(c) states, “the time for filing any petition or answer shall be extended in accordance with sections 10507 and 10508”.

The combination of subsections (b) and (c) is confusing because 8 CCR 10507(a) allows extra time to be added after service of a document if the document is served by mail, fax, email or any method other than personal service. Section 10507(a) does not authorize extra time when a deadline is computed from the date a document is filed.

Using “filing” in 10450(b) and referencing 10507, which applies to “service”, may lead to the incorrect calculation of deadlines because practitioners will not know if the triggering event is the date of filing or the date of service of the document. Although the date of filing and the date of service generally may be the same, this is not always so.

If the intent of new Section 10450(b) is to follow Section 10507, then we suggest further modification of this section to state, “Unless otherwise provided by statute or rule, an answer may be filed within 10 days after the filing service of a petition”. This change would make the default answer deadline consistent with other sections that trigger deadlines to file a petition from the date of service of a document. See, e.g., Sections 10957(b), 10957.1(c) and 10959(b)(1) setting 20-day deadlines to file a petition from service of a determination.

Alternatively, if the WCAB wishes the default answer deadline to be computed from the date of filing of a petition and not the date of service, we suggest that Section 10450(c) be further modified to state, for example, “Unless otherwise provided by statute or rules, the time for filing any petition or any answer shall be extended [in accordance with] in the same manner as allowed under sections 10507 and 10508, whether the time is computed from filing or service of the petition or answer under the relevant regulation”.

#### 8 CCR 10608(c)(8)(C)

As originally proposed, Section 10608(c)(8)(c) stated,

*If a notice of intention is issued, it shall issue within 15 business days after the filing of the petition and it shall give the petitioner and any adverse party 10 days to file a written response. This time limit shall be extended by sections 10507 and 10508.*

Although the proposed regulation did not expressly identify the event from which to compute the 10-day deadline to file a response, the second sentence extending the time pursuant to Section 10507 implied that the triggering event was the date of service.

The proposed modification eliminates the second sentence, leaving the triggering event unidentified and thus ambiguous. We suggest further modification to include the triggering event for the 10-day period. For example, the sentence could state, “If a notice of intention is issued, it shall issue within 15 business days after the filing of

the petition and it shall give the petitioner and any adverse party 10 days from the date of service of the notice of intention to file a written response”.

Thank you very much for considering our comments.

Carmen Strickland  
State Certified Court Interpreter  
Judicial Counsel #301388

Hello,

I am a Certified Court Interpreter in Southern California. Since I passed the State Exam in 2011, I have been working as an independent contractor. Due to the precarious financial situation in the Courts, the majority of my assignments come from the private sector in Workers Comp cases. The proposed legislation is unfair to interpreters, if passed, it would be devastating for my family and many other families. PLEASE DON'T LET THIS ATROCITY CRUSH MIDDLE CLASS FAMILIES! ENOUGH IS BEING DONE TO US ALREADY!!!  
Thank you for your attention.

Rosa Barrera-Nunez  
Nunez & Barrera Interpreters

To Whom It May Concern:

Attached please find my comments and Opposition to the Proposed Rules of Practice and Procedure.

Sincerely,

To Whom It May Concern:

I am a Language Service Provider (LSP) from Southern California servicing the Workers' Compensation community for over 25 years now. I started this business with my husband a certified administrative hearing interpreter who has unfortunately passed away from cancer.

We have always prided ourselves in providing the best certified interpreters for ALL parties. However, with your proposed Rules you will virtually make it impossible for me to continue servicing my Applicant Attorney and Defense Attorney clients. We need to remember that the Workers' Compensation system was created to protect the injured worker, and part of that protection extends to Limited English Proficient (LEP) Injured Workers (IW) and their right to an interpreter per CCR §9795.2 as well as their DUE PROCESS.

SB863 was very clear that its intent was to re-establish testing for future aspiring interpreters wanting to provide interpreting services in the workers' compensation arena, since there is a devastating shortage of interpreters in the state of California. It also finally clarified what specific services interpreters are to be paid for by the employer, PERIOD.

These current proposed Rules are not giving any incentives for LSPs, current certified interpreters or future aspiring interpreters (waiting to test with the entities chosen by the DIR) to continue providing interpreting services in California. Essentially, what you are proposing is that LSPs and interpreters provide services on the condition that if later, the IMR states that the 'treatment' received were not necessary, they not get paid. You are basically saying, "Sorry LSPs and interpreters. You ARE NOT getting paid because it was not necessary." Who in their right mind would want to provide services under these harsh conditions and take the risk of never being compensated for the work provided?! Let me remind you that SB863 created the addition of §139.32 (a) (3) (D) that separates interpreters from the medical providers and defines interpreters as a **standalone service**. Why are we continually being lumped in as Medical Providers?! We are language facilitators NOT doctors!

This WILL create a flight of LSPs and interpreters to other markets!! Good luck trying to get anyone to aid the LEP IW. Furthermore, since there is no oversight of the employer/carrier's business practices, they will either continue to deny the LEP IW an interpreter or send a non-certified, incompetent, "bilingual" person. This will only create increased litigation because the applicant attorneys will object to and litigate all medical reports and depositions where a non certified interpreter was used, not to mention that it will represent a liability for **ALL** parties.

SB863 was very clear on how interpreter services are to be paid. Subjecting LSPs and interpreters to filing liens for legitimate work will be counterproductive to the intent of SB863.

I pray the Court will seriously reconsider keeping the Rules as originally proposed.

Sincerely,

Rosa Barrera-Nuñez  
Nuñez & Barrera Interpreters

RECEIVED BY  
July 27, 2013

JUL 25 2013

Ms. Neil P. Sullivan

WORKERS' COMPENSATION  
APPEALS BOARD  
OFFICE OF THE COMMISSIONERS

Dear sir:

Please add me to the list of interpreters who are outraged at the "unconstitutionality" of the abuses caused by the new Worker's Comp. laws. We have been singled out by SCIF's attempt to take away our livelihood by making it impossible for us to seek redress from judges who have their hands tied and charges that make it impossible for us to fight back and stop this 300 pound gorilla from ruining our lives with no possible remedy.

The injured worker will suffer losses if all the legally certified interpreters are replaced by "demon Certified" interpreters and our by less experienced translators with no experience whatsoever - or with interpreters chosen by the insurance co.s.

If all other insur. co.s follow SCIF, our agencies will collapse + our lives will be ruined breaching our right for the pursuit of

(2)

happiness + the right to earn  
a living

I'm a state and federally  
certified court interpreter who  
has been working in the WCAB  
since before 1981 - I have a thick  
curriculum vitae, diplomas,  
interpreter coarser galore, a  
university degree and years of  
volunteering in the Police Dept -  
(Long Beach).

Am I, are we ?? supposed to  
let SCIT, with a past, where  
this misg. @. paid money to  
their buddies for doing nothing  
(L.A. Times article) take away  
our jobs, just in order to make  
money to give to their CEO's  
or are we going to unite + fight  
for our rights?

Aida Gonzalez Leir

Fed. Cir. # 98-049

State Cir. # 600107

Cell (562) 397-6681

**RECEIVED BY**

To: Neil P. Sullivan, Asst Secretary & deputy Commissioner  
Workers Compensation Appeals Board  
P.O. Box 429459  
San Francisco, California 94142-9459

**JUL 25 2013**  
**WORKERS' COMPENSATION**  
**APPEALS BOARD**  
**OFFICE OF THE COMMISSIONERS**

7-14-2013

From: Alexander Diamonds - Administrative Interpreter  
P.O. Box 48255  
Los Angeles, California 90048-0255

Re: Modification to Proposed Amendments to WCAB Rules

Mr. Sullivan,

I, as many other interpreters, have been aware of the changes in our industry that has already begun to affect us.

These proposed modification of \$350 (non-refundable) fees to services that are to be filed as a lien to an IBR, and the 60 days that the carrier now has to object and the 90 days that they get to pay plus... a demand in payment that would then require it to be in writing...all this is going to put many of us out of business.

There is also an additional charge of \$150 filing fee for services that were reasonably & necessarily incurred.

Why would the state ever consider any of these proposals if they were very well aware that this is a death knell for many agencies & interpreters? The people that put this bill together and proponents of this bill obviously knew what they were doing, as it's hard to conceive how any agency or interpreter could only work in debt under these proposals!

Where in any part of these proposed modifications does it demonstrate any opportunity for an agency or interpreter to survive this obvious financial axe?

Imagine if you were informed by the state, that from now on you will have to post \$350 (non-refundable) fee for each & every ½ day you worked, because you would not be paid unless you dispute it & an additional \$150 fee for other ½ work day...and the state could now take up to 60 days to object to your filings and 90 days to pay? Do you think you or anyone in a state job could afford to work under those financial burdens?

Mr. Sullivan, whatever was planned for this amendment to the WCAB, was nothing short of decimating for the interpreting industry and any other vendor(s) under the same conditions.

I implore you to not approve nor allow these changes to the WCAB. The changes that these modifications can bring can only have a domino/ripple effect to the interpreting industry that may prove to be more costly for everyone in the long run.

Agencies & interpreters have provided many years of consistent and dependable service that is vital to all industries. If you cripple it...it could take decades to re-establish it...if at all.

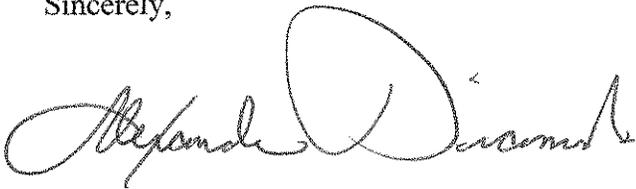
The many lives that you will have affected will be innumerable, and somehow it really seems doubtful that you will be doing a service to the state or our community.

These proposals seem way too obvious that these have been drafted by those that can attempt to gain windfalls in a short term...at the expense, risk & devastation of thousands of hard-working vendors.

Please re-consider this vote to not go through, as the jobs you put at risk may be more than you thought.

I thank you in advance for your consideration, and ask you to not let these modifications take place.

Sincerely,

A handwritten signature in cursive script that reads "Alexander Diamonds". The signature is fluid and includes a large, prominent loop for the letter 'D'.

Alexander Diamonds  
California Administrative Certified Interpreter

July 24, 2013  
Charles Penman  
President and CEO  
Charles Penman Interpreting, Inc.

Attached please find the written response of Charles Penman Interpreting, Inc. to the Modifications to Proposed Amendments to WCAB Rules as they impact the Interpreting Community.

We hope you give our letter serious consideration and thank you for your time.

**CHARLES PENMAN INTERPRETING, INC.**

**P.O. BOX 60503**

**PASADENA, CA 91116**

**(626) 398-7414; Fax: (626) 398-7440**

**Email: [interpreting@charlespenman.com](mailto:interpreting@charlespenman.com)**

July 24, 2013

Neil P. Sullivan, Assistant Secretary and Deputy Commissioner  
455 Golden Gate Avenue, Ninth Floor  
San Francisco, California 94102

**PERSONAL AND CONFIDENTIAL**

RE: **MODIFICATIONS TO PROPOSED AMENDMENTS TO WCAB RULES  
WITH REGARD TO LSP (LANGUAGE SERVICE PROVIDER)**

Dear Mr. Sullivan:

We have been serving the needs of the Workers' Compensation Community for over 30 years and we have provided the essential link via interpretation from source language to English for the benefit of the courts and for the judges. We have a stellar reputation with Judges, attorneys and insurance companies. We consider our certified interpreters an integral part of the worker's compensation delivery process and feel we must now take a stand to protect our livelihood and to maintain the integrity of our chosen profession.

We, seasoned professionals, have seen, over the years, an encroachment of out of state companies looking to make a "quick buck." There are rumors of questionable practices at some medical clinics allegedly utilizing minimum wage clerks for the interpreting process with dubious results and questionable billing . . . . which has only served to harm those existing agencies who are operating "by the book," as we have been and will continue to do so. We are proud of the relationships we have fostered over the years and wish to continue to provide our excellent services to the workers' compensation community.

Therefore, we are, on record, as being **VEHEMENTLY OPPOSED** to the modifications to proposed amendments to WCAB Rules with regard to Language Service Providers (LSP), including, but not limited to:

- 1) Petition for Costs will only be applicable to WCAB Appearances and all other charges will be on a Lien Basis;
- 2) The Insurance Companies' extension of time to pay from 60 days to 90 days;
- 3) The requirement that disputed charges be subject to an Independent Bill Review; and
- 4) Payment of \$350.00 for such bill reviews.

If there is a problem with alleged abuses by questionable companies, a better solution would be to investigate those outfits whose existence does nothing to promote the cause of legitimate agencies and interpreters trying to earn a living and to shut them down rather than to penalize the legitimate companies who are serving the Workers' Compensation Community and who have played by the rules and are not out to gouge the system. The net effect on companies operating legitimately would be devastating and punitive when we have done nothing wrong.

The establishment of an Independent Bill Review makes no logical sense as our fees are set by code: "***Superior Court Rates or Market Rate, whichever is higher***" and in many instances agencies have ongoing arrangements with different insurance companies recognizing and agreeing to a certain rate structure. Ours have been in place for decades. To have to pay money to an outside source for something that is so totally unnecessary makes no logical sense and it would be economically devastating to the small business owners such as ourselves.

The imposition of the Lien Filing Fees provided an alleged stall tactic which was, no doubt, championed by certain special interests in an attempt to get out of paying legitimate charges but we complied, at great expense to us and increased costs in manpower hours and litigation expenses and having to wait months and sometimes years to collect what we were owed.

From personal experience, we have found certain insurance companies flat out refusing to pay our bills to the point where we had to resort to filing Audit Requests just to get a certain particularly egregious insurance company to pay interpreting bills **for services provided at the request of the insurance company's defense counsel** and sometimes months and years after such services were provided. We have an entire dossier of insurance companies acting with impunity, sending frivolous objection letters, disregarding the Labor Code and Regulations, who are, in all likelihood, the very same parties seeking to impose these punitive measures upon the small business owners and who would like to "sweep our bills under the rug" or make it so burdensome that we will give up but we will not.

The proposed institution of an Independent Bill Review Agency smacks of just another alleged "sweetheart deal" we suspect, of yet another entity or entities trying to drive us out of business and to turn a profit doing something which is completely unnecessary and burdening an already overstretched system. The current Labor Code and Regulations provide adequate safeguards to both insurance companies and interpreting agencies to address grievances, as they stand.

These proposed regulations would serve to give "carte blanche" to some insurance companies to disregard invoices for legitimate interpreting services, to thumb their nose at the system and to make it so burdensome that if these regulations pass, we will not only be working for free but writing checks to the insurance company for the privilege of providing professional services via Certified Interpreters; where is the fairness and logic in that?

We would provide you with an example so that you can "step into our shoes" for a moment. Let us say that Mr. Civil Servant (which would include our elected officials) receives his check on a consistent schedule and knows what amount he will be receiving, per agreement with the payor.

Now imagine providing your services for a particular payroll period, 9-5, doing your job, etc. only to receive at the end of the pay period, not the expected payroll check but an objection letter stating "we do not agree to these charges" and so now you, Mr. Civil Servant, due to new regulations, will have to, at your own expense, pay \$350.00 to an outside company who will come in and determine if your wages are "reasonable and necessary." Never mind that Mr. Civil Servant has been receiving the same amount for the last few years, maybe even decades with, hopefully, cost of living increases.

But that is not all. Now you, Mr. Civil Servant, will also have to file a lien and, concurrently therewith, file a Lien Activation Fee of \$150.00. So now you, Mr. Civil Servant, are out \$500.00 in out of pocket expenses (non-refundable) and yet you continue to work with no money coming in to help you support yourself and your family while you wait for this Independent Wage Review Committee (in your case) to issue a decision and just how long do you expect that you, Mr. Civil Servant, will have to wait for this decision? Well, from the looks of things, the insurance companies will have been given an extended time within which to pay (from 60 days to 90 days), but that is only if they agree to your wages and what is to prevent the state from objecting to each and every timesheet that you, Mr. Civil Servant submit? With regulations such as the ones proposed here, what is to ensure that you, Mr. Civil Servant, will ever receive your expected payroll check and how can you not go bankrupt in the process?

You will have, in effect given free rein to the insurance companies to benefit from our services and to engage in what amounts to alleged "legalized theft." These regulations would essentially wipe out our industry so do you really think that we would sit quietly while attempts are made to push through these ridiculous, punitive and unnecessary regulations?

Well, enough is enough, and as more and more such onerous restrictions and regulations are considered and assaults launched on our ability to make a living, agencies should be looking for relief in the civil arena through potential economic tort actions, looking into the alleged collusive practices of certain special interest groups, insurance companies, etc. and others who are behind the sponsorship of these such punitive proposals and those who are specifically targeting Interpreting Companies.

Since roughly 90% of interpreting performed in the Workers' Compensation arena is in Spanish, an alleged Federal discrimination action should be considered to combat these attacks on our livelihood, our profession, and the ability of Hispanic applicants to participate in the Workers' Compensation process via legitimate Certified Interpreters. Groups such as La Raza, MALDEF, The Mexican American Bar Association, to name a few, are very interested in seeing that their Spanish speaking clients are not being deprived of basic rights in this area and are willing to support and champion the cause of the small Hispanic business owners and Interpreting Agencies, such as ours.

Up till now, we have followed each and every progressively burdensome restriction and regulation hurled in our direction but this time we will be fighting back with every legal remedy at our disposal including, but not limited to, contacting our Governor, Mr. Jerry Brown and lobbying the State Insurance Commissioner's office.

California's Insurance Commissioner should be made aware of the alleged illegal practices employed by certain insurance companies conducting business in this state in an effort to bring them under the purview of his or her jurisdiction as we, Interpreting Companies, are tired of seeing these insurance companies and other entities acting with impunity, chiseling away at our livelihood, mocking the system, disregarding the Labor Code and Regulations and engaging in what amounts to alleged "legalized theft" of our professional and hard-earned services. These proposed regulations serve to punish those who have been nothing but professional and ethical. Since when have we become the "bad guys" in this equation?

Please put an end to this madness and continued attempts to torpedo our work and our livelihood by questioning our ethics with the proposed imposition of such childish, silly and punitive measures.

Respectfully,

A handwritten signature in black ink, appearing to be 'CP', written over a large, stylized letter 'P'.

Charles Penman, President and CEO  
**CHARLES PENMAN INTERPRETING, INC.**

**CP:rtp**

July 24, 2013  
Eugenia Richichi  
Certif. # 100659

I have been an independent certified interpreter, a Language Service Provider (LSP), in Southern California for the last 21 years. I am asking the Department of Industrial Relations to please reconsider the new workers compensation process regulations regarding filing fees. We as interpreters do not make enough money per appointment to be able to afford the new lien fees, let alone the nonrefundable \$350.00 fee for the Independent Bill Review (IBR). If these new regulations are implemented, many qualified and certified interpreters will be out of business, and therefore the quality of the interpretation and the rights of the injured workers will be jeopardized.

Again, please reconsider these new regulations taking into consideration the impact that these will have on both, the interpreters and the injured workers.

Please do not hesitate to contact me, for any questions, or if I can be of any service.

Thank you very much for your consideration regarding this matter.

July 24, 2013  
Mina Thorlaksson  
California State Certified Interpreter

This is my comment of opposition to the proposed Rules and Regulations:

I oppose the position that an Interpreter and/or Language Service Provider (LSP) cannot file a Petition for Costs for medical-legal examinations, medical treatment and deposition related events and that those services can be sought through a claim of cost in the form of a lien. The regulation also states that those services that are not to be filed as a lien will be subject to an IBR if there are any payment disputes which means a non refundable \$350 fee.

In the event the regulations are approved by the DWC this will be financially devastating and will put all Independent Interpreters and LSP's out of business since we will be left with the burden of filing a \$150 fee for services that are reasonably and necessarily incurred and \$350 fee for IBR if there is a payment dispute. Also a burden for us small business owners and independent interpreters is the fact of having to wait 90 days for payment.

Interpreters are the voice and the link of the injured worker with their medical providers and at legal situations and they deserve professional services to help them obtain the maximum benefit of the opportunities they are offered so they can recover and return to gainful employment as soon as possible.

The proposed rules will threaten hundreds of jobs in California leaving the mighty insurance carriers to handle those services by using out of state agencies, which do not pay taxes in California, who then hire non-certified people to act as interpreters for injured workers, charging the carriers high fees and then paying these non-certified, non-qualified individuals a fraction of the fee for the services.

To illustrate the previous statement I have enclosed a letter I recently sent to the interested parties about the way the carriers are acting with impunity in detriment of the services the injured workers deserve.

**July 25, 2013**

**Dear Sir,**

**I was asked to write you a letter opposing the proposed changes to the Worker's Compensation System.**

**After reading the proposed changes, well it did not take very long for me to decide to contact you and beg**

**you to please reconsider the proposed changes.**

**My name is Marti Kanemaru, I am a court certified interpreter and I have worked both the private sector as**

**well as the court system for the last fourteen years, and I have to say that "I am proud of my profession and I**

**love what I do". As independent contractors we have to deal with a lot just trying to collect payment for our**

**services. We sometimes don't get paid for weeks, the agencies tell us that they have not been paid either**

**and we are asked to wait until they get paid in order for us to get paid, there's really not much we can do but**

**to agree to wait.**

**So please, please do not make any changes to the "worker's Compensation System." Please reconsider**

**and don't change the "Worker's Compensation System.**

**Thank You!**

**Marti Kanemaru**

RECEIVED  
State of California  
Chairman's Office

JUL 30 2013

Worker's Compensation Appeals Board  
SAN FRANCISCO

**PS If you should have any questions, Please call me at 562-760-9310.**

July 25, 2013  
Linda Zamora  
Spanish Certified Court Interpreter

Dear Counsel Advisory Panel,

I am an independent certified court interpreter and I am VERY concerned about the upcoming mandates under AB863. Although I'm not able to wrap my head around every nuance of the law, there are the things that concern me:

- Interpreter fee schedule
- Lien filing fee
- Independent Medical Review regarding interpreters charges
- Certified vs Qualified interpreters
- Interpreter representation at the legislative level

In a conversation with Mr. Lachlan Taylor, I learned The Berkeley Research Group was contracted to gather information and present a potential fee schedule for approval. I don't know how much feedback this entity has gathered from interpreters directly in order to suggest fees. As you can imagine, interpreters ought to be at the crux of this process especially given **our key role ensuring the injured worker is able to understand the course of his/her WC case.**

I understand the interpreter community has historically not been fairly or appropriately represented at the legislative level. This is a great concern of mine because I don't know the "quality" of information presented in order to defend our position and tell our side of the story while many decisions were being made which have or will affect our profession.

I ask you to listen to more interpreters before you make any more decisions that (based solely on rumors I've heard) may potentially drive us out of our profession because we won't be able to make a living. I ask you to **think of the injured worker** who's not only hurt but intimidated by the whole legal process and to top it off does not speak or understand the language to express him/herself. **It is not only morally right, but legally mandated as well.**

As you can see, a lot of what I'm saying is speculative and hear-say. I don't know whom to turn to for laymen terms information. I don't know how to decipher AB863 and extrapolate what affects interpreters only in order to work on it. A group of us interpreters are diligently working on having our own association which, at some point, will have the means to represent us all at the legislative level. Today, however, I need to know what I can do as an individual to ensure I'm not getting left out, driven out, undermined, and undercut. We love our profession because among other reasons, it's one of the few professions that provides a high degree of fulfillment from helping those that need a lot of help.

I anxiously await your reply,

July 25, 2013  
Laura Morales  
Healthcare Interpreter

As a Medical Interpreter and for the right of the injured worker to have an effective and qualified interpreter available to ensure equal treatment under the law and effective medical treatment, respectfully ask to Workers' Compensation Appeals Board let interpreters be "Petitioners per LC 5811", Instead of being obligated to becoming lien claimants.  
Thanks for your kind attention,

July 25, 2013  
Bill Posada, Controller  
California Interpreters Network  
A division of Posada Vocational Services, Inc.

I believe it is an injustice to have interpreters become lien claimants on WCAB, they should be Petitioner to the file.

- 1) I do not believe that the legislators intended to have a \$120 lien claimant have to pay \$150 to be heard.
- 2) Interpreters are not medical treaters, they are just a verbal translator of the language to assist in communication with all parties, judges, attorneys, insurance carriers, doctors, nurses....thus should not be classified as medical because they do much more than that.
- 3) With a fee schedule, 90% of all interpretation disputes will be eliminated, thus as petitioner (LC 5811) would be method of prefer solution for interpreters.

Please do the right thing and take out interpreters out of the medical arena, they should not be part of any MPN.

I hope you understand why it is so important to support the interpreter community that assist the injured worker. Putting the interpreter under the medical area/lien claimants only hurts the WC community.

July 25, 2013  
Melissa MacCracken  
Certified Interpreter, Judicial Council of California

I adamantly oppose the proposed changes because it is unfair to demand the payment of this lien filing fee in order to get paid what is properly accepted as the market rate for interpreting services.

July 25, 2013  
Maribel Valencia-Tossman  
Certified Medical Interpreter

This proposal is one-sided; it benefits 'ONLY' insurance companies and large scale self-insured employers.

It gives those entities total and complete control not only of medical care but also denies injured workers the ability to communicate with their health care providers and its affiliates who depend solely on the services of interpreters.

'Interpreting Services should be part of the cost of doing business' as it has been in the past.'

This is the most punitive proposal I have ever seen in my twenty plus years serving as an interpreter in the workers' compensation system. It targets the people who's job it is to facilitate, support and insure that millions of injured workers unable to speak English get treated equally under the law.

July 25, 2013  
Marina Camarero  
State and Federally Certified  
Spanish Language Court Interpreter  
Judicial Council Certification #300911

Dear Advisory Board panel,

I am a court certified (Spanish language) interpreter and I must express my concern about some of the changes that you propose making in the Worker's Comp field. I do not own an agency and am adamantly against corruption and the fraud that I see taking place in the worker's comp sector, and I believe it must be stopped. However, I would like for you to take some of the following points into consideration: If I understand correctly, with the changes you propose, Agencies (Languages Service Providers) will be capped on what they can bill attorneys for our services, therefore interpreters will be capped on what they can get paid. Let me tell you, No certified interpreter will work for \$90 for a half day which is what the agencies would be paying us with these proposed caps, and that is only if they are **not** ran out of business. **(Court rate is currently \$156.56)**. What this change will achieve is that only the non-certified, non- trained, non-qualified interpreters will end up doing the interpretation in important discovery proceedings. Because I, personally, from that point on, will ONLY be working in court where the laws and the codes are followed.

So let's say we run the agencies out of business (or out of the equation) and we, the interpreters start billing directly. How will the attorneys be reaching us? Will they have time to call 10 interpreters until someone is available and drawing up contracts with each one of them? How will we, interpreters, navigate the complicated world of billing after working all day long? And What about chasing after attorneys trying to collect? Agencies do make a profit (and perhaps too large), but they do provide a valuable service to both the attorneys and the interpreters. Please make them be transparent about their billing practices, but also, do not create a situation where they will not be able to use **certified** interpreters because they cannot run a business without a profit.

I also must admit I'm not 100% clear on what this review committee would do, but I sincerely hope that one of the things they do is make sure that the interpreters used are indeed certified, whether it be medical, administrative or court certification as the law and government code requires. One way to do this would be to include in every form to be signed by an interpreter, a designated space where the interpreter will have to write their certification #, that way it can later be verified that a certified interpreter actually performed the work that was ordered and billed for. Too many proceedings are being done by non-certified interpreters and the agencies are billing as if a certified interpreter were provided. Please stop this fraud as well.

Again, I'm not very familiar with the lien process since I usually either work in superior court or through agencies that do the billing for me. But please make the billing process easy enough for interpreters to be able to bill directly, and to be able to easily file a breach of contract or complaint if our bills for our work are not paid (on time). We studied years to become acquainted with medical and legal terminology in addition to speaking and writing two languages fluently (that many may claim can do, but really don't). We also learn simultaneous and consecutive techniques in addition to sight translation. Please, don't replace us with 'Juan the driver' who claims to be bilingual but who can barely communicate in either language properly, much less, able to translate complicated legal documents and legalese accurately. Please protect our profession and protect the public, by making sure they get trained professionals interpreting accurately for them at a fair price. Don't run the agencies out of business either. Both the interpreters and the attorneys need them.

Thank you for taking my thoughts into consideration,

July 25, 2013  
Anabella Tidona  
California Court Certified Interpreter

My name is Anabella Tidona and I am a California Court Certified Interpreter.

I am writing express my opposition to the proposed amendments to California code of regulations title 8, division 1, chapter 4.5, division of workers compensation, subchapter 1.9 rules of the court administrator and subchapter 2.

I believe that these changes would have a tremendously negative impact in the people we serve (people with limited English proficiency) and the profession of certified court interpreters.

July 25, 2013  
Maribel Valencia-Tossman  
Certified Medical Interpreter

This proposal is one-sided; it benefits 'ONLY' insurance companies and large scale self-insured employers.

It gives those entities total and complete control not only of medical care but also denies them the ability to communicate with their health care providers and its affiliates who depend solely on the services of interpreters.

'Interpreting Services should be part of the cost of doing business' as it has been in the past.'

This is the most punitive proposal I have ever seen in my twenty plus years serving as an interpreter in the workers' compensation system. It targets the people who's job it is to facilitate, support and insure that millions of injured workers unable to speak English get treated equally under the law.

July 25, 2013  
Angel Figueroa  
Figueroatranslations

Mr. Sullivan, I'm a Certified Interpreter and working for the last 32 years as such. As you know, the industry has tried to change the rules regarding pay for interpreters and I'm for one, oppose the proposed changes to the Rules and Regulations as currently presented because they are unfair and one-sided and I'm requesting of you to bring all the stakeholders to the table to work together to find a solution would be fair for all the parties involved.

The new regulations will prevent free enterprise as one of the principles of doing business in which this nation was formed, by preventing small business from seeking relief from insurance companies acting as tyrants.

July 25, 2013

Julia Lambertini Andreotti

My name is Julia Lambertini Andreotti and I am a certified interpreter for CA and US courts. I am writing to state my opposition to the Proposed Changes to the California Code of Regulations, Title 8, Division 1, Chapter 4.5. Division of Workers' Compensation, Subchapter 1.9 Rules of the Court Administrator, and Subchapter 2. Workers' Compensation Appeals Board-Rules of Practice and Procedure. These proposed changes would have a devastating impact upon me and many other professional interpreters throughout California.

July 26, 2013  
Catherine Devirgilio  
California State Certified Court Interpreter

I'm a California State Certified Court Interpreter and I would like to take this moment to get in touch with you about the new laws concerning liens for receiving payment.

When I received my certification 6 years ago, I read 12 deposition transcript booklets for an applicants attorney. I have only been paid for 5. The liens flew back and forth until I finally gave up, chalked it up to experience and never did applicants work again and have since worked for agencies for defense. Had I been paid when my services were rendered, I would never had had to file liens nor close my services off to the injured worker in moments when he/she might need it. Insurance companies have forced me into working with agencies if i wanted to be paid at all. Now, agencies are faced with the eternal problem of being paid and so I am being paid every 60 days. If on top of this, agencies are to be penalized until only those agencies deemed fit by insurance companies are acceptable, what happens to the supposed freedom to do business and to be able to decide one's own fees? Are we now to become a department of insurance companies? And if so, do we not get any of the benefits which befit contracted employees? Our fees will be regimented by the insurance companies and it will become an interpreting monopoly whose only interests will not be those of the injured worker rather the bottom line of an insurance company.

I understand that there has been abuse in the system. I have seen this over the years: the various "squatters" in the workers compensation appeals board who see 15 cases and charge for each instead of as a half or full day. Could this not be solved by hiring on full time interpreters at the board who charge 1/2 or full day fees in the same way as it's done in Criminal Courts. Would it not be possible to hire interpreters at doctors offices to be there for half or full days to deal with several follow up patients? Something else should be done to solve this rather that impose ridiculous filing fees.

Thanks so much for listening,

July 26, 2013  
Veronica L. Morales

I am writing to express my opposition to the proposed changes to the Rules and Regulations of the Worker's Compensation Appeals Board as they are currently presented. In particular, the changes made to the liens for Interpreter services provided should be revised to comply with the Interpreters Labor Code (Section 9793.5), which mandates how interpreter services are to be rendered and paid for.

As you may be aware of, insurance companies frequently delay payments to Language Service Providers, forcing individual interpreters to seek relief through filing liens in order to recover full payment for their services. This worker's right has been quelled by the changes to the WCAB Rules and Regulation in the following way. Every interpreter with the intention to contest the lack of payment for services rendered must file a lien and pay a non-refundable and non-reimbursable fee of \$150 or \$100 for newly delivered services or the lien activation for liens already filed, respectively, to be permitted to attend a Mandatory Settlement conference. These liens are filed for the difference between the billed amount and the payment received by the interpreter, which is generally less than the lien filing fees. Thus, the revisions to the Rules and Regulations discourage interpreters, and other laborers affected by these same Rules and Regulations, from contesting improper payment for services provided and breach the Interpreters Labor Code for payment of services rendered.

I urge you to bring all the stakeholders to the table to work together to find a solution that is suitable for *all* parties involved.

July 27, 2013  
Jackie Foigelman  
Certified Interpreters, Inc.

Dear DWC Panel,

The proposed rules will not only destroy the interpreters profession but also take away every right to the injured worker. They will suffer the most because as the law states they are entitled to an interpreter if they do not read, write or understand the English language. They now are doing the jobs most American's won't due and employers are able to afford their employment for certain positions like factory workers and farmers. Now we are saying to the injured worker, keep working but if you are injured we will no longer provide you an interpreter because we closed down all agencies so the carrier can now control this. The carrier will hire the out of state agencies that utilize non-certified interpreters that are not qualified to interpret because you allowed them to be the only one to authorize non-certified interpreters.

I have been a state certified interpreter since 1997. I have been through many reforms and most I was actually in agreement with all of them because the purpose was to minimize abuse and fraud in the workers' compensation system. The only one that is directly against us interpreters is this one because you are saying now we can only be protected if we provide services at a WCAB hearing. All other types of services are now subject to us filing an activation fee of 150.00. How can my agency survive if I pay an interpreter to go to a deposition, deposition review or prep and they charge me about 90.00. I charge 165.00 to the carrier. If they decide to object and not pay, I now have to either pay 150.00 or get my lien dismissed for not filing it. How is this ok? I would not be able to file my lien, so I would lose 90.00. If I file I would be out 240.00 which is more then I charge the carrier. I simply now have to decline to do any work except WCAB appearances to be assured I'm paid.

Another example is when a defense attorney calls me to go to an A.M.E. I send an interpreter but the insurance objects. You feel this is something I need to pay the activation fee for? The AME report is used for discovery, yet the interpreter has no protection nor assurance to be paid even when the request is from the actual defense attorney or adjuster. This is simply unjust.

You are forcing the interpreters to find another profession because we will no longer survive if the only valid service is the WCAB and the only way to protect our other types of services is to file the activation fee.

The insurance companies & defense attorneys are taking advantage now of this lien activation fee and have included it in all their objections to us. They are asking if we paid the fee. This is another strategy they are using to delay or not pay us for valid services. I get lien after lien dismissed each week because I can't afford the lien activation fee if I only have a small balance. The WCAB doesn't care if my balance is only 120.00, unless I pay the activation fee which is NOT reimbursed I lose my entire lien. The insurance companies are extremely happy with your new rules and regulations and the ones suffering are the agencies and interpreters. They are loving to see the liens dismissed because me and many others can't afford to protect our liens when the balances are small.

I pray that you reconsider this new rule & regulation and continue to allow us to petition for costs for all legal and medical legal services. These are all valid, in the labor code and a cost of the carrier and part of discovery. Please reconsider this and save the injured worker from not having an interpreter if they are not proficient in English.

July 28  
Iris Galvez

This is insane! All PTs are entitled to interpreting services , for which we need to get paid. Med legal appointments specially. How can a pt communicate with a healthcare provider if there is no interpreter available. This will not only affect us as interpreters but the whole system since there will be misunderstandings and mal practices.

July 30, 2013  
Corine Valdes

Interpreters are vital to the non english speaking community. This would be an injustice, please keep this available. Thank you.

July 30, 2013  
Maruca Posadas  
MPIT Interpretation & Transportation

In the event the regulations are approved by the DWC this WILL be financially devastating and will put all Independent Interpreters and LSP's out of business since they will be left with the burden of filing a \$150 fee for services that were reasonably and necessarily incurred and \$350 fee for IBR if there is a payment dispute. Not to mention that we will now have to wait 90 days for payment!

WE are not doctors or attorneys, we don't earn as much as them, I had to file liens of \$110.00 and \$90.00 and I had to pay activation fee in some cases not only I don't get paid for the services but I don't get reimbursed for the \$100.00 activation fee.

**PLEASE DON'T DESTROY OUR INDUSTRY. DON'T LEAVE THE SPANISH SPEAKER INJURED WORKERS DEFENDLESS, WITHOUT THE AID OF AN INTERPRETER.**

July 31, 2013  
Monica P Almada, CCI Spanish  
President, Forensic Linguists' Studios Inc.

I would like to add to my previous email, that as an educator at Cal State University, the eradicating of this valuable work source of our profession as a consequence of these changes, will also affect the availability of educational programs at the university level, which have been and still are a very important element in the formation of highly qualified professionals in this field.

As I said in my previous email, severe consequences will shoot in all directions if these changes are implemented.

Thank you for listening to us.

July 31, 2013  
Monica P Almada, CCI Spanish  
President, Forensic Linguists' Studios Inc.

I am a Certified court interpreter.

These changes to the WCAB rules of practice and procedure is a direct hit to a healthy area of the WCAB system that so far has protected the civil rights of human beings with language limitations, who deserve equal access to social benefits.

The passing of these changes is as egregious as if you were trying to eliminate the need for attorneys in legal proceedings.

Certified interpreters are an imperative link in the chain of our workers comp system, as well as of our justice system.

If broken, severe consequences will arise in all directions, hitting directly the injured workers, affecting the work of medical doctors, attorneys, and the livelihood of interpreters.

Who in his right mind would even conceive doing this to the people of California?

This is the United States of America.

Equal access has to be indisputable!

August 1, 2013  
Kirk Arnold

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

I am currently awaiting to take the exam with the National Board and if this goes forward there is NO way I will work under these conditions!

The insurance companies will make it impossible for me to practice my profession as certified medical interpreter.

It is evidently clear that there is an attempt by the insurance companies, and or governing parties to allow a for a monopoly to occur.

This would undoubtedly come directly from the insurance companies. The insurance companies are notoriously known for their unethical manner of business practice as it is, and would continue, and or further be fortified by forcing the interpreting community to file liens, IMR, and or IBR costs.

The fact, there is much evidence that show language service providers, and or interpreters have proven to follow DIR, CCR, and WCAB protocol guidelines. Yet, the insurer objects.

For example, if you send an invoice for a medical follow appointment when, and or where an interpreter was requested by the patient, doctor, and or medical facility to provide language service assistance because the insurer, and or employer failed to provide an interpreter, as is the patient's right to have one present at *all* limited english proficiency workman's compensation medical appointments. Then documentation is provided to the insurer that a request was issued. Which in fact, is signed by all pertinent parties, (the doctor, patient, and interpreter) at the time of date of service. Which also, and in fact, verifies that the service was indeed carried out. The invoice is then billed within a reasonable fee, and with proof of market rate. Then what happens is the insurance company responds by objecting in the form of a vague response template type letter.

I am I to understand that you then expect the language service provider, and or interpreter to an IMR, and or be burden to pay \$350.00 for an Internal Board Review, \$250.00 for filing and activating a lien? Even, if the one and only invoice amount might be billed for example, at \$90.00, \$140.00, \$155.00, or \$295.00. Please, explain to me and my colleagues how is that justified? It is not, on any level.

The language service provider, and or interpreter has in many numerous cases followed the DIR, CCR, WCAB protocol to the letter. The insurance companies on numerous occasions were found not to have had reason for objecting, and or delaying payment. Yet, they continue to take liberty of the fact that there is currently absolutely NO viable enforcement of current DIR, CCR, and or WCAB parameters, and or penalties, interest, and or sanctions that seem to concern the insurer to comply. Thus, this is one of repeating causes for why the WCAB has been choked up with many unnecessary liens.

What is and will continue to happen is an unfair business practice. A monopoly caused be forcing small business independent contractors out of business should they be forced to pay these IMR, IBR, and or lien costs.

**For the record, I would agree to a varying set fee schedule that would apply to all parties providing for language service assistance. Which would vary depending on the type of appointment if, it is first discussed and agreed by all pertinent parties that are involved in such business, and only if enforced by law to be paid without unnecessary objections that would allow delay for payment to be remitted within a timely period. This has been suggested by myself and my colleagues previously. I strongly urge and agree this measure would greatly reduce costs to everyone.**

**I am a small independent contractor business that is willing to provide history of archives that will verify the abuse I have incurred resulting from the insurance companies objections, and or reductions of payment. I am willing to provide as evidence that I have, without fail, followed DIR, CCR, and or WCAB protocol and have absolutely nothing to hide. I even have evidence of been paid by official governing entities throughout California for similar circumstances in reference to what many insurers have, and or are objecting.**

**Thank You,**

August 1, 2013  
M Martinez

Probably when you hear the word interpreter you automatically tend to say Latinos. Well that is not the real picture. California is unique in that over 100+ languages are spoken daily in the state. Doing business, working, living, in other words the need for language assistance in this state is prevalent in and out of the Comp arena. It has been like this for centuries.

There is no need to subject the language assistance industry to more hurdles to get paid for services rendered! Why would the state submit to dictates that come from companies that pay most of their taxes outside California? Yes most of the parent insurance companies are elsewhere in the USA. Why? Is now becoming a riddle? Do you have the answer?

Part of the reason why it all became like this...the lack of principle and respect towards the language provider. "They" simply do not pay a WCAB trial lien and or a treatment at an MD lien. They are different in nature but "they" simply don't pay! Why? Is it a form of bias towards LEP injured workers? The erroneous objections from adjusters are ludicrous, the general attitude towards the personnel that assists in determining AOE/COE is appalling. I know you have heard all this. Well accosting the language industry by squeezing their pay will cost more in the end. Charging a filing fee of \$100 to collect \$165 is not only Draconian is absurd! As an interpreter who assisted in a half day trial at the WCAB before 1/1/13 and never got paid. Do you think I would trust a system who appears to be against my services and give them extra money and give a bill review bureau more money which is non refundable for \$165 which the original amount? When you see it in black and white sounds even more absurd doesn't it. Please listen to the hundreds of voices who are sending you letters about this issue. Yes changes are needed but not like this...

August 2, 2013  
Grant McCreary  
McDermott & Clawson LLP

I'd just like to put in my 2 cents on the 'interpreters as lien claimants' issue and the rules surrounding the activation fee and LC 5811.

I think lien claimants should continue to be obligated to become lien claimants and pay the fees like everyone else. We have WAY too many interpreters here in Los Angeles that charge \$150-200+ per hour (or DOS for short doctor appointments) for simple Spanish translation. If the interpreter would actually get pre-authorization and charge the reasonable rate (\$90), we wouldn't have so many problems. I understand there are more issues with denied cases, but that is the risk the interpreting company is taking just like every other lien claimant. They continue to complain about the \$325 fee for 2<sup>nd</sup> bill review, but are missing the point that they are charging too much in the first place. How a Spanish interpreter in Southern California thinks that they can charge as much as defense counsel charges per hour is beyond me – I just don't get it. They already get \$90 automatically even if it is a 20 minute check up, or if there is very little actual translation work done (massages, electro-therapy, etc).

Allowing interpreters to file Petition for Costs makes the defense counsel (and insurance company) spend more time and money arguing about the charges. Not only will we have to review & analyze the bill, but then also timely object to a Petition, go to a hearing on the issue, and get an expert witness to rebut the interpreters that bring in 100+ bills showing their "market rate" is \$200 per hour because some (stupid) insurance company paid that much in the past. Even with conservative estimates on the billable hours, insurance companies are looking at \$100-150 for defense to review the bill/Petition and file an objection, then \$300-450 for a hearing on the issue. Granted, some of that hearing time will be necessary anyways for a lien conference or trial if there are other lien claimants – but there is still a significant amount of money that will have to be put in dealing with these Petitions for Costs.

In Bill Posada's discussion ([Link](#)), he states "this WILL be financially devastating and will put all Independent Interpreters and LSP's out of business since they will be left with the burden of filing a \$150 fee for services that were reasonably and necessarily incurred and \$350 fee for IBR if there is a payment dispute." I'm sure you will get many messages along the same lines as this one. Here is the thing, (as I'm sure you are aware) they are NOT always reasonable and necessary. In addition, if they would stop charging \$200 an hour we wouldn't have so many of them requesting secondary bill review with the fee.

They make it sound like they are "fighting for the right of the injured worker" to appeal to emotion, but anyone with a logical perspective can see they also just want to collect more money, quicker. They want to force insurance companies to pay out to avoid more litigation and fees, rather than simply adhering to the fee schedule and Labor Code rules.

Please do not allow the emotional 'you're hurting my business!' arguments sway judgement on these regulations. We need the strict and uniform rules for all lien claimants to avoid the fraud and overcharging that plagues our worker's compensation system.

Thank you for your time.

August 3, 2013  
Jeff Moran  
State and Federally Certified Court Interpreter

This brief letter is to voice my opposition to the proposed changes. To the best of my knowledge, the concept of independent interpreters was geared to provide non-English speaking individuals with the assistance to which they are entitled by law, and to give them the option of selecting certified interpreters who are well versed in the system of Workers' Compensation and can aid all injured workers in fully understanding the intricacies of the system.

Only independent interpreters can provide unbiased and fair services. Reading between the lines of the latest proposed changes leads me to believe that the real intent is to force interpreters to become employees of insurance carriers, at best, and/or at worst, to force properly certified interpreters out of the system by refusing to compensate us properly, in favor of utilizing the services of non-certified people who would be working exclusively for those carriers.

Although it may appear on the surface that the proposed changes are strictly designed to reduce the expenses of paying interpreters, these regulations will ultimately affect the injured worker and the quality of the services they receive.

**LORRAINE MORELL PROFESSIONAL INTERPRETING**

**P.O. BOX. 3706**

**RANCHO CUCAMONGA CA. 91729**

**PHONE: (909) 227 2016 FAX: (909) 989 1981**

July 31, 2013

Neil P. Sullivan, Assistant Secretary and Deputy Commissioner  
Workers Compensation Appeals Board  
455 Golden Gate Avenue, Ninth Floor  
San Francisco, CA 94102

**RECEIVED BY**  
**AUG 05 2013**  
**WORKERS' COMPENSATION**  
**APPEALS BOARD**  
**OFFICE OF THE COMMISSIONERS**

**RE: Proposed New Filing Fees for Language Service Providers (SLP's)**

Dear Mr. Sullivan:

I have been a translation service provider for almost 20 years. You will agree that my profession is an integral part of due process in any courtroom. I have assisted to assure the accurate representation of interests in many lawsuits.

Ordinarily, my fee is \$165.00 per case where I have been asked to provide my services. The proposed new law would require that I pay \$100.00 per case to file a lien. I currently on average have about 100 cases with past due balances. I usually have to wait anywhere from 45 days to 12 months to get paid, sometimes longer. Due to the already convoluted process of insurance claims, each year waiting for payments or fighting for payments takes as much time or more than that of which I spend in the courtroom. This is how I have made my living for the past 20 years at the request of claimants, attorneys, judges and insurance companies.

The new law would wipe me out of existence as a small business owner. If this law were to go into effect tomorrow I would have to pay \$100.00 for every \$165.00 that I earn. I would in turn owe \$100.00 per lien multiplied by the 100 cases awaiting for payment, a total of **\$10,000.00**. How many small business owners do you know of that have that kind of cash on hand to pay for outstanding monies owed to them? Services that were already provided, depositions and statements that have already been used for ruling, cash settlements that have already been made, everyone involved has gone home with a paycheck, except me.

Are you asking that my colleagues and I raise our fees? That will be the reality that occurs across the board. Perhaps the larger firms will monopolize, will that come cheap to anyone? You can do the math, a continued independent professional as an SLP would earn a meager wage of less than the federally mandated minimum wage. I understand your duty towards Worker's Compensation law and the reform of it. I can assure you though, that this is not the way.

The price will be paid eventually. Even after many of the small business owners or independent contractors have been put out of this profession.

Please reconsider this law.

Thank you kindly for your time.

LORRAINE MORELL  
Certification No.: 300628

August 4, 2013  
Holly Quate

I write to ask that you not change the rules to require that interpreters be subject to the lien proceed or IBR? Access to the justice system in California is already shamefully difficult for non-English speakers and deaf people. This will only make it harder for them.

August 4, 2013  
Roseli Rossi

The fees that are being proposed on interpreter's to pay are more than the charges interpreter's bill for. I simply do not understand how anyone could come up with such a proposal. If you do the math you would realize that we (interpreter's) would pay more in fees than we are actually charging for our services. It does not make sense. I question who is behind all these ideas? Are we (interpreter's) again being targeted and again the WCAB and insurance companies are attempting to get rid of us? Not only is this idea a detriment to the injured worker who does not speak English because another right that he/she has will be taken away from them, but it will put many certified interpreters and agencies out of business. Is this the reason for this bill? To take away more rights of the injured workers and allow insurance companies to have complete control over the case. I am a certified interpreter and have been one since 1981. I went to school to study a foreign language and also for the interpreter's program. I have worked all of my adult life in this field. It would be a very sad day if this proposal is enacted, for the injured worker, interpreter and California.

August 5, 2013  
Paloma Gaos  
Certified Interpreter – 23 Years

Please consider this opinion coming from an honest interpreter

Removing the option of filing a Petition for Costs from the interpreters seems discriminatory since the “honest” services are mostly done once or twice in a case by an independent interpreter. Southern California is plagued by “irregularities” that could be avoided not by putting interpreters out of business, but by implementing two simple rules;

- 1 Only the claimant’s attorney or claims administrator (when claimant is unrepresented) shall have the right to arrange for an interpreter.**

Doctors and any other entities have no right to hire an interpreter and will therefore be liable for such payment if denied by claims administrator.

This will end the “practice” of doctors having an interpreter sitting at the office and doing multiple interpretations, or having their staff doing the interpretation and then billing for it.

- P Proof of such request can be demanded by claims administrator whether in the form of a copy of the request letter or a statement letter from the requesting party.**

An interpreter just showing up at the WCAB and trying to bill for any job will be faced with this requirement to be paid, and all the “irregularities” of interpreters billing for bogus cases will be gone.

A claims adjuster cannot agree to use an uncertified interpreter, that rule is creating a class of underqualified bilingual people who have no knowledge of the law not to disclose information given during a medical assignment and who will do anything to continue getting assignments from the insurance, after all, what do they have to lose, they are not certified. All interpreters should have at least proof of qualifications.

Once the fee schedule is set up, the necessity to fight an interpreter bill should go away if these two simple rules are put into effect.

Thank you for your time,

August 5, 2013  
Armando Barrera  
Certified Administrative Hearing Reporter

I am a certified administrative hearing interpreter, providing interpreting services in the Workers Compensation arena in Southern California for over 34 years now. I received my Bachelors Degree from the California State University of Los Angeles and continued my education to obtain my administrative hearing certification; much like an attorney who educates themselves to receive their bar license. It is extremely disheartening to see that we in the interpreting community are not afforded the same respect, as PROFESSIONALS in this industry. We are not just ANY bilingual individual who got lucky and passed a test, we are highly educated and trained!

I have always pride myself in providing the best interpreting for ALL parties, but most importantly to the Injured Worker (IW). However, with your proposed Rules you will virtually make it impossible for me to continue to provide interpreting services to the Limited English Proficient (LEP) IW. As I understand it the Workers' Compensation system was created to protect the IW, and part of that protection extends to the LEP IW and their right to an interpreter per CCR §9795.2 as well as their DUE PROCESS. That is why I became a certified interpreter, to help my fellow immigrant LEP IW's to insure that they fully understand all proceedings mandated by the WCAB.

In my humble opinion the law has always been very clear that for the services I provide I am to be compensated. Historically parties disagreed and for decades the carriers and their representatives litigated interpreter services, stating there was a lack of a clear definition of who was to arrange and pay for the services of an interpreter. SB863 has now finally clarified who is to arrange the interpreter and what specific services interpreters are to be paid for by the employer, PERIOD.

Currently I provide services for depo related events and in your proposed definition of "cost" you categorize depo related services as a "med-legal deposition", which now intertwines these services as a Med-Legal that you are subjecting to IMR & IBR. Why is that? Depo related services have nothing to do with the medical treatment!? More importantly as an Administrative Hearing Interpreter, I can provide and have provided services for AME's, QME's, and Medical Treatment etc. So essentially, what you are proposing is that I provide services on the condition that if later, the IMR states that the 'treatment' received were not necessary, they not get paid. You are basically saying, "Sorry, You ARE NOT getting paid because it was not necessary."

These current proposed Rules are not giving me any incentive to continue providing interpreting services in California. If anything I am ready to start looking at other markets in which I can provide my service. As it is I am having a very difficult time being compensated for services rendered, because the carriers feel that my service for the Reading of a Deposition Transcript should be paid by the Applicant Attorney (AA). Their objections state that it is the cost of the AA doing business. Does this make sense to you? It doesn't to me, especially when the parties stipulate at the end of the deposition that the transcript be read back to the IW. If it is not read back to the IW by a competent certified interpreter such as I, the parties cannot use the deposition for their discovery! So please tell me, why would I want to provide services under these harsh conditions and take the risk of never being compensated for the work provided?! Not to mention that my fee is nominal compared to other services. I will not survive having to pay \$150 to file a lien on top of a \$335 fee for an IBR when there is NO fee schedule for interpreters to even support being subjected to an IBR.

Let me remind you that SB863 created the addition of §139.32 (a) (3) (D) that separates interpreters from the medical providers and defines interpreters as a **standalone service**. Why am I continually being lumped in as Medical Provider?! I am a language facilitator NOT a doctor! Why am I being subjected to the merits of the case? My sole job is to bridge the communication gap for the IW and for the IW only! Without certified interpreters this system will come to a complete halt!

The carriers do not want to pay for legitimate services as it is, and since there is no oversight on the employer/carrier's business practices; they **will** continue to deny the LEP IW an interpreter or send a non-certified, incompetent, "bilingual" person. I guarantee they will not call me! This will only create increased litigation and will represent a liability for **ALL** parties. I have personally seen the effects of improper interpreting and foresee the major repercussions to come, should nothing change.

August 5, 2013  
Luz Guerrero

In appealing to your sense of fairness and just compensation, please “Don’t throw the baby out with the bathwater”!

August 5, 2013  
Roxane Martinez  
Professional Mediator/Interpreter

Please consider my opposition to the proposed amendments to WCAB Rules on changing the pay regulations for Interpreters and LSP's. It would be financially devastating and would put all Interpreters and LSP's out of business since they will be left with the burden of filing a \$150 fee for services that were reasonably and necessarily incurred and \$350 fee for IBR if there is a payment dispute. Not to mention that we will now have to wait 90 days for payment.

Thank you for considering my petition to oppose these unfair changes to pay for Interpreters and LSP's.

August 5, 2013  
Patrick L. Lightman  
Law Offices of Patrick L. Lightman

This proposed rule change is unfair and unjust. I have many instances where the insurance company has sent an interpreter, they have done horrible jobs. They have advised clients that the MD does not need to know info, do not allow family members to assist in completing forms, and basically fail to provide a unbiased interpretation. By allowing applicant counsel to order interpreters from independent interpreting agencies, it assures there will be adequate unbiased assistance for injured workers.

-

Implementation of the proposed costs would unduly burden the independent interpreters since the fees are excessive and serve to eliminate competition. Why shouldn't the interpreters be allowed to file petitions for costs for deposition prep, post depo review of booklet and reading settlement documents in the attorney's office? These activities are certainly reasonable litigation expenses.

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It's time to get back to providing equal rights to California's injured workers.

August 6, 2013  
Sandra Reus

We Interpreters are considered the lowliest service professionals Of the WOrk Comp System. This is how we make a living.

Please do NOT allow this outrageous Law that will Kill our profession and Endanger workers that are not proficient in English.

August 6, 2013  
Luz Espana

I am praying and hoping this law does not go through, for not only you will be comprising the health of many injured workers, but would be a violation of their Civil Rights. Please refer to what is recited in Title VII. As far as the interpreting profession goes, this would be very detrimental to our profession, for many of us have invested "sweet, money and tears in educating ourselves to become "professional interpreters" to be able to properly serve our communities and also provide a decent living to our families. Some of us are single parents trying to raise a family in a very difficult economy, but as independent contractors will get the flexibility to be there got our kids. By taking doing away with agencies and freelancers, would not help the economy locally, for many of us pay out taxes, whereas insurance carriers and other out state agencies reap the rewards of good profits at the expense of many hurting local Interpreting and Translating agencies in California.

Thanks for your time

August 6, 2013  
Darrin Altman  
Certified Interpreters Inc.

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

I have been working in the workers' compensation system as a Spanish language interpreter for over 20 years. I beg you to reconsider the proposed changes to the final regulations and allow interpreters to provide services for recognized reasonable services without having to file a lien and without having to participate in the independent bill review process.

Interpreters will not be able to provide services in the workers' compensation system if they are forced to continue paying lien activation and / or lien filing fees. After providing valid medical interpreting services, interpreters will not be able to afford paying for an independent bill review. The end result will create a system where injured workers not proficient in the English language will not have access to language specialists.

When Labor Code § 5811 was amended to include all of the services interpreters provide and when the initial proposed final regulations were released, the whole interpreter community was very thankful. The feeling was that the DWC had considered the value of interpreters and the vital role they play in the Workers' Compensation system.

I do believe allowing interpreters to file petitions for costs and the avoidance of the independent bill review process for all services provided was the intent of the Legislature in SB 863. I feel the Legislature considered the type of services provided by interpreters and the rates they are permitted to charge and because of that allowed as characterized in the Supplemental Statement of Reasons, "...interpreters to bypass that procedure".

In the Supplemental Statement of Reasons it is explained that the *Martinez* decision must be followed globally and that was one of the reasons changes were made to the interpreter related sections. The problem I find with that is interpreters provide a special service unlike those provided by copy services and / or transportation companies. Interpreters provide a special service and deserve a special and unique code. Interpreters directly affect the judicial process and do deserve to *bypass* lien filing fees and independent bill reviews.

The interpreting performed at a treatment examination directly affects the outcome of a case. The history taken by the doctor and the subsequent report issued, rely heavily on the quality of the interpreting. Over my career, I have seen numerous cases that were litigated unnecessarily due to poor interpreting. A great many times a poor history and contradictory statements are not the sign of a less than legitimate injured worker.

The interpreting performed at a medical-legal evaluation, such as an AME or PQME appointment, directly affects the validity of a case and the value assessed to it. The interpreter acts as an officer of the court at every level they work; from the beginning stage of an injured workers claim, right up to the end. It is because of this special nature of the service, that the interpreter deserves a system where he or she can work in and survive.

I have to believe that the DWC wants to create a fair system for all parties involved. Having an interpreter pay to provide a needed, vital service is not fair.

Early on this year I began paying the lien activation fee for every case I had that was set for a lien conference with the idea in mind that if my services were valid, I would be reimbursed the lien filing fee. The reality is quite different.

I paid a lien activation fee for a consult at a medical provider's office requested by the AME. In the AME report, the doctor clearly wrote that he requested the consult and he based his decision on the outcome of the same. The insurance carrier denied payment for my services. My initial invoice was for \$150 based on the market rate and the length of the appointment. I had to hire a hearing representative to appear at the lien conference. The defense attorney immediately offered to pay me the \$150. My representative begged the judge to set the case for trial so that I could recover my lien filing fee. The judge refused and said I could either take the offer or the case would go off calendar. I took the offer and ended up losing money after paying the lien representative, interpreter and the lien filing fee I was not given the opportunity to recover.

The above scenario repeated numerous times. The judges are in no way supportive of providing the mechanism for lien activation fee recovery. I now cannot see paying the lien filing fee unless I have a lien with a substantial balance. Every week now, my liens are being dismissed because, although the services I have provided are legitimate, I will lose money even if I make a full recovery at the lien conference.

I recently had a lien for services provided at an AME appointment. The insurance carrier denied my lien in bad faith claiming I provided unauthorized services for treatment. A lien conference was set and for the reasons I explained above, I could not afford to take the risk of paying the lien activation fee. I sent a representative to the lien conference hoping for some type of relief and praying common sense would prevail. The case settled based on the AME report where I assisted. The value of the case and the benefits given to the applicant were based on the report I assisted with. Long story short, my lien was dismissed.

How can this be considered a fair system?

Let's say an interpreter provides services during an AME appointment that lasts for 4 hours. Although the rules allow for billing at the market rate, most judges allow fees based on the current minimum of \$11.25 per quarter hour with a two hour minimum. Most likely the allowable portion of this bill would be \$180. If the insurance carrier pays \$90 and contests the additional charge, how will an interpreter be able to afford an independent bill review with an estimated cost of \$350; exceeding the amount billed by the interpreter.

Consider a reasonable medical treatment examination for an injured worker. As mentioned above, although the market rate provision exists, the majority of judges in the workers' compensation system feel that \$11.25 per quarter hour with a two hour minimum is the proper fee. If the insurance carrier contests the reasonableness of the service, how can an interpreter afford to pay a lien filing fee of \$150 for a service that the Court most likely will only allow at \$90.

How does the DWC believe interpreters will be able to survive in a system where the costs exceed the amounts allowed to bill?

Here are some real situations that I encounter on a daily basis. I provide services at the appeals board during a trial. I issue an invoice for my services at \$156.56 as per Rule 9795.3. I then receive a two page objection letter denying payment from the defense attorney that was present at the hearing, saying treatment has been denied and indicating I didn't comply with *Guiron* decision. Or I receive a form objection letter from the insurance carrier denying payment with a check in the box indicating the reason is because I did not provide proof of paying the lien activation fee; or a check in the box saying I failed to show proof of filing a lien.

I provide interpreting services at an AME appointment and I receive numerous objections indicating for example, the claim is denied, the medical procedure I performed wasn't authorized, I did not provide proof a lien filing or paying the lien activation fee.

I provide services during depositions and deposition related events and I receive similar objections regarding the lien filings or unauthorized medical related objections.

If requested I can provide hundreds of groundless objections I receive after providing reasonable services in the workers' compensation system.

In the proposed final regulations, there is a reference to medical-legal depositions. I have searched through the definitions and I do not find any reference to a *medical-legal* deposition. The only reference I do find that seems somewhat related is the definition for medical-legal testimony, which refers to a doctor providing testimony regarding an injured worker. In no way should an applicant's deposition or the preparation prior or review of the transcript be considered medical-legal in nature. There will be no issuance of a medical report at the deposition of an injured worker. Throughout my career I have only been asked two or three times to participate during a doctor's deposition. I ask, what does medical-legal deposition mean? What is the reasoning behind including the language *medical-legal*? Can I file a petition for costs after being denied payment for an injured worker's deposition or deposition related event and having followed the proper procedures for requesting payment?

If the workers' compensation system could afford it, they would hire interpreters to work for the state similar to the way the superior court system does. Independent interpreters and language service providers, commonly referred to in the industry as "agencies", provide a vital service to the workers' compensation system and absorb the numerous business expenses involved. If filing a petition for costs is seen as a violation of the legislative intent of historical cases and allows interpreters special privileges, then some other method must be enacted. Interpreters provide injured workers with an ability to exercise their right to discovery.

In conclusion, interpreters will not survive if this proposal is approved as written. The proposed changes to the rules do violate the intent of the Legislature in SB 863 and completely contradicts Labor Code § 5811. There must be a way to create procedures for interpreters to continue to provide what is a constitutional right for injured workers with a limited English proficiency. I pray the DWC realizes, as the proposed regulations are written, I will no longer be able to work in the workers' compensation system and I cannot see how any of the other independent interpreters or agencies will be able to either.

August 6, 2013

Steve Cozine

Court Certified Interpreter

Thanks

Dear Neil P. Sullivan:

I have dedicated a great portion of my life to interpreting at the WCAB and other workers' compensation settings. I was amongst the first group of people to become certified in California over thirty five years ago. The proposed changes to the WCAB rules must not be enacted. The services we provide cannot be compared to those provided by a copy service or transportation company.

I have devoted numerous hours to my education and furtherance of my skills. I pay fees to the State of California and complete ethics training and continued education hours yearly to maintain my certification. I provide a service that benefits the workers' compensation system and injured workers. Forcing me to file a lien or participate in a medical bill review process if I need assistance getting paid is wrong. I will not be able to afford paying lien fees or bill review fees, which are higher than the amount of my actual charges.

Simple math will prove it isn't reasonable to force interpreters to pay fees for medical-legal and treatment services provided. I pray you will amend the rules and allow me to continue my profession.

Rosalie Foigelman  
Court Certified Interpreter

August 7, 2013  
John Q. Sprague  
Hourigan, Holzman & Sprague

I am writing in opposition to the proposed changes to the rules regarding interpreters. Our office has a significant number of monolingual Spanish speaking clients and we rely on a small locally owned interpreting agency to provide services to our clients. The burden of the lien activation filing fee is quite heavy as carriers will routinely not pay for required events such as depositions or deposition transcript reviews. The only way to get them paid is to get a hearing at the Board and the lien activation fee to accomplish that is prohibitive. Once a hearing is set the carrier usually relents and pays the bill because the defense attorney does not want to make the appearance, but that does not trigger the reimbursement of the lien activation fee, so the net result can be meaningless.

Paying the lien activation fee on all liens filed prior to 1-1-13 will also result in a very big financial burden as there can be hundreds of liens filed over the years waiting for the case in chief to settle.

It also makes no sense for interpreters to be barred from filing Petitions for Costs for ALL medical-legal events except WCAB appearances. The Labor Code specifically provides that interpreters shall be paid for depositions, deposition reviews, and medical-legal examinations. It makes no sense to mandate the carrier to pay for interpreters at these events but then not allow the interpreter to seek redress at the WCAB through a Petition for Costs if the carrier refuses to pay!

Our fear is that these new proposed regulations will force the small interpreting agencies out of business and that would be a shame.

Thank you for your consideration.

August 7, 2013

H. Raul Beguiristain, PhD, CMI, CHI

I am writing in opposition to the proposed changes to the rules regarding interpreters. Our office has a significant number of monolingual Spanish speaking clients and we rely on a small locally owned interpreting agency to provide services to our clients. The burden of the lien activation filing fee is quite heavy as carriers will routinely not pay for required events such as depositions or deposition transcript reviews. The only way to get them paid is to get a hearing at the Board and the lien activation fee to accomplish that is prohibitive. Once a hearing is set the carrier usually relents and pays the bill because the defense attorney does not want to make the appearance, but that does not trigger the reimbursement of the lien activation fee, so the net result can be meaningless.

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Our fear is that these new proposed regulations will force the small interpreting agencies out of business and that would be a shame.

Thank you for your consideration.

August 7, 2013  
Angelica Mayen Lowin  
Healthcare Interpreter

The proposal to make interpreters file a lien for services rendered is not merely preposterous but its effect would be to prevent provision of interpretive services altogether. Interpreters are virtually all independent contractors who provide their services on an on call basis, often at the behest of a variety of agencies who in turn contract with the insurance carriers and/or the attorneys. Most interpreters make an extremely modest living as things stand now. Whomever would benefit from what I can only describe as an obscene and underhanded proposal made on behalf of some shadowy and no doubt greedy corporation or cabal of same, the clients who need interpreters who surely be injured. In short, there is no possible justification for this idea that stands the test of necessity or fairness.

Shame on whomever proposed it and worse shame on any who endorses it.

August 7, 2013  
Rosario Linzarez-Blye  
Court Certified Spanish Interpreter

I beg you to reconsider the proposed changes to the WCAB rules. I currently work for a language service provider and previously worked as an independent contractor interpreter. My employer will not survive if they have to continue paying lien fees and I cannot see them being able to pay for medical bill reviews. As an independent contractor I won't be able to pay the fees either.

Every day at the WCAB I see my employer's reasonable liens being dismissed because they can't pay the lien fees. I see liens being dismissed for services I provided to help injured workers, judges and doctors. I always prided myself as being part of the workers' compensation system and have given my best effort. I feel like the DWC is not taking into consideration everything we do to help the system. We cannot be lumped in with other service providers that don't really enhance the system.

I know that there is a shortage of quality certified interpreters now. There will be less if the proposed regulations are passed. The passage of the proposed regulations will in turn harm injured workers and take away their voice in the system.

You must consider the dedication all language interpreters make to the workers' compensation system. Making us pay to participate beyond the costs to maintain our license is just wrong and unfair. Please save my profession by allowing us to file petitions for costs when the insurance carriers treat us improperly.

August 7, 2013

California Workers' Compensation Interpreters Association (CWCIA)

Please the find the attached summary of issues and additional attachments on behalf of California Workers' Compensation Interpreters Association (CWCIA).

Thank you for your attention.

California Workers' Compensation Interpreters Association (CWCIA) was formed by a group of certified and qualified interpreters and interpreting agencies intent upon improving the professional and economic environment in which we practice our regulated profession. This is both our mission statement and our reason for being.

The community of interpreters, including but not limited to, California State Certified Interpreters-Court, Administrative, and Medical- have serious issues with and request clarification of the DIR / DWC's current proposed language regarding the rules of practice and procedure.

We respectfully request and urge the DWC to **seriously** reconsider keeping California Code of Regulations 10301 (h) (2) as it was originally proposed: to classify **ALL** interpreting services under Labor Code 5811. Removing interpreters from California Code of Regulations 10301 (ii) and adding all interpreter services under section (dd). We hope and pray the DWC keeps the language as originally proposed and allow all unpaid interpreter services to be petitioned under proposed California Code of Regulations 10451.3. We lastly ask that interpreters not be subject to the IMR & IBR process.

The Interpreting community at LARGE has been fighting for decades to divorce ourselves from "MEDICAL PROVIDER" status as mandated pursuant to §139.32 (a) (3) (D) <sup>1</sup>, thus defining interpreters as a standalone service. We believe that interpreters play an essential role in returning the injured worker to gainful employment, and facilitate the business of the court – not impede it! We represent communication services that have **nothing to do** with MEDICAL PROVIDER status.

Historically, the WCAB has had the duty to ensure that the Limited English Proficient (LEP) injured workers understand the same terminology as English speakers in order to thoroughly understand their right to due process, and be able to navigate through the Workers Comp System. **[See Attachment 1: Rosas-Olmeda vs. State Compensation Ins. Fund, ANA 265598, Feb 3, 1994, Order Denying Reconsideration]**. Thus, interpreting services have always been deemed essential. However, the growing debate and lack of legislative clarification over the role, credentials, arrangement and payment for interpreting services has contributed to a reformation of "lien-able" vs. non "lien-able" services.

During the drafting stages of SB 863, legislative language proposed clarifying who would arrange and pay for the services of a qualified interpreter. CWCIA played a significant role among the legislators and parties working with the DIR during the 2012 legislative session, by advocating that the role of an interpreter does not rise and fall with the merits of the injured worker's case. We noted legislative language changes daily, from August 24, 2012 **[See Attachment 2]** through August 31, 2012 **[See Attachment 3]**, that determined the final intent of SB 863 regarding who would arrange and pay for the specific interpreting services found under §5811 & §4600 (f) (g).

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<sup>1</sup> 139.32. Restrictions on interested parties with financial interests in any entity providing services; violation. "... (a) For the purpose of this section, the following definitions apply: (3) "Services" means, but is not limited to, any of the following: (A) A determination regarding an employee's eligibility for compensation under Division 4 (commencing with Section 3200), that includes both of the following: (i) A determination of a permanent disability rating under Section 4660. (ii) An evaluation of an employee's future earnings capacity resulting from an occupational injury or illness. (B) Services to review the itemization of medical services set forth on a medical bill submitted under Section 4603.2. (C) Copy and document reproduction services. (D) Interpreter services..."

Overall, the legislature defined the sole duty of an interpreter and compensable services they provide: §5811 “... to accurately and impartially translate oral communications and transliterate written materials, and not to act as an agent or advocate. An interpreter shall not disclose to any person who is not an immediate participant in the communications the content of the conversations or documents that the interpreter has interpreted or transliterated unless the disclosure is compelled by court order...”

§4600 “(f) When at the request of the employer, the employer's insurer, the administrative director, the appeals board, or a workers' compensation administrative law judge, an employee submits to examination by a physician and the employee does not proficiently speak or understand the English language, he or she shall be entitled to the services of a qualified interpreter in accordance with conditions and a fee schedule prescribed by the administrative director. These services shall be provided by the employer. For purposes of this section, "qualified interpreter" means a language interpreter certified, or deemed certified, pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code.

§4600 “(g) If the injured employee cannot effectively communicate with his or her treating physician because he or she cannot proficiently speak or understand the English language, the injured employee is entitled to the services of a qualified interpreter during medical treatment appointments. To be a qualified interpreter for purposes of medical treatment appointments, an interpreter is not required to meet the requirements of subdivision (f), but shall meet any requirements established by rule by the administrative director that are substantially similar to the requirements set forth in Section 1367.04 of the Health and Safety Code. The administrative director shall adopt a fee schedule for qualified interpreter fees in accordance with this section. Upon request of the injured employee, the employer or insurance carrier shall pay for interpreter services. An employer shall not be required to pay for the services of an interpreter who is not certified or is provisionally certified by the person conducting the medical treatment or examination unless either the employer consents in advance to the selection of the individual who provides the interpreting service or the injured worker requires interpreting service in a language other than the languages designated pursuant to Section 11435.40 of the Government Code...”

We at CWCIA feel very strongly that if interpreters are able to petition the court to order payment for services rendered, it will most certainly alleviate the backlog of liens that have played a major role in the recent changes in legislation, and have been the bane of everyone's existence. Consistent application and, more specifically, enforcement of the new language by the WCAB would provide a solution to the problem of interpreter services constantly needing to be adjudicated. Should the WCAB find that interpreter services become exempted from lien status, we request the WCAB allow interpreters to petition for payment of their services under Labor Code 5811 and add interpreters to the walk-through list of parties under California Code of Regulations 10801.

At the beginning of this year, the DIR recognized that all interpreter services represented a cost service by stating that they would be removing interpreters from Labor Code 4903 (b), and that reimbursement for interpreter services could be sought out through a petition for costs. **[See Attachment 4]**. Why has the WCAB allowed the carriers and their representatives to manipulate the intent of the law? The carriers are complaining by stating that the intent of SB 863 was to promote cost savings, by having the state collect the \$100 activation fee or \$150 filing fee, thereby reducing the amount of “frivolous” liens. What the WCAB fails to realize is that the carrier is the only party saving costs, and on the backs of the interpreters!

Based on the attached article titled, "DWC Wants to Ditch Lien Filing Fee" dated 5/5/06 [Attachment 5] and the Legislative Counsel's Digest titled, "Lien filing fee waiver: interpreter services" dated 7/8/04 [Attachment 6], the State realized implementation of lien fees were a 'challenge to small businesses' and a burden for low-cost, and highly-necessary language facilitators. We anticipate the WCAB will consider the attachments as proof and reminder of the legislative intent to exempt interpreters from paying any lien fees.

Should nothing change, Interpreters and LSP's will **NOT** be able to afford to provide services to injured workers given the burden of having to pay to file a lien, often for services that the carrier should be paying per the Labor Code and California Code of Regulations. The carriers withhold payments to interpreters for legitimate services with impunity. The interpreter is obligated to wait until the case closes (often years after its inception) all the while providing services for free. Recovering the \$100 and \$150 fee is very burdensome. Most of the time, the carrier creates the burden but yet the interpreters are punished for it. The result will be fewer or NO interpreters available to service the injured worker, which is in conflict with the intent of SB 863: that is, to expedite the claim.

How can the WCAB ask that an interpreter or LSP assist an LEP injured worker at his or her medical evaluations, treatment, surgery and deposition related events if an IMR later finds that none of it was necessary? That means the interpreter will NEVER see a dime for their services. What incentive are you giving existing certified interpreters to continue facilitating court proceedings?

The first section of SB 863 was the amendment of Government Code Section 11435.30 & 11435.35, which gave the Administrative Director (AD) of the Division of Workers Compensation (DWC) power to reinstate testing for aspiring interpreters in California given the devastating shortage thereof. What incentive is being given to future aspiring interpreters who are considering taking the test with the Certification Commission for Healthcare Interpreters or National Board of Medical Certified Interpreters, when the WCAB is creating an environment in which they will essentially be working for free? How could injured workers exercise their right to a certified interpreter under such harsh terms and conditions? Wasn't the whole intent of SB 863 to ensure an influx of certified interpreters? These proposed lien rules will only lead to a flight of interpreters!

With regard to the IBR, let us further remind the WCAB that there is currently NO FEE SCHEDULE for interpreter services that has been adopted nor any course or training for medical bill reviewers on interpreter services. In fact, the WCAB recognized that interpreters should NOT be subject to an IBR in its Initial Statement of Reasons, *"...The WCAB recognizes that Labor Code section 139.5 additionally refers to "bill reviewers." (Lab. Code, § 139.5(d) (3) (B) & (E).) There is no indication, however, that these "bill reviewers" are anything other than expert medical bill reviewers. Moreover, a conclusion that only "medical" bill reviewers are intended is supported by the legal standards regarding training, experience, and skill for medical bill reviewers in workers' compensation claims. (Ins. Code, § 11761 [requiring the Insurance Commissioner to adopt regulations "setting forth the minimum standards of training, experience, and skill [for] workers' compensation claims adjusters," including adjusters employed by any "medical billing entity" which is defined as a third party that "reviews or adjusts workers' compensation medical bills for insurers" (italics added)]; Cal. Code Regs., tit. 10, §§ 2592.01(h), (k), (l) [referring to "experienced medical bill reviewer," "medical bill reviewer," and "medical billing entity"], 2592.04 [regarding training required for "medical bill reviewers"]; see also §§ 2592.09, 2592.11, 2592.13.) As best as the Appeals Board can determine, there are no corresponding such standards for "interpreter" bill reviewers."* Why has the WCAB modified the Rules subjecting interpreters to bill review when there

is no standing labor code, insurance code or fee schedule for interpreters services that has been adopted that mandates or supports an IBR?

The DWC's initial statement of reasons regarding the Lien Filing Fee Rules stated, *"The reduction in liens, particularly **nuisance** liens that are not worth the payment of a \$150 filing fee, is expected to save California employers and insurers from \$106 million to \$743 million annually (including settlement costs)."* We have ALREADY seen an increasing trend by payers taking advantage of this new potential opportunity, banking on the fact that interpreter liens would be considered a "nuisance," as the DWC so eloquently explains. Carriers routinely offer any frivolous excuse to deny and delay payments, and defend "errors" as egregious as paying one service date out of a number presented on a single invoice. When challenged, they claim payments were made in keeping with "policies and procedures." They consistently make up their own rules knowing there will be no negative consequences. It takes, on an average, 3-5 years to arrive at a resolution and be paid for interpreters' services. Can you imagine working but only getting paid a part of your monthly salary, having to wait years to get paid the rest?

Why extend and give the carriers more time to object and/or pay? Why should the interpreting community have to wait 90 days for payment? While the intent of California Code of Regulations 10451.1 (h) (1) is decent, a \$500 sanction on the multi-billion dollar insurance carrier for frivolously withholding payment for interpreter's services is ludicrous. This nominal sanction does not give the carrier ANY incentive to comply with the law and pay pursuant to the Labor Code. Please realize that carriers refuse to pay interpreters for services on cases that have admitted injuries, thus forcing them to file liens in order to get paid sometime in the future.

The WCAB found in its own statement of reasons: *"Based on these complaints, as well as many cases the Board has adjudicated and anecdotal reports from WCJs, it appears that, in a not insignificant percentage of cases, the penalty and interest provisions of Labor Code section 4622(a) do not provide a sufficient incentive for some defendants to comply with the law..."*

There is still a huge lack of cooperation on the part of the carriers and their representatives prior to Lien Conference. To date, frivolous objections are being sent at an all time high and often the carrier states they will not speak to us unless we prove we have filed a lien. What is a \$500 sanction on the carrier going to do?!

We acknowledge the WCAB's intent to reduce the judicial workload in compliance with SB 863. However, these proposed Rules will have a negative impact on the immigrant community. These communities will be subjected to discrimination and be barred from equal access to government services in violation of Title VI of the Civil Rights Act. Carriers and employers will take advantage of the scarcity of certified interpreters by either denying the injured worker the services of an interpreter altogether or by sending un-qualified, untrained "bilingual" people to provide incompetent "interpreting" services. They will continue to act with impunity unless given serious incentives to comply with the law. This will undoubtedly lead to an increase in litigation over invalid medical reports, deposition testimony and court appearances etc., that could cause a potential criminal conviction for perjury on declarations made by parties; ALL because certified interpreters will have left the Worker's Compensation System for greener pastures.

The Legislature has already dealt with and clarified which services the employer must pay, period; thereby lien filings would be unnecessary. Anything other will be counterproductive to the final amended language of SB 863.

We hope that taken together, this letter and its exhibits will assist your staff in gaining a fair and balanced appreciation of the issues they address.

Respectfully,

CWCIA Issues, Plans & Objectives Committee

breach of a technicality does not impose a penalty of retroactive VRTD liability. At this time, oral argument is set for June 7, 1994 at 1:45 p.m. in San Bernardino.

NUÑEZ & BARRERA

Romero v. WCAB. Court of Appeal, 4th App. Dist., Div. 2, Mar. 9, 1994, No. E013740.

## WCAB DECISIONS

### WCAB Affirms Award of Litigation Expense for Interpreter to Translate C & R

#### *Interpreter Was Necessary for WCJ's Determination That Applicant Understood Significance of Signing*

[*Rosas-Olmeda v. State Comp. Ins. Fund*, ANA 265598, Feb. 3, 1994, Order Denying Reconsideration]

A WCAB panel has affirmed a workers' compensation judge's award of costs for the expense of an interpreter to translate the explanation of a compromise and release agreement to a worker in his attorney's office. A fee of \$75 was considered reasonable for this service.

#### *Facts and Proceedings*

Applicant Rosas-Olmeda and State Compensation Insurance Fund agreed to settle his claim for workers' compensation benefits. Applicant's attorney arranged for an interpreter from Santa Ana Medical Interpreting to come to his office to translate for applicant the attorney's explanation of the compromise and release. Paragraph 10 of the compromise agreement that applicant signed recited, among other things, "Read and translated by Santa Ana Medical Interpreting."

Santa Ana Medical Interpreting filed a lien in the amount of \$120 for the services but did not include the interpreter's name and certification number. SCIF objected to the lien, and the issue was heard by WCJ Joseph S. Mandeville, who ordered the Fund to pay \$75 in full satisfaction of the lien. SCIF petitioned for reconsideration of the order, contending that (1) the order was erroneous because the lien claimant had not provided the name and certification number of the interpreter as required by *Government Code §11513*, (2) there is no provision in the law requiring defendant to pay for interpreting services in the applicant's attorney's office, and (3) the lien claimant failed to prove the value of the services.

#### *WCJ Report and Board Decision*

In his report on reconsideration the WCJ said that because of the important effects of the release on applicant's future rights, it was necessary for the WCJ to know that the significance of the document was explained to applicant in his native tongue. The translation insured that applicant understood the legal significance of his signing.

A Board panel of Deputy Commissioner Dietrich and Commissioner Heath, with Deputy Commissioner Younkin

not participating, agreed. The panel disposed first of the failure to produce the name and certification number of the interpreter by pointing out that *§11513* applies only to interpreting services provided at a hearing or medical examination. With regard to the reasonable value of the services, the panel noted that the WCJ had reduced the claim from \$120 to \$75 and said its review of the record persuaded it that the amount allowed was reasonable.

With regard to the issue of SCIF's liability for the expense, the panel said that a fee for translating a conversation between an applicant and his attorney would not ordinarily be considered a recoverable litigation expense, but for the reasons stated by the WCJ in his report, the panel was persuaded that the expense here was a reasonable and necessary one.

Accordingly, reconsideration was denied.

*Editor's Note: Administrative Director Rule 9795.3 now requires an insurer or self-insured employer to pay for necessary services of a qualified interpreter at comprehensive medical evaluations, depositions (including preparation and reading of the deposition), rehabilitation conferences, certain information and assistance conferences, and other "similar settings determined by the Workers' Compensation Appeals Board to be reasonable and necessary to determine the validity and extent of injury to the employee." The Rosas-Olmeda holding appears to go beyond this language because, although the setting reasonably required an interpreter, the purpose was not to determine the extent and validity of the injury. The decision is, nevertheless, grounded in common sense.*

*The WCAB has the duty to ensure that the injured worker understands the terms and legal effect of a compromise and release. One way of doing this is to schedule a hearing and question the worker. If this is done, and the worker is not proficient in English, the employer or insurer would clearly be liable for the expense of the interpreter. AD Rule 9795.3(a)(4); WCAB Rule 10364; see Labor Code §5811. The fee for interpreting at a hearing, moreover, is higher than for interpreting in a less formal setting. AD Rule 9795.3(b). It should be readily apparent that having the explanation made outside the formal setting is more expeditious, less expensive, and less cumbersome.*

*For injuries after 1993, however, it will probably be necessary for the lien claimant to provide the information about the interpreter's certification. See AD Rule 9795.3.*

## ATTACHMENT #2

BILL NUMBER: SB 863 AMENDED  
BILL TEXT

AMENDED IN ASSEMBLY AUGUST 24, 2012  
AMENDED IN ASSEMBLY JUNE 6, 2011  
AMENDED IN SENATE APRIL 14, 2011  
AMENDED IN SENATE MARCH 22, 2011

INTRODUCED BY Senator ~~Lieu~~ De León  
(Principal coauthor: Assembly Member ~~Hagman~~  
Solorio )

FEBRUARY 18, 2011

~~An act to amend Sections 4903.1, 4903.5, 4904, and 4905 of, and to add Section 4903.05 to, the Labor Code, relating to workers' compensation.~~ An act to amend Sections 11435.30 and 11435.35 of the Government Code, and to amend Sections 62.5, 139.2, 3201.5, 3201.7, 3700.1, 3701, 3701.3, 3701.5, 3701.7, 3701.8, 3702, 3702.2, 3702.5, 3702.8, 3702.10, 3742, 3744, 3745, 3746, 4061, 4062, 4062.2, 4062.3, 4063, 4064, 4453, 4600, 4603.2, 4603.4, 4604, 4604.5, 4605, 4610, 4610.1, 4616, 4616.1, 4616.2, 4616.3, 4616.7, 4620, 4622, 4650, 4658, 4658.5, 4658.6, 4660, 4701, 4903, 4903.1, 4903.4, 4903.5, 4903.6, 4904, 4905, 4907, 5307.1, 5307.7, 5402, 5502, 5703, 5710, and 5811 of, to add Sections 139.32, 139.5, 3701.9, 4603.3, 4603.6, 4610.5, 4610.6, 4658.7, 4660.1, 4903.05, 4903.06, 4903.07, 4903.8, 5307.8, and 5307.9 to, to add and repeal Section 3702.4 of, and to repeal Sections 4066 and 5318 of, the Labor Code, relating to workers' compensation.

## LEGISLATIVE COUNSEL'S DIGEST

SB 863, as amended, ~~Lieu~~ De León .  
Workers' ~~compensation~~ liens. compensation.

Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of his or her employment.

(1) Existing law establishes certain requirements relating to qualified medical evaluators who perform the evaluation of medical-legal issues.

This bill would modify the requirements of a qualified medical evaluator with respect to doctors of chiropractic, and would prohibit a qualified medical evaluator from conducting qualified medical evaluations at more than 10 locations.

(2) Existing law provides that it is unlawful for a physician to refer a person for specified medical goods or services, whether for treatment or medical-legal purposes, if the physician or his or her immediate family has a financial interest with the person or in the entity that receives the referral, except as specified.

This bill would additionally prohibit, except as specified, an interested party, as defined, from referring a person for certain services relating to workers' compensation provided by another entity, if the interested party has a financial interest in the other entity, as defined. The bill would provide that a violation of these provisions is a misdemeanor, and would authorize civil penalties of up to \$15,000 for each offense. By creating a new crime, this bill would impose a state-mandated local program.

(3) Existing law requires the Department of Industrial Relations and the courts of this state, except as provided, to recognize as valid and binding any labor-management agreement that meets certain requirements. Existing law applies this recognition only in relation to employers that meet specified requirements.

This bill would add the State of California to the list of authorized employers for these purposes.

(4) Existing law authorizes an employer to secure the payment of workers' compensation by securing from the Director of Industrial Relations a certificate of consent to self-insure either as an individual employer or as one employer in a group of employers upon proof satisfactory to the director of the ability to self-insure and to pay any compensation that may become due to employees.

This bill would change the amount of a prescribed security deposit required by private self-insured employers, would delete a related audit requirement, and would, commencing January 1, 2013, prohibit a certificate of consent to self-insure from being issued to specified employers.

This bill would require public self-insured employers to provide certain information to the director, and would require the Commission on Health and Safety and Workers' Compensation to conduct an examination of the public self-insured program, and to publish a preliminary and final report on its Internet Web site, as specified.

Existing law requires that the cost of administration of the public self-insured program be a General Fund item.

This bill would instead require that the cost be borne by the Workers' Compensation Administration Revolving Fund.

Existing law establishes the Self-Insurers' Security Fund for purposes related to the payment of the workers' compensation obligations of self-insurers.

This bill would revise the composition of the board of trustees of the Self-Insurers' Security Fund, would revise duties of the Self-Insurers' Security Fund, and would make related changes.

(5) Existing law establishes certain procedures that govern an employee's final payment of temporary disability indemnity in connection with the employee's eligibility for permanent disability indemnity.

This bill would revise and recast these provisions.

(6) Existing law establishes procedures for the resolution of disputes regarding the compensability of an injury. Existing law prescribes certain requirements relating to recommendations regarding spinal surgery.

This bill would delete the provisions relating to spinal surgery.

Existing law prescribes a specified procedure that governs dispute resolution relating to injuries occurring on or after January 1, 2005, when the employee is represented by an attorney. This procedure includes various requirements relating to the selection of agreed medical evaluators.

This bill would revise and recast these provisions.

(7) Existing law provides certain methods for determining workers' compensation benefits payable to a worker or his or her dependents for purposes of temporary disability, permanent total disability, permanent partial disability, and in case of death.

This bill would revise the method for determining benefits for purposes of permanent partial disability for injuries occurring on or after January 1, 2013, and on or after January 1, 2014.

This bill would require, prior to an award of permanent disability indemnity, that no permanent disability indemnity payment be required if the employer has offered the employee a position that pays at least 85% of the wages and compensation paid to the employee at the time of injury, or if the employee is employed in a position that pays at least 100% of the wages and compensation paid to the employee at the time of injury.

This bill would revise the method for determining benefits for purposes of permanent disability for injuries occurring on or after January 1, 2013.

This bill would revise the amount of the award for burial expenses.

Existing law, for injuries that cause permanent partial disability and occur on or after January 1, 2004, provides supplemental job displacement benefits in the form of a nontransferable voucher for education-related retraining or skill enhancement for an injured employee who does not return to work for the employer within 60 days of the termination of temporary disability, in accordance with a prescribed schedule based on the percentage of an injured employee's disability. Existing law provides an exception for employers who meet specified criteria.

This bill would provide that the above provisions shall apply to injuries occurring on or after January 1, 2004, and before January 1, 2013.

This bill would provide, for injuries that cause permanent partial disability and occur on or after January 1, 2013, for a supplemental job displacement benefit in the form of a voucher for up to \$6,000 to cover various reeducation and skill enhancement expenses, as specified, which would expire 2 years after the date the voucher is furnished to the employee or 5 years after the date of injury, whichever is later. The bill would exempt employers who make an offer of employment, as specified, from providing vouchers.

Existing law requires that, in determining the percentages of permanent disability, account be taken of the nature of the injury, the occupation of the injured employee, and his or her age at the time of the injury, and requires that specified factors be considered in determining an employee's diminished earning capacity for these purposes.

This bill would provide that the above provisions shall apply to injuries occurring before January 1, 2013. This bill would, for injuries occurring on or after January 1, 2013, revise the factors to be considered in determining impairment ratings for these purposes.

(8) Existing law requires an employer to provide all medical services reasonably required to cure or relieve the injured worker from the effects of the injury.

This bill would limit the provision of home health care services as medical treatment to specified circumstances.

(9) Existing law generally provides for the reimbursement of medical providers for services rendered in connection with the treatment of a worker's injury.

This bill would revise and recast these provisions, and would establish certain procedures to govern billing procedures and disputes.

(10) Existing law requires every employer to establish a medical treatment utilization review process, in compliance with specified

requirements, either directly or through its insurer or an entity with which the employer or insurer contracts for these services.

This bill would require the administrative director to contract with one or more independent medical review organizations and one or more independent bill review organizations to conduct reviews in accordance with specified criteria. The bill would require that the independent review organizations retained to conduct reviews meet specified criteria and comply with specified requirements. The bill would require that final determinations made pursuant to the independent bill review and independent medical review processes be presumed to be correct and be set aside only as specified.

The independent medical review process established by the bill would be used to resolve disputes over a utilization review decision for injuries occurring on or after January 1, 2013, and for any decision that is communicated to the requesting physician on or after July 1, 2013, regardless of the date of injury. The bill would require an independent medical review organization to conduct the review in accordance with specified provisions, and would limit this review to an examination of the medical necessity of the disputed medical treatment. The bill would prohibit an employer from engaging in any conduct that delays the medical review process, and would authorize the administrative director to levy certain administrative penalties in connection with this prohibition, to be deposited in the Workers' Compensation Administration Revolving Fund. The bill would require that the costs of independent medical review and the administration of the independent medical review system be borne by employers through a fee system established by the administrative director.

(11) Existing law authorizes an insurer or employer to establish or modify a medical provider network for the provision of medical treatment to injured employees.

This bill, commencing January 1, 2014, would require that a treating physician be included in the network only if the physician or authorized employee of the physician gives a separate written acknowledgment that the physician is a member of the network, and would require every medical provider network to include one or more persons employed as medical access assistants to help an injured employee find an available physician and assist employees in scheduling appointments.

Existing law requires an employer or insurer to submit a plan for the medical provider network to the administrative director for approval.

This bill, commencing January 1, 2014, would require that existing approved plans be deemed approved for a period of 4 years from the most recent application or modification approval date. The bill would authorize any person contending that a medical provider network is not validly constituted to petition the administrative director to suspend or revoke the approval of the medical provider network. The bill would authorize the administrative director to adopt regulations establishing a schedule of administrative penalties, not to exceed \$5,000 per violation, or probation, or both, in lieu of revocation or suspension.

(12) Existing law requires an employer to pay medical-legal expenses for which the employer is liable in accordance with specified provisions.

This bill would establish a secondary review process to govern billing disputes relating to medical-legal expenses.

(13) Existing workers' compensation law authorizes the appeals board to determine and allow specified expenses as liens against any sum to be paid as compensation.

This bill would revise procedures relating to liens, including requiring that any payment of a lien for the reasonable expenses incurred by an injured employee be made only to the person who was entitled to payment for the expenses at the time the expenses were incurred, and not to an assignee, except as specified. The bill would require that certain documentation relating to a lien filing include certain declarations made under penalty of perjury. By expanding the crime of perjury, this bill would impose a state-mandated local program. This bill would require that all liens filed on or after January 1, 2013, for certain expenses, be subject to a filing fee, and that all liens and costs that were filed as liens, filed before January 1, 2013, for certain expenses, be subject to an activation fee, except as specified. The bill would dismiss by operation of law on January 1, 2014, all liens and costs filed as liens for which the filing fee or activation fee is not paid. This bill would require that all fees collected pursuant to these provisions be deposited in the Workers' Compensation Administration Revolving Fund. This bill would provide for the reimbursement of a lien filing fee or lien activation fee under specified circumstances.

This bill would make related changes with respect to liens.

(14) Existing law requires the administrative director, after public hearings, to adopt and revise periodically an official medical fee schedule that establishes reasonable maximum fees paid for medical services, other than physician services, and other prescribed goods and services in accordance with specified requirements.

This bill would require the administrative director, after public hearings, to adopt and review periodically an official medical fee schedule based on the resource-based relative value scale for physician services, as defined by the administrative director, in accordance with specified requirements. The bill would require, commencing January 1, 2014, and until the time the administrative director has adopted an official medical fee schedule in accordance with the resource-based relative value scale, that the maximum reasonable fees for physician services be in accordance with the fee-related structure and rules of the Medicare payment system for physician services, and that the fees include specified conversion factors.

This bill would require the administrative director, on or before July 1, 2013, to adopt, after public hearings, a schedule for payment of home health care services that are not otherwise covered, as specified.

This bill would require the administrative director, on or before December 31, 2013, in consultation with the Commission on Health and Safety and Workers' Compensation, to adopt, after public hearings, a schedule of reasonable maximum fees payable for copy and related services.

(15) Existing law limits the liability for medical treatment to \$10,000 until the date that a workers' compensation claim is accepted or rejected.

This bill would exempt from these provisions treatment that is required to be provided by a health care service plan, a disability insurer, or a self-insured employee welfare benefit plan.

(16) Existing law authorizes the appeals board to receive as evidence and use as proof of any fact in dispute various reports and publications.

This bill would add reports of vocational experts, as specified.

(17) Existing law provides for the reimbursement of specified expenses for a deponent in connection with a deposition requested by the employer or insurer.

This bill would require the employer to arrange, provide, and pay for the services of a language interpreter if interpretation services are required because the injured employee or deponent does not proficiently speak or understand the English language.

(18) Existing law requires the State Personnel Board to establish, maintain, administer, and publish annually an updated list of certified administrative hearing interpreters and medical examination interpreters it has determined meet certain minimum standards.

This bill would also authorize the administrative director or an independent organization designated by the administrative director to establish, maintain, administer, and publish annually an updated list of certified administrative hearing interpreters it has determined to meet certain minimum standards, for purposes of administrative hearings and medical examinations conducted in connection with workers' compensation and appeals to the Worker's Compensation Appeals Board. This bill would require a reasonable fee to be collected from each interpreter seeking certification, to cover the reasonable regulatory costs of administering the program.

(19) This bill would delete certain reporting requirements, delete obsolete provisions, and make conforming and clarifying changes.

(20) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

~~Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of his or her employment.~~

~~(1) Existing law prescribes certain requirements upon the filing of a lien by a lien claimant and requires the Workers' Compensation Appeals Board to file liens immediately upon receipt.~~

~~This bill would recast these provisions.~~

~~(2) Existing workers' compensation law authorizes the appeals board to determine and allow specified expenses, including, but not limited to, certain expenses incurred by a medical provider as liens against any sum to be paid as compensation. Existing law requires, before issuing an award or approval of any compromise of claim, the determination of whether any benefits have been paid or services provided by specified entities.~~

~~This bill would remove the appeals board's authority to order specified medical liens in a proceeding before the board without a request for the lien having been made.~~

~~(3) Existing law prohibits a lien claim for reasonable expenses incurred by or on behalf of the injured employee and medical-legal expenses from being filed after 6 months from the date on which the appeals board or a workers' compensation administrative law judge issues a final decision, findings, order, including an order approving compromise and release, or award, on the merits of the claim, after 5 years from the date of the injury for which the~~

services were provided, or after one year from the date the services were provided, whichever is later.

~~This bill would instead prohibit a lien claim from being filed after 3 years from the date the services were provided, or more than 18 months after the date the services were provided if the services were provided on or after July 1, 2012. This bill would also authorize a health care service plan, group disability insurer, self-insured employee welfare benefit plan, or publicly funded program providing medical benefits on a nonindustrial basis to file a lien claim for medical expenses within 6 months after the entity has notice that an industrial injury is being claimed but in no event later than 5 years from the date the services were provided to the employee. This bill would require the appeals board to adopt prescribed rules of practice and procedure. This bill would state that these provisions apply to any liens that are filed with the appeals board on or after the operative date of this act regardless of the date services were provided, except as expressly provided.~~

~~(4) Existing law allows the Employment Development Department (EDD) to file a lien for unemployment compensation benefits and unemployment disability benefits.~~

~~This bill would provide that for a claim allowable as a lien in favor of EDD, the claim is a lien against any amount thereafter payable as temporary or permanent disability compensation. This bill would state that this provision is declarative of existing law and shall not constitute good cause to reopen, rescind, or amend any final order, decision, or award of the appeals board.~~

~~Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: ~~no~~ yes .~~

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) That Article 14 of Section 4 of the California Constitution requires the administration of the workers' compensation system to accomplish substantial justice in all cases expeditiously, inexpensively, and without incumbrance of any character, all of which matters are expressly declared to be the social public policy of this state.

(b) That the current system of determining permanent disability has become excessively litigious, time consuming, procedurally burdensome and unpredictable, and that the provisions of this act will produce the necessary uniformity, consistency, and objectivity of outcomes, in accordance with the Constitutional mandate to accomplish substantial justice in all cases expeditiously, inexpensively, and without encumbrance of any character, and that in enacting subdivision (c) of Section 4660.1 of the Labor Code, the Legislature intends to eliminate questionable claims of disability when alleged to be caused by a disabling physical injury arising out of and in the course of employment while guaranteeing medical treatment as required by Division 4 (commencing with Section 3200) of the Labor Code.

(c) That in enacting this act, it is not the intent of the Legislature to overrule the holding in *Milpitas Unified School District v. Workers Comp. Appeals Bd. (Guzman) (2010) 187 Cal.App.4th 808*.

(d) That the current system of resolving disputes over the medical necessity of requested treatment is costly, time consuming, and does not uniformly result in the provision of treatment that adheres to the highest standards of evidence-based medicine, adversely affecting the health and safety of workers injured in the course of employment.

(e) That having medical professionals ultimately determine the necessity of requested treatment furthers the social policy of this state in reference to using evidence-based medicine to provide injured workers with the highest quality of medical care and that the provision of the act establishing independent medical review are necessary to implement that policy.

(f) That the establishment of independent medical review and provision for limited appeal of decisions resulting from independent medical review are a necessary exercise of the Legislature's plenary power to provide for the settlement of any disputes arising under the workers' compensation laws of this State and to control the manner of review of such decisions.

SEC. 2. Section 11435.30 of the Government Code is amended to read:

11435.30. (a) The State Personnel Board shall establish, maintain, administer, and publish annually an updated list of certified administrative hearing interpreters it has determined meet the minimum standards in interpreting skills and linguistic abilities in languages designated pursuant to Section 11435.40. Any interpreter so listed may be examined by each employing agency to determine the interpreter's knowledge of the employing agency's technical program terminology and procedures.

(b) Court interpreters certified pursuant to Section 68562, and interpreters listed on the State Personnel Board's recommended lists of court and administrative hearing interpreters prior to July 1, 1993, shall be deemed certified for purposes of this section.

dollars (\$405), for injuries occurring on or after January 1, 2006.

(8) For injuries occurring on or after January 1, 2013:

(A) When the final adjusted permanent disability rating is less than 55 percent, not less than two hundred forty dollars (\$240) nor more than three hundred forty-five dollars (\$345).

(B) When the final adjusted permanent disability rating is 55 percent or greater but less than 70 percent, not less than two hundred forty dollars (\$240) nor more than four hundred five dollars (\$405).

(C) When the final adjusted permanent disability rating is 70 percent or greater but less than 100 percent, not less than two hundred forty dollars (\$240) nor more than four hundred thirty-five dollars (\$435).

(9) For injuries occurring on or after January 1, 2014, not less than two hundred forty dollars (\$240) nor more than four hundred thirty-five dollars (\$435).

(c) Between the limits specified in subdivisions (a) and (b), the average weekly earnings, except as provided in Sections 4456 to 4459, shall be arrived at as follows:

(1) Where the employment is for 30 or more hours a week and for five or more working days a week, the average weekly earnings shall be the number of working days a week times the daily earnings at the time of the injury.

(2) Where the employee is working for two or more employers at or about the time of the injury, the average weekly earnings shall be taken as the aggregate of these earnings from all employments computed in terms of one week; but the earnings from employments other than the employment in which the injury occurred shall not be taken at a higher rate than the hourly rate paid at the time of the injury.

(3) If the earnings are at an irregular rate, such as piecework, or on a commission basis, or are specified to be by week, month, or other period, then the average weekly earnings mentioned in subdivision (a) shall be taken as the actual weekly earnings averaged for this period of time, not exceeding one year, as may conveniently be taken to determine an average weekly rate of pay.

(4) Where the employment is for less than 30 hours per week, or where for any reason the foregoing methods of arriving at the average weekly earnings cannot reasonably and fairly be applied, the average weekly earnings shall be taken at 100 percent of the sum which reasonably represents the average weekly earning capacity of the injured employee at the time of his or her injury, due consideration being given to his or her actual earnings from all sources and employments.

(d) Every computation made pursuant to this section beginning January 1, 1990, shall be made only with reference to temporary disability or the permanent disability resulting from an original injury sustained after January 1, 1990. However, all rights existing under this section on January 1, 1990, shall be continued in force. Except as provided in Section 4661.5, disability indemnity benefits shall be calculated according to the limits in this section in effect on the date of injury and shall remain in effect for the duration of any disability resulting from the injury.

SEC. 35. Section 4600 of the Labor Code is amended to read:

4600. (a) Medical, surgical, chiropractic, acupuncture, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches, and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. In the case of his or her neglect or refusal reasonably to do so, the employer is liable for the reasonable expense incurred by or on behalf of the employee in providing treatment.

(b) As used in this division and notwithstanding any other provision of law, medical treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury means treatment that is based upon the guidelines adopted by the administrative director pursuant to Section 5307.27 ~~or~~ ~~prior to the adoption of those guidelines, the updated American College of Occupational and Environmental Medicine's Occupational Medicine Practice Guidelines~~.

(c) Unless the employer or the employer's insurer has established or contracted with a medical provider network as provided for in Section 4616, after 30 days from the date the injury is reported, the employee may be treated by a physician of his or her own choice or at a facility of his or her own choice within a reasonable geographic area. A chiropractor shall not be a treating physician after the employee has received the maximum number of chiropractic visits allowed by subdivision (d) of Section 4604.5.

(d) (1) If an employee has notified his or her employer in writing prior to the date of injury that he or she has a personal physician, the employee shall have the right to be treated by that physician from the date of injury if ~~either of the following conditions exist: the employee has health care coverage for nonoccupational injuries or illnesses on the date of injury in a plan, policy, or fund as described in subdivisions (b), (c), and (d) of Section 4616.7.~~

~~(A) The employer provides nonoccupational group health coverage in a health care service plan, licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety~~

Code.

~~—(B) The employer provides nonoccupational health coverage in a group health plan or a group health insurance policy as described in Section 4616.7.~~

(2) For purposes of paragraph (1), a personal physician shall meet all of the following conditions:

(A) Be the employee's regular physician and surgeon, licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

(B) Be the employee's primary care physician and has previously directed the medical treatment of the employee, and who retains the employee's medical records, including his or her medical history. "Personal physician" includes a medical group, if the medical group is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries.

(C) The physician agrees to be predesignated.

~~(3) If the employer provides nonoccupational health care employee has health care coverage for nonoccupational injuries or illnesses on the date of injury in a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code, and the employer is notified pursuant to paragraph (1), all medical treatment, utilization review of medical treatment, access to medical treatment, and other medical treatment issues shall be governed by Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code. Disputes regarding the provision of medical treatment shall be resolved pursuant to Article 5.55 (commencing with Section 1374.30) of Chapter 2.2 of Division 2 of the Health and Safety Code.~~

~~(4) If the employer provides nonoccupational health care, employee has health care coverage for nonoccupational injuries or illnesses on the date of injury in a group health insurance policy as described in Section 4616.7, all medical treatment, utilization review of medical treatment, access to medical treatment, and other medical treatment issues shall be governed by the applicable provisions of the Insurance Code.~~

(5) The insurer may require prior authorization of any nonemergency treatment or diagnostic service and may conduct reasonably necessary utilization review pursuant to Section 4610.

(6) An employee shall be entitled to all medically appropriate referrals by the personal physician to other physicians or medical providers within the nonoccupational health care plan. An employee shall be entitled to treatment by physicians or other medical providers outside of the nonoccupational health care plan pursuant to standards established in Article 5 (commencing with Section 1367) of Chapter 2.2 of Division 2 of the Health and Safety Code.

(e) (1) When at the request of the employer, the employer's insurer, the administrative director, the appeals board, or a workers' compensation administrative law judge, the employee submits to examination by a physician, he or she shall be entitled to receive, in addition to all other benefits herein provided, all reasonable expenses of transportation, meals, and lodging incident to reporting for the examination, together with one day of temporary disability indemnity for each day of wages lost in submitting to the examination.

(2) Regardless of the date of injury, "reasonable expenses of transportation" includes mileage fees from the employee's home to the place of the examination and back at the rate of twenty-one cents (\$.21) a mile or the mileage rate adopted by the Director of the Department of Personnel Administration pursuant to Section 19820 of the Government Code, whichever is higher, plus any bridge tolls. The mileage and tolls shall be paid to the employee at the time he or she is given notification of the time and place of the examination.

(f) When at the request of the employer, the employer's insurer, the administrative director, the appeals board, or a workers' compensation administrative law judge, an employee submits to examination by a physician and the employee does not proficiently speak or understand the English language, he or she shall be entitled to the services of a qualified interpreter in accordance with conditions and a fee schedule prescribed by the administrative director. These services, including the arrangement for these services, shall be provided by the employer. For purposes of this section, "qualified interpreter" means a language interpreter certified, or deemed certified, pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code.

~~—(g) This section shall become operative on January 1, 2010.~~

*(g) If the injured employee cannot effectively communicate with his or her treating physician because he or she cannot proficiently speak or understand the English language, the injured employee is entitled to the services of a qualified interpreter as described in subdivision (f), during medical treatment appointments. The administrative director shall adopt a fee schedule for qualified interpreter fees in accordance with this section. Upon request of the injured employee, the employer or insurance carrier shall arrange and pay for interpreter services. An employer shall not be required to pay for the services of an interpreter who is provisionally certified by the person conducting the medical treatment or examination unless either the employer consents in advance to the selection of the individual who provides the interpreting service or the injured worker requires interpreting service in a language other than the languages designated pursuant to Section 11435.40 of the Government Code.*

(d) Properly authenticated copies of hospital records of the case of the injured employee.

(e) All publications of the Division of Workers' Compensation.

(f) All official publications of the State of California and United States governments.

(g) Excerpts from expert testimony received by the appeals board upon similar issues of scientific fact in other cases and the prior decisions of the appeals board upon similar issues.

(h) Relevant portions of medical treatment protocols published by medical specialty societies. To be admissible, the party offering such a protocol or portion of a protocol shall concurrently enter into evidence information regarding how the protocol was developed, and to what extent the protocol is evidence-based, peer-reviewed, and nationally recognized. If a party offers into evidence a portion of a treatment protocol, any other party may offer into evidence additional portions of the protocol. The party offering a protocol, or portion thereof, into evidence shall either make a printed copy of the full protocol available for review and copying, or shall provide an Internet address at which the entire protocol may be accessed without charge.

(i) The medical treatment utilization schedule in effect pursuant to Section 5307.27 or the guidelines in effect pursuant to Section 4604.5.

(j) *Reports of vocational experts. If vocational expert evidence is otherwise admissible, the evidence shall be produced in the form of written reports. Direct examination of a vocational witness shall not be received at trial except upon a showing of good cause. A continuance may be granted for rebuttal testimony if a report that was not served sufficiently in advance of the close of discovery to permit rebuttal is admitted into evidence.*

(1) *Statements concerning any bill for services are admissible only if they comply with the requirements applicable to statements concerning bills for services pursuant to subdivision (a).*

(2) *Reports are admissible under this subdivision only if the vocational expert has further stated in the body of the report that the contents of the report are true and correct to the best knowledge of the vocational expert. The statement shall be made in compliance with the requirements applicable to medical reports pursuant to subdivision (a).*

SEC. 82. Section 5710 of the Labor Code is amended to read:

5710. (a) The appeals board, a workers' compensation judge, or any party to the action or proceeding, may, in any investigation or hearing before the appeals board, cause the deposition of witnesses residing within or without the state to be taken in the manner prescribed by law for like depositions in civil actions in the superior courts of this state under Title 4 (commencing with Section 2016.010) of Part 4 of the Code of Civil Procedure. To that end the attendance of witnesses and the production of records may be required. Depositions may be taken outside the state before any officer authorized to administer oaths. The appeals board or a workers' compensation judge in any proceeding before the appeals board may cause evidence to be taken in other jurisdictions before the agency authorized to hear workers' compensation matters in those other jurisdictions.

(b) ~~where~~ If the employer or insurance carrier requests a deposition to be taken of an injured employee, or any person claiming benefits as a dependent of an injured employee, the deponent is entitled to receive in addition to all other benefits:

(1) All reasonable expenses of transportation, meals, and lodging incident to the deposition.

(2) Reimbursement for any loss of wages incurred during attendance at the deposition.

(3) ~~A~~ One copy of the transcript of the deposition, without cost.

(4) A reasonable allowance for attorney's fees for the deponent, if represented by an attorney licensed by the State Bar of this state. The fee shall be discretionary with, and, if allowed, shall be set by, the appeals board, but shall be paid by the employer or his or her insurer.

(5) ~~A reasonable allowance for interpreter's fees for the deponent, if interpretation services are needed and provided by~~  
If interpretation services are required because the injured employee or deponent does not proficiently speak or understand the English language, upon a request from either, the employer shall arrange, provide, and pay for the services of a language interpreter certified or deemed certified pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code. The fee to be paid by the employer shall be in accordance with the fee schedule ~~set~~ adopted by the administrative director and ~~paid by the employer or his or her insurer. Payment for interpreter's services shall be allowed for deposition of a non-English-speaking injured worker, and for~~ shall include any other deposition-related events as permitted by the administrative director.

SEC. 83. Section 5811 of the Labor Code is amended to read:

5811. (a) No fees shall be charged by the clerk of any court for the performance of any official service required by this division, except for the docketing of awards as judgments and for certified

copies of transcripts thereof. In all proceedings under this division before the appeals board, costs as between the parties may be allowed by the appeals board.

(b) (1) It shall be the responsibility of ~~any party producing a witness requiring an interpreter~~ the employer, upon request, to arrange and provide for the presence of a qualified interpreter if the injured employee or a witness disclosed as a witness on the pretrial conference statement form described in paragraph (3) of subdivision (e) of Section 5502 does not proficiently speak or understand the English language. ~~A~~

(2) A qualified interpreter is a language interpreter who is certified, or deemed certified, pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code. The duty of an interpreter is to accurately and impartially translate oral communications and transliterate written materials, and not to act as an agent or advocate. An interpreter shall not disclose to any person who is not an immediate participant in the communications the content of the conversations or documents that the interpreter has interpreted or transliterated unless the disclosure is compelled by court order. An attempt by any party or attorney to obtain disclosure is a bad faith tactic that is subject to Section 5813.

Interpreter fees ~~which~~ that are reasonable, actual, and necessarily incurred shall be allowed ~~as cost~~ paid by the employer under this section, provided they are in accordance with the fee schedule ~~set~~ adopted by the administrative director.

A qualified interpreter may render services during the following:

- ~~(1)~~
  - (A) A deposition.
- ~~(2)~~
  - (B) An appeals board hearing.
  - (C) A medical treatment appointment or medical-legal examination.

~~(3)~~

- (D) During those settings which the administrative director determines are reasonably necessary to ascertain the validity or extent of injury to an employee who ~~cannot communicate in English~~ does not proficiently speak or understand the English language.

SEC. 84. This act shall apply to all pending matters, regardless of date of injury, unless otherwise specified in this act, but shall not be a basis to rescind, alter, amend, or reopen any final award of workers' compensation benefits.

SEC. 85. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

~~SECTION 1. Section 4903.05 is added to the Labor Code, to read:~~

~~4903.05. (a) Any lien claimant under Section 4903 shall file its lien with the appeals board in writing upon a form approved by the appeals board. The lien shall be accompanied by a full statement or itemized voucher supporting the lien and justifying the right to reimbursement and proof of service upon the injured worker, or if deceased, upon the worker's dependents, the employer, the insurer, and the respective attorneys or other agents of record.~~

~~(b) The appeals board shall file liens pursuant to Section 4903 immediately upon receipt. Numbers shall be assigned pursuant to subdivision (c) of Section 5500.~~

~~SEC. 2. Section 4903.1 of the Labor Code is amended to read:~~

~~4903.1. The appeals board, arbitrator, or settlement conference referee, before issuing an award or approval of any compromise of claim, shall determine, on the basis of liens filed with it pursuant to Section 4903.05, whether any benefits have been paid or services provided by a health care provider, a health care service plan, a group disability policy, including a loss of income policy, a self-insured employee welfare benefit plan, or a hospital service contract, and its award or approval shall provide for reimbursement for benefits paid or services provided under these plans as follows:~~

~~(a) When the referee issues an award finding that an injury or illness arises out of and in the course of employment, but denies the applicant reimbursement for self-procured medical costs solely because of lack of notice to the applicant's employer of his need for hospital, surgical, or medical care, the appeals board shall nevertheless award a lien against the employee's recovery, to the extent of benefits paid or services provided, for the effects of the industrial injury or illness, by a health care provider, a health care service plan, a group disability policy, a self-insured employee welfare benefit plan, or a hospital service contract.~~

~~(b) When the referee issues an award finding that an injury or illness arises out of and in the course of employment, and makes an award for reimbursement for self-procured medical costs, the appeals~~

## ATTACHMENT #3

BILL NUMBER: SB 863 AMENDED  
BILL TEXT

AMENDED IN ASSEMBLY AUGUST 30, 2012  
AMENDED IN ASSEMBLY AUGUST 27, 2012  
AMENDED IN ASSEMBLY AUGUST 24, 2012  
AMENDED IN ASSEMBLY JUNE 6, 2011  
AMENDED IN SENATE APRIL 14, 2011  
AMENDED IN SENATE MARCH 22, 2011

INTRODUCED BY Senator De León  
(Principal coauthor: Assembly Member Solorio)

FEBRUARY 18, 2011

An act to amend Sections 11435.30 and 11435.35 of the Government Code, and to amend Sections 62.5, 139.2, 3201.5, 3201.7, 3700.1, 3701, 3701.3, 3701.5, 3701.7, 3701.8, 3702, 3702.2, 3702.5, 3702.8, 3702.10, 3742, 3744, 3745, 3746, 4061, 4062, 4062.2, 4062.3, 4063, 4064, 4453, 4600, 4603.2, 4603.4, 4604, 4604.5, 4605, 4610, 4610.1, 4616, 4616.1, 4616.2, 4616.3, 4616.7, 4620, 4622, 4650, 4658, 4658.5, 4658.6, 4660, 4701, 4903, 4903.1, 4903.4, 4903.5, 4903.6, 4904, 4905, 4907, 5307.1, 5307.7, 5402, 5502, 5703, 5710, and 5811 of, to add Sections 139.32, 139.48, 139.5, 3701.9, 4603.3, 4603.6, 4610.5, 4610.6, 4658.7, 4660.1, 4903.05, 4903.06, 4903.07, 4903.8, 5307.8, and 5307.9 to, to add and repeal Section 3702.4 of, and to repeal Sections 4066 and 5318 of, the Labor Code, relating to workers' compensation, and making an appropriation therefor.

## LEGISLATIVE COUNSEL'S DIGEST

SB 863, as amended, De León. Workers' compensation.

Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of his or her employment.

(1) Existing law establishes certain requirements relating to qualified medical evaluators who perform the evaluation of medical-legal issues.

This bill would modify the requirements of a qualified medical evaluator with respect to doctors of chiropractic, and would prohibit a qualified medical evaluator from conducting qualified medical evaluations at more than 10 locations.

(2) Existing law provides that it is unlawful for a physician to refer a person for specified medical goods or services, whether for treatment or medical-legal purposes, if the physician or his or her immediate family has a financial interest with the person or in the entity that receives the referral, except as specified.

This bill would additionally prohibit, except as specified, an interested party, as defined, from referring a person for certain services relating to workers' compensation provided by another entity, if the interested party has a financial interest in the other entity, as defined. The bill would provide that a violation of these provisions is a misdemeanor, and would authorize civil penalties of up to \$15,000 for each offense. By creating a new crime, this bill would impose a state-mandated local program.

(3) Existing law establishes the Workers' Compensation Administration Revolving Fund for the administration of the workers' compensation program, and other specified purposes.

This bill would establish in the Department of Industrial Relations a return-to-work program, to be funded by non-General Fund revenues of one hundred twenty million dollars \$120,000,000 that the bill would annually appropriate from the Workers' Compensation Administration Revolving Fund.

~~(3)~~

(4) Existing law requires the Department of Industrial Relations and the courts of this state, except as provided, to recognize as valid and binding any labor-management agreement that meets certain requirements. Existing law applies this recognition only in relation to employers that meet specified requirements.

This bill would add the State of California to the list of authorized employers for these purposes.

~~(4)~~

(5) Existing law authorizes an employer to secure the payment of workers' compensation by securing from the Director of Industrial Relations a certificate of consent to self-insure either as an individual employer or as one employer in a group of employers upon furnishing proof satisfactory to the director of the ability to self-insure and to pay any compensation that may become due to employees.

This bill would change the amount of a prescribed security deposit required of private self-insured employers, would delete a related audit requirement, and would, commencing January 1, 2013, prohibit a certificate of consent to self-insure from being issued to specified employers.

This bill would require public self-insured employers to provide certain information to the director, and would require the Commission on Health and Safety and Workers' Compensation to conduct an examination of the public self-insured program, and to publish a preliminary and final report on its Internet Web site, as specified.

Existing law requires that the cost of administration of the

public self-insured program be a General Fund item.

This bill would instead require that the cost be borne by the Workers' Compensation Administration Revolving Fund.

Existing law establishes the Self-Insurers' Security Fund for purposes related to the payment of the workers' compensation obligations of self-insurers.

This bill would revise the composition of the board of trustees of the Self-Insurers' Security Fund, would revise duties of the Self-Insurers' Security Fund, and would make related changes.

—(5)—

(6) Existing law establishes certain procedures that govern the determination of an employee's eligibility for permanent disability indemnity commencing with the final payment of the employee's temporary disability indemnity.

This bill would revise and recast these provisions.

—(6)—

(7) Existing law establishes procedures for the resolution of disputes regarding the compensability of an injury. Existing law prescribes certain requirements relating to recommendations regarding spinal surgery.

This bill would delete the provisions relating to spinal surgery.

Existing law prescribes a specified procedure that governs dispute resolution relating to injuries occurring on or after January 1, 2005, when the employee is represented by an attorney. This procedure includes various requirements relating to the selection of agreed medical evaluators.

This bill would revise and recast these provisions.

—(7)—

(8) Existing law provides certain methods for determining workers' compensation benefits payable to a worker or his or her dependents for purposes of temporary disability, permanent total disability, permanent partial disability, and in case of death.

This bill would revise the method for determining benefits for purposes of permanent partial disability for injuries occurring on or after January 1, 2013, and on or after January 1, 2014.

This bill would provide, prior to an award of permanent disability indemnity, that no permanent disability indemnity payment be required if the employer has offered the employee a position that pays at least 85% of the wages and compensation paid to the employee at the time of injury, or if the employee is employed in a position that pays at least 100% of the wages and compensation paid to the employee at the time of injury, as specified.

This bill would revise the method for determining benefits for purposes of permanent disability for injuries occurring on or after January 1, 2013.

This bill would revise the amount of the award for burial expenses.

Existing law, for injuries that cause permanent partial disability and occur on or after January 1, 2004, provides supplemental job displacement benefits in the form of a nontransferable voucher for education-related retraining or skill enhancement for an injured employee who does not return to work for the employer within 60 days of the termination of temporary disability, in accordance with a prescribed schedule based on the percentage of an injured employee's disability. Existing law provides an exception for employers who meet specified criteria.

This bill would provide that the above provisions shall apply to injuries occurring on or after January 1, 2004, and before January 1, 2013.

This bill would provide, for injuries that cause permanent partial disability and occur on or after January 1, 2013, for a supplemental job displacement benefit in the form of a voucher for up to \$6,000 to cover various ~~reeducation~~ education-related retraining and skill enhancement expenses, as specified, which would expire 2 years after the date the voucher is furnished to the employee or 5 years after the date of injury, whichever is later. The bill would exempt employers who make an offer of employment, as specified, from providing vouchers.

Existing law requires that, in determining the percentages of permanent disability, account be taken of the nature of the injury, the occupation of the injured employee, and his or her age at the time of the injury, and requires that specified factors be considered in determining an employee's diminished earning capacity for these purposes.

This bill would provide that the above provisions shall apply to injuries occurring before January 1, 2013. This bill would, for injuries occurring on or after January 1, 2013, revise the factors to be considered in determining impairment and disability ratings for these purposes.

—(8)—

(9) Existing law requires an employer to provide all medical services reasonably required to cure or relieve the injured worker from the effects of the injury.

This bill would limit the provision of home health care services as medical treatment to specified circumstances.

—(9)—

(10) Existing law generally provides for the reimbursement of medical providers for services rendered in connection with the treatment of a worker's injury.

This bill would revise and recast these provisions, and would establish certain procedures to govern billing procedures and disputes.

—(10)—

(11) Existing law requires every employer to establish a medical treatment utilization review process, in compliance with specified requirements, either directly or through its insurer or an entity with which the employer or insurer contracts for these services.

This bill would require the administrative director to contract with one or more independent medical review organizations and one or more independent bill review organizations to conduct reviews in accordance with specified criteria. The bill would require that the independent review organizations retained to conduct reviews meet specified criteria and comply with specified requirements. The bill would require that final determinations made pursuant to the independent bill review and independent medical review processes be presumed to be correct and be set aside only as specified.

The independent medical review process established by the bill would be used to resolve disputes over a utilization review decision for injuries occurring on or after January 1, 2013, and for any decision that is communicated to the requesting physician on or after July 1, 2013, regardless of the date of injury. The bill would require an independent medical review organization to conduct the review in accordance with specified provisions, and would limit this review to an examination of the medical necessity of the disputed medical treatment. The bill would prohibit an employer from engaging in any conduct that delays the medical review process, and would authorize the administrative director to levy certain administrative penalties in connection with this prohibition, to be deposited in the Workers' Compensation Administration Revolving Fund. The bill would require that the costs of independent medical review and the administration of the independent medical review system be borne by employers through a fee system established by the administrative director.

—(11)—

(12) Existing law authorizes an insurer or employer to establish or modify a medical provider network for the provision of medical treatment to injured employees.

This bill, commencing January 1, 2014, would require that a treating physician be included in the network only if the physician or authorized employee of the physician gives a separate written acknowledgment that the physician is a member of the network, and would require every medical provider network to include one or more persons employed as medical access assistants to help an injured employee find an available physician and assist employees in scheduling appointments.

Existing law requires an employer or insurer to submit a plan for the medical provider network to the administrative director for approval.

This bill, commencing January 1, 2014, would require that existing approved plans be deemed approved for a period of 4 years from the most recent application or modification approval date. The bill would authorize any person contending that a medical provider network is not validly constituted to petition the administrative director to suspend or revoke the approval of the medical provider network. The bill would authorize the administrative director to adopt regulations establishing a schedule of administrative penalties, not to exceed \$5,000 per violation, or probation, or both, in lieu of revocation or suspension.

—(12)—

(13) Existing law requires an employer to pay medical-legal expenses for which the employer is liable in accordance with specified provisions.

This bill would establish a secondary review process to govern billing disputes relating to medical-legal expenses.

—(13)—

(14) Existing ~~workers' compensation~~ law authorizes the ~~appeals board~~ *Workers' Compensation Appeals Board* to determine and allow specified expenses as liens against any sum to be paid as compensation.

This bill would revise procedures relating to liens, including requiring that any payment of a lien for the reasonable expenses incurred by an injured employee be made only to the person who was entitled to payment for the expenses at the time the expenses were incurred, and not to an assignee, except as specified. The bill would require that certain documentation relating to a lien filing include certain declarations made under penalty of perjury. By expanding the crime of perjury, this bill would impose a state-mandated local program. This bill would require that all liens filed on or after January 1, 2013, for certain expenses, be subject to a filing fee, and that all liens and costs that were filed as liens, filed before January 1, 2013, for certain expenses, be subject to an activation fee, except as specified. The bill would dismiss by operation of law on January 1, 2014, all liens and costs filed as liens for which the filing fee or activation fee is not paid. This bill would require that all fees collected pursuant to these provisions be deposited in the Workers' Compensation Administration Revolving Fund. This bill would provide for the reimbursement of a lien filing fee or lien activation fee under specified circumstances.

This bill would make related changes with respect to liens.

—(14)—

(15) Existing law requires the administrative director, after public hearings, to adopt and revise periodically an official medical fee schedule that establishes reasonable maximum fees paid for medical services, other than physician services, and other prescribed goods and services in accordance with specified requirements.

This bill would require the administrative director, after public hearings, to adopt and review periodically an official medical fee schedule based on the resource-based relative value scale for physician services and nonphysician practitioner services, as defined by the administrative director, in accordance with specified requirements. The bill would require, commencing January 1, 2014, and until the time the administrative director has adopted an official medical fee schedule in accordance with the resource-based relative value scale, that the maximum reasonable fees for physician services and nonphysician practitioner services be in accordance with the fee-related structure and rules of the Medicare payment system for physician services, and that the fees include specified conversion factors.

This bill would require the administrative director, on or before July 1, 2013, to adopt, after public hearings, a schedule for payment of home health care services that are not otherwise covered, as specified.

This bill would require the administrative director, on or before December 31, 2013, in consultation with the Commission on Health and Safety and Workers' Compensation, to adopt, after public hearings, a schedule of reasonable maximum fees payable for copy and related services.

~~(15)~~

(16) Existing law authorizes the appeals board to receive as evidence and use as proof of any fact in dispute various reports and publications.

This bill would add reports of vocational experts, as specified.

~~(16)~~

(17) Existing law provides for the reimbursement of specified expenses for a deponent in connection with a deposition requested by the employer or insurer.

This bill would require the employer to ~~arrange, provide,~~ and pay for the services of a language interpreter if interpretation services are required because the injured employee or deponent does not proficiently speak or understand the English language.

~~(17)~~

(18) Existing law requires the State Personnel Board to establish, maintain, administer, and publish annually an updated list of certified administrative hearing interpreters and medical examination interpreters it has determined meet certain minimum standards.

This bill would also authorize the administrative director or an independent organization designated by the administrative director to establish, maintain, administer, and publish annually an updated list of certified administrative hearing interpreters who, based on testing by an independent organization designated by the administrative director, have been determined to meet certain minimum standards, for purposes of ~~administrative hearings and medical examinations conducted in connection with workers' compensation and appeals to the Worker's Compensation Appeals Board~~ certain workers' compensation proceedings and medical examinations. This bill would require a reasonable fee to be collected from each interpreter seeking certification, to cover the reasonable regulatory costs of administering the program.

~~(18)~~

(19) This bill would delete certain reporting requirements, delete obsolete provisions, and make conforming and clarifying changes.

(20) This bill would incorporate additional changes in Section 4903.1 of the Labor Code proposed by SB 1105 that would become operative only if SB 1105 and this bill are both chaptered and become effective on or before January 1, 2013, and this bill is chaptered last.

(21) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: ~~no~~ yes

. Fiscal committee: yes. State-mandated local program: yes.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) That ~~Article 14 of Section 4~~ Section 4 of Article XIV of the California Constitution ~~requires~~ authorizes the creation of a workers' compensation system that includes adequate provision for the comfort, health and safety, and general welfare of workers and their dependents to relieve them of the consequences of any work-related injury or death, irrespective of the fault of any party and requires the administration of the workers' compensation system to accomplish substantial justice in all cases expeditiously, inexpensively, and without encumbrance of any character, all of which matters are expressly declared to be the social public policy of this state.

(b) That the current system of determining permanent disability has become excessively litigious, time consuming, procedurally burdensome and unpredictable, and that the provisions of this act will produce the necessary uniformity, consistency, and objectivity

more than three hundred forty-five dollars (\$345).

(B) When the final adjusted permanent disability rating is 55 percent or greater but less than 70 percent, not less than two hundred forty dollars (\$240) nor more than four hundred five dollars (\$405).

(C) When the final adjusted permanent disability rating is 70 percent or greater but less than 100 percent, not less than two hundred forty dollars (\$240) nor more than four hundred thirty-five dollars (\$435).

(9) For injuries occurring on or after January 1, 2014, not less than two hundred forty dollars (\$240) nor more than four hundred thirty-five dollars (\$435).

(c) Between the limits specified in subdivisions (a) and (b), the average weekly earnings, except as provided in Sections 4456 to 4459, shall be arrived at as follows:

(1) Where the employment is for 30 or more hours a week and for five or more working days a week, the average weekly earnings shall be the number of working days a week times the daily earnings at the time of the injury.

(2) Where the employee is working for two or more employers at or about the time of the injury, the average weekly earnings shall be taken as the aggregate of these earnings from all employments computed in terms of one week; but the earnings from employments other than the employment in which the injury occurred shall not be taken at a higher rate than the hourly rate paid at the time of the injury.

(3) If the earnings are at an irregular rate, such as piecework, or on a commission basis, or are specified to be by week, month, or other period, then the average weekly earnings mentioned in subdivision (a) shall be taken as the actual weekly earnings averaged for this period of time, not exceeding one year, as may conveniently be taken to determine an average weekly rate of pay.

(4) Where the employment is for less than 30 hours per week, or where for any reason the foregoing methods of arriving at the average weekly earnings cannot reasonably and fairly be applied, the average weekly earnings shall be taken at 100 percent of the sum which reasonably represents the average weekly earning capacity of the injured employee at the time of his or her injury, due consideration being given to his or her actual earnings from all sources and employments.

(d) Every computation made pursuant to this section beginning January 1, 1990, shall be made only with reference to temporary disability or the permanent disability resulting from an original injury sustained after January 1, 1990. However, all rights existing under this section on January 1, 1990, shall be continued in force. Except as provided in Section 4661.5, disability indemnity benefits shall be calculated according to the limits in this section in effect on the date of injury and shall remain in effect for the duration of any disability resulting from the injury.

SEC. 35. Section 4600 of the Labor Code is amended to read:

4600. (a) Medical, surgical, chiropractic, acupuncture, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches, and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. In the case of his or her neglect or refusal reasonably to do so, the employer is liable for the reasonable expense incurred by or on behalf of the employee in providing treatment.

(b) As used in this division and notwithstanding any other provision of law, medical treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury means treatment that is based upon the guidelines adopted by the administrative director pursuant to Section 5307.27.

(c) Unless the employer or the employer's insurer has established or contracted with a medical provider network as provided for in Section 4616, after 30 days from the date the injury is reported, the employee may be treated by a physician of his or her own choice or at a facility of his or her own choice within a reasonable geographic area. A chiropractor shall not be a treating physician after the employee has received the maximum number of chiropractic visits allowed by subdivision (d) of Section 4604.5.

(d) (1) If an employee has notified his or her employer in writing prior to the date of injury that he or she has a personal physician, the employee shall have the right to be treated by that physician from the date of injury if the employee has health care coverage for nonoccupational injuries or illnesses on the date of injury in a plan, policy, or fund as described in subdivisions (b), (c), and (d) of Section 4616.7.

(2) For purposes of paragraph (1), a personal physician shall meet all of the following conditions:

(A) Be the employee's regular physician and surgeon, licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

(B) Be the employee's primary care physician and has previously directed the medical treatment of the employee, and who retains the employee's medical records, including his or her medical history. "Personal physician" includes a medical group, if the medical group is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries.

(C) The physician agrees to be predesignated.

(3) If the employee has health care coverage for nonoccupational injuries or illnesses on the date of injury in a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340)

of Division 2 of the Health and Safety Code, and the employer is notified pursuant to paragraph (1), all medical treatment, utilization review of medical treatment, access to medical treatment, and other medical treatment issues shall be governed by Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code. Disputes regarding the provision of medical treatment shall be resolved pursuant to Article 5.55 (commencing with Section 1374.30) of Chapter 2.2 of Division 2 of the Health and Safety Code.

(4) If the employee has health care coverage for nonoccupational injuries or illnesses on the date of injury in a group health insurance policy as described in Section 4616.7, all medical treatment, utilization review of medical treatment, access to medical treatment, and other medical treatment issues shall be governed by the applicable provisions of the Insurance Code.

(5) The insurer may require prior authorization of any nonemergency treatment or diagnostic service and may conduct reasonably necessary utilization review pursuant to Section 4610.

(6) An employee shall be entitled to all medically appropriate referrals by the personal physician to other physicians or medical providers within the nonoccupational health care plan. An employee shall be entitled to treatment by physicians or other medical providers outside of the nonoccupational health care plan pursuant to standards established in Article 5 (commencing with Section 1367) of Chapter 2.2 of Division 2 of the Health and Safety Code.

(e) (1) When at the request of the employer, the employer's insurer, the administrative director, the appeals board, or a workers' compensation administrative law judge, the employee submits to examination by a physician, he or she shall be entitled to receive, in addition to all other benefits herein provided, all reasonable expenses of transportation, meals, and lodging incident to reporting for the examination, together with one day of temporary disability indemnity for each day of wages lost in submitting to the examination.

(2) Regardless of the date of injury, "reasonable expenses of transportation" includes mileage fees from the employee's home to the place of the examination and back

at the rate of twenty-one cents (\$.21) a mile or the mileage rate adopted by the Director of Human Resources pursuant to Section 19820 of the Government Code, whichever is higher, plus any bridge tolls. The mileage and tolls shall be paid to the employee at the time he or she is given notification of the time and place of the examination.

(f) When at the request of the employer, the employer's insurer, the administrative director, the appeals board, or a workers' compensation administrative law judge, an employee submits to examination by a physician and the employee does not proficiently speak or understand the English language, he or she shall be entitled to the services of a qualified interpreter in accordance with conditions and a fee schedule prescribed by the administrative director. These services shall be provided by the employer. For purposes of this section, "qualified interpreter" means a language interpreter certified, or deemed certified, pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code.

(g) If the injured employee cannot effectively communicate with his or her treating physician because he or she cannot proficiently speak or understand the English language, the injured employee is entitled to the services of a qualified interpreter during medical treatment appointments. To be a qualified interpreter for purposes of medical treatment appointments, an interpreter is not required to meet the requirements of subdivision (f), but shall meet any requirements established by rule by the administrative director that are substantially similar to the requirements set forth in Section 1367.04 of the Health and Safety Code. The administrative director shall adopt a fee schedule for qualified interpreter fees in accordance with this section. Upon request of the injured employee, the employer or insurance carrier shall pay for interpreter services. An employer shall not be required to pay for the services of an interpreter who is not certified or is provisionally certified by the person conducting the medical treatment or examination unless either the employer consents in advance to the selection of the individual who provides the interpreting service or the injured worker requires interpreting service in a language other than the languages designated pursuant to Section 11435.40 of the Government Code.

(h) Home health care services shall be provided as medical treatment only if reasonably required to cure or relieve the injured employee from the effects of his or her injury and prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, and subject to Section 5307.1 or 5703.8. The employer shall not be liable for home health care services that are provided more than 14 days prior to the date of the employer's receipt of the physician's prescription.

SEC. 36. Section 4603.2 of the Labor Code is amended to read:

4603.2. (a) (1) Upon selecting a physician pursuant to Section 4600, the employee or physician shall notify the employer of the name and address, including the name of the medical group, if applicable, of the physician. The physician shall submit a report to the employer within five working days from the date of the initial examination, as required by Section 6409, and shall submit periodic reports at intervals that may be prescribed by rules and regulations adopted by the administrative director.

(2) If the employer objects to the employee's selection of the physician on the grounds that the physician is not within the medical provider network used by the employer, and there is a final determination that the employee was entitled to select the physician

following matters, in addition to sworn testimony presented in open hearing:

(a) Reports of attending or examining physicians.

(1) Statements concerning any bill for services are admissible only if made under penalty of perjury that they are true and correct to the best knowledge of the physician.

(2) In addition, reports are admissible under this subdivision only if the physician has further stated in the body of the report that there has not been a violation of Section 139.3 and that the contents of the report are true and correct to the best knowledge of the physician. The statement shall be made under penalty of perjury.

(b) Reports of special investigators appointed by the appeals board or a workers' compensation judge to investigate and report upon any scientific or medical question.

(c) Reports of employers, containing copies of timesheets, book accounts, reports, and other records properly authenticated.

(d) Properly authenticated copies of hospital records of the case of the injured employee.

(e) All publications of the Division of Workers' Compensation.

(f) All official publications of the State of California and United States governments.

(g) Excerpts from expert testimony received by the appeals board upon similar issues of scientific fact in other cases and the prior decisions of the appeals board upon similar issues.

(h) Relevant portions of medical treatment protocols published by medical specialty societies. To be admissible, the party offering such a protocol or portion of a protocol shall concurrently enter into evidence information regarding how the protocol was developed, and to what extent the protocol is evidence-based, peer-reviewed, and nationally recognized. If a party offers into evidence a portion of a treatment protocol, any other party may offer into evidence additional portions of the protocol. The party offering a protocol, or portion thereof, into evidence shall either make a printed copy of the full protocol available for review and copying, or shall provide an Internet address at which the entire protocol may be accessed without charge.

(i) The medical treatment utilization schedule in effect pursuant to Section 5307.27 or the guidelines in effect pursuant to Section 4604.5.

(j) Reports of vocational experts. If vocational expert evidence is otherwise admissible, the evidence shall be produced in the form of written reports. Direct examination of a vocational witness shall not be received at trial except upon a showing of good cause. A continuance may be granted for rebuttal testimony if a report that was not served sufficiently in advance of the close of discovery to permit rebuttal is admitted into evidence.

(1) Statements concerning any bill for services are admissible only if they comply with the requirements applicable to statements concerning bills for services pursuant to subdivision (a).

(2) Reports are admissible under this subdivision only if the vocational expert has further stated in the body of the report that the contents of the report are true and correct to the best knowledge of the vocational expert. The statement shall be made in compliance with the requirements applicable to medical reports pursuant to subdivision (a).

SEC. 82. Section 5710 of the Labor Code is amended to read:

5710. (a) The appeals board, a workers' compensation judge, or any party to the action or proceeding, may, in any investigation or hearing before the appeals board, cause the deposition of witnesses residing within or without the state to be taken in the manner prescribed by law for like depositions in civil actions in the superior courts of this state under Title 4 (commencing with Section 2016.010) of Part 4 of the Code of Civil Procedure. To that end the attendance of witnesses and the production of records may be required. Depositions may be taken outside the state before any officer authorized to administer oaths. The appeals board or a workers' compensation judge in any proceeding before the appeals board may cause evidence to be taken in other jurisdictions before the agency authorized to hear workers' compensation matters in those other jurisdictions.

(b) If the employer or insurance carrier requests a deposition to be taken of an injured employee, or any person claiming benefits as a dependent of an injured employee, the deponent is entitled to receive in addition to all other benefits:

(1) All reasonable expenses of transportation, meals, and lodging incident to the deposition.

(2) Reimbursement for any loss of wages incurred during attendance at the deposition.

(3) One copy of the transcript of the deposition, without cost.

(4) A reasonable allowance for attorney's fees for the deponent, if represented by an attorney licensed by the State Bar of this state. The fee shall be discretionary with, and, if allowed, shall be set by, the appeals board, but shall be paid by the employer or his or her insurer.

(5) If interpretation services are required because the injured employee or deponent does not proficiently speak or understand the English language, upon a request from either, the employer shall pay for the services of a language interpreter certified or deemed certified pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code. The fee to be paid by the employer shall be in accordance with the fee schedule adopted by the administrative director and shall include any other deposition-related events as permitted by the administrative director.

SEC. 83. Section 5811 of the Labor Code is amended to read:

5811. (a) No fees shall be charged by the clerk of any court for

the performance of any official service required by this division, except for the docketing of awards as judgments and for certified copies of transcripts thereof. In all proceedings under this division before the appeals board, costs as between the parties may be allowed by the appeals board.

(b) (1) It shall be the responsibility of any party producing a witness requiring an interpreter to arrange for the presence of a qualified interpreter.

(2) A qualified interpreter is a language interpreter who is certified, or deemed certified, pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code. The duty of an interpreter is to accurately and impartially translate oral communications and transliterate written materials, and not to act as an agent or advocate. An interpreter shall not disclose to any person who is not an immediate participant in the communications the content of the conversations or documents that the interpreter has interpreted or transliterated unless the disclosure is compelled by court order. An attempt by any party or attorney to obtain disclosure is a bad faith tactic that is subject to Section 5813.

Interpreter fees that are reasonably, actually, and necessarily incurred shall be paid by the employer under this section, provided they are in accordance with the fee schedule adopted by the administrative director.

A qualified interpreter may render services during the following:

(A) A deposition.

(B) An appeals board hearing.

(C) A medical treatment appointment or medical-legal examination.

(D) During those settings which the administrative director determines are reasonably necessary to ascertain the validity or extent of injury to an employee who does not proficiently speak or understand the English language.

SEC. 84. This act shall apply to all pending matters, regardless of date of injury, unless otherwise specified in this act, but shall not be a basis to rescind, alter, amend, or reopen any final award of workers' compensation benefits.

SEC. 85. *Section 66.5 of this bill incorporates amendments to Section 4903.1 of the Labor Code proposed by both this bill and Senate Bill 1105. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2013, (2) each bill amends Section 4903.1 of the Labor Code, and (3) this bill is enacted after Senate Bill 1105, in which case Section 66 of this bill shall not become operative.*

~~SEC. 85.~~ SEC. 86. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Newsline No. 07-13

February 8, 2013

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### **DWC issues notices of public hearings for electronic document filing and lien filing fee rules**

The Division of Workers' Compensation (DWC) has issued notices of public hearings for the electronic document filing and lien filing fee rules. The proposed rulemakings are to permanently adopt the emergency regulations which became effective Jan. 1, 2013. A public hearing on the proposed regulations has been scheduled at 10 a.m., March 26 in the auditorium of the Elihu Harris Building, 1515 Clay Street, Oakland, CA, 94612. Members of the public may also submit written comment on the regulations until 5 p.m. that day.

Senate Bill (SB) 863 has created substantial changes to how liens are filed within the workers' compensation system. Specifically, any liens filed pursuant to Labor Code section 4903(b) or claims of costs must be filed electronically. Also, a fee of \$150 is now required prior to filing for most liens filed after Jan. 1, 2013, and a \$100 activation fee is required for most liens filed before then, but activated for a lien conference after Jan. 1, 2013. This activation fee is required to be paid at the time a lien claimant files a declaration of readiness or appears at a lien conference. This rulemaking implements these changes.

There are some proposed revisions to the emergency regulations. Specifically, the definitions of "cost," "lien conference," "mandatory settlement conference" and "party" have been amended for clarity. The definition of "section 4903(b) lien" is amended to delete reference to "interpreters' fees incurred in connection with medical treatment (Labor Code section 4600)" because those fees are subject to a petition for costs under Labor Code section 5811. The EAMS E-Form Filing Reference Guide has been revised to reflect that lien claimants will now be given uniform assigned names to use when filing electronically.

DWC will consider all public comments, and may modify the proposed regulations for consideration during an additional 15-day public comment period. The notices of rulemaking, text of the regulations, and the initial statements of reasons can be found at on the DWC [rulemaking page](#).

More information about the rulemaking process can be found at OAL's [website](#).

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**State: California****DWC Wants to Ditch Lien Filing Fee: Politics [05/05/06]**

California's much-maligned \$100 lien filing fee may disappear as soon as this summer under a proposal by the Division of Workers' Compensation.

DWC spokeswoman Susan Gard confirmed Thursday that her agency has asked to abolish the fee in its budget proposal to Gov. Arnold Schwarzenegger. The state Legislature created the fee in 2003 as part of the Senate Bill 228 reform measure to reduce frivolous medical lien filings.

"On its surface I guess it seemed like a good idea, but in practical application it never panned out," Gard said. "In your budget you have to look at whether the revenue being generated is worth the cost."

Gard said the DWC has not experienced any reduction in the number of liens filed since the fee was adopted, and the agency has been swamped with administrative costs because of it. She said one person in each of the Workers' Compensation Appeals Board district offices is tasked with collecting the lien filing fees. Often, she said, judges require insurers and self-insured employers to reimburse providers for the cost of the lien, creating an added expense instead of reducing costs.

The DWC said in its budget proposal that medical providers have a long history of submitting unnecessary liens when reimbursement for their services was never in doubt. But the DWC lien filing fee has nevertheless created an "inefficient process" that "severely impacts district office and headquarters clerical staff, taking time away from other duties."

The DWC said the filing fee also presents a challenge to small businesses, such as interpreters, document copy services and transportation companies that often charge fees of less than \$100 for their services.

"Thus the \$100 filing fee for these providers offers no incentive for these small businesses to participate and they may be less inclined to participate

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in the workers' compensation system, which can exacerbate existing delays in the system," the agency said in its budget proposal.

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49820

LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, \_\_\_\_.

General Subject: Lien filing fee waiver: interpreter services.

Existing workers' compensation law generally requires employers to secure the payment of workers' compensation, including medical treatment, for injuries incurred by their employees that arise out of, or in the course of, employment. Existing law exempts certain public entities from the payment of fees for the filing of a lien against a compensation award.

This bill would include providers of interpreter services within this exemption.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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An act to amend Section 4903.05 of the Labor Code,  
relating to workers' compensation.

August 7, 2013  
Veronica Jenks  
State of California Certified Interpreter

The current proposed changes will cause further injury to those individuals already suffering from work injuries, and who do not speak, nor write the english language proficiently.

My name is Veronica Jenks, and I am a certified interpreter providing professional services to the Hispanic community for over 20 years. I take great pride in what I do. Throughout the years I have interpreted in different settings, medical examinations, AME / QME evaluations, depositions, trials, hearings, etc., assisting in the process of discovery. All of these components are a vital part in the Workers Compensation process which it will be in jeopardy if the Proposed Rules come into effect.

I vehemently oppose the following changes:

- 1) Petition for Cost will only be applicable to WCAB Appearances and all other charges will be on a LIEN basis
- 2) Lien Filing Fee
- 3) Time extension for payments to Insurance Companies from 60 days to 90 days
- 4) The requirement that an Independent Bill Review must be utilized in order to resolve disputed charges.
- 5) Payment of \$350 to Independent Bill Review for the purpose of resolving disputed charges.

If these Proposed Rules are not ELIMINATED, applicants will not have the right to due process, for these rules will force Language Service Providers (LSP) out of business. The burden to pay these outrages fees is so great in relationship to the invoices that have been and will be disputed. For example, it makes NO SENSE to pay a \$150 filling fee in order to TRY to obtain payment for an interpreting service billed at \$120, especially when the LSP has already paid a Certified Interpreter to cover the Assignment. The threshold is TOO low and impossible for anyone in the Interpreting Industry to sustain. I personally have seen liens getting DISMISSED because the Filing Fee was not paid. Insurance Companies deny payment in BAD FAITH with the hope that Interpreting Companies and Interpreters will not pay the Filing Fee. I don't believe anyone who needs to earn a living can stay in business by adhering to the proposed rules. No Independant Contractor and certainly, no Language Service Provider can sustain the burden of continuing working by waiting 90 DAYS to receive payment for services rendered. Can you wait 90 days to receive payment for your professional work? Can anyone? I beg you think carefully and ponder regarding this issue.

We Certified Interpreters play a vital role in the Workers Compensation System. I believe that the California Code of Regulation Article 5.7, 9795.1, 9795.2, 9795.3 and 9795.4 includes all that is necessary for the continuation of a fair practice for Interpreting Services.

I pray you may reconsider the current proposal and give us the opportunity to continue providing excellent services without penalizing us.

August 7, 2013  
Adriana Gavegno-Camastra  
California Certified Court Interpreter  
Member, American Translators Associations

I have been serving the Workers' Compensation Community for the last 33 years, and I have seen a lot of changes. Nothing has been as ineffectual as the modifications to the proposed amendments to WCAB Rules with regards to Language Service Providers.

Why should we wait 90 days instead of 60 days to be paid for our much needed services ? In our present system, we are already paid quite late anyway. This would create a much bigger hardship on us.

Why should disputed charges be subject to an Independent Bill Review? Who would be better than our local judges to determine what is a fair market rate for our services ?

Why should be paid \$350.00 non-refundable fee for bill reviews on disputed charges ? Our fees are not as high. \$ 165.00 for half day for a WCAB court appearance.... Should we then be forced to bump up this charge to \$700.00 for a half day, so there's enough to spare to afford all these new imposed fees on us when there is a dispute ?

It would be a lot more practical and economical for interpreters and insurance companies to agree on a fee schedule as soon as possible.

August 8, 2013  
Liz West

I am writing to you in order to request you pass my statement to all California WCAB Members and to Governor Jerry Brown

I provide interpretation services to those who need it most – individuals who have moved to the United States in search of a better life for themselves and their families and who have been injured on the job, in their pursuit to provide for their loved ones. These individuals face linguistic limitations that, without the assistance of qualified interpreters, would preclude them from receiving assistance that the law has specifically earmarked for them via the workers' compensation system.

With due respect to our lawmakers, the new proposed changes to the Workers Compensation Appeals Board (WCAB) rules of practice and procedure appear to be an indirect effort to restrict the access of minority groups to a necessary government benefit, while pandering to the deep pockets of the insurance industry. I struggle to see any other justification for these proposed changes.

I too moved to the United States later in life. I chose California as my home because I have always viewed it as a haven for those with the courage to leave their lives abroad in an effort to create a better one for their families. And I chose to be an interpreter in order to accomplish that goal and to give back to my community. These most recent efforts to negatively impact the lives of so many people - including interpreters that devote their profession to assisting injured, minority workers - have caused me to question whether this wonderful state still holds the values that led me here over 30 years ago.

August 8, 2013  
Teresa Wilson-Summerville

My name is Teresa Wilson-Summerville and I am a State certified interpreter. I write to voice my opposition to the proposed changes to the Rules and Regulations.

As proposed, they will force interpreters to pay the equivalent of their initial fees in order to file a lien with the WCAB. Interpreters already have to file a lien for nearly every service we provide because insurance companies systematically deny payment of almost every bill whether the claim is admitted or not.

To add insult to injury, if the carrier disputes our fee, interpreters will have to pay \$350.00 to an independent Bill Review who will decide if our fee is justified or not; This means we will have to pay \$500.00 in order to litigate our \$150.00 to \$330.00 bill, thus discouraging us from providing services any longer.

This is, without a doubt, a violation of our Due Process. This constant attack on our profession and livelihood is UN-AMERICAN.

I urge you to bring all parties to a discussion where we can find solutions that will not eliminate our valuable profession.

August 8, 2013  
Nancy Roberts  
Attorney at Law  
The 4600 Group

We attach our comments to the modifications of the proposed amendments to the Rules of Practice and Procedure.

Thank you for your consideration.



August 8, 2013

Neil P. Sullivan  
Assistant Secretary and Deputy Commissioner  
Workers' Compensation Appeals Board  
455 Golden Gate Avenue, Ninth Floor  
San Francisco, CA 94102

Re: Comments to Modifications of Proposed Rules

Dear Commissioner Sullivan:

We represent the interests of non-industrial health plans described in Labor Code Sections 4903.05(c)(7) and 4903.06(b) that are required to pay for medical treatment when an employer or its carrier refuses to pay for treatment. We have concerns about the following amendments to the Code of Regulations.

**I. Section 10770(d)(2)(C) Proof of Ownership of Lien Debt**

We have participated in many of the legislative and CHSWC hearings concerning the "lien problem". We understand the need to eliminate confusion about the identity of the proper lien creditor in cases where providers sell their debts to factors. This regulation will, however, create confusion for health plan lien claimants who "own the debt" because they have paid providers' bills, but are not the "original service provider". If the proposed regulation stands, employers and carriers will refuse to pay or negotiate viable health plan liens on the basis that the health plan can't prove that it "owns the debt". Our health plan clients can and do provide copies of the bills they pay and an itemization of the amounts paid generated from their ordinary business records. If there is any doubt about the payment, the employer or its carrier can certainly contact the provider and confirm the payment by the health plan.

We propose an exemption for health plans from the "proof of ownership" requirement. This could be accomplished by the following addition:

10770(d)(2)(C) proof of ownership of debt if the lien claimant is not the original service provider or an entity described in Labor Code sections 4903.05(c)(7) and 4903.06(b).



## II. Section 10770(g) The Definition of Lien “Resolved”

Lien disputes--just like disputes in most areas of commerce-- resolve more often than not at the 11<sup>th</sup> hour. Lien claimants would relish more expedient resolution, but alas, they are usually not in control of the timing of settlements and receipt of payment. Under the proposed regulation, a lien is not resolved until payment is received, and a lien hearing cannot be taken off calendar until the lien is resolved, i.e. payment has been received. The effect of this amendment will be more lien hearings even though the parties have settled their differences, and the lien claimant is merely awaiting payment. In our experience, if a settlement agreement is in writing, we will receive payment and we do not have to involve the WCAB further. It is a waste of WCAB and parties' resources (not to mention environmental irresponsibility) to require attendance at hearings where there is no issue in dispute and the lien claimant is merely awaiting payment.

To address the concerns raised above, we propose that proposed regulation Section 10770.1(a)(4) be amended as follows:

(4) Once a DOR for a lien conference has been filed, it cannot be withdrawn. If the lien of a lien claimant that has filed a DOR has been resolved, that lien claimant shall request that its lien be withdrawn in accordance with section 10700(g). Prior to a scheduled lien conference or lien trial, a lien claimant may be excused from appearing if it has a signed Order from the WCJ resolving the lien issue or if it has a signed settlement agreement, which if presented to the WCJ, may be reduced to an Order. The WCAB shall retain jurisdiction until such time as lien claimant advises the WCAB that its lien is resolved or withdrawn. However, if for any reason the settlement agreement relied upon in seeking the excusal from the appearance does not result in a complete lien resolution or lien withdrawal and further action is required of the WCAB, one or more of the parties to the agreement may be subject to sanctions and/or lien dismissal pursuant to Rules 10561 and 10241.

## III. 10770.1(2) Lien Conferences May Be Set at Any District Office

We appreciate that the WCAB district offices need flexibility in setting calendar time for lien conferences. We have no objection to setting lien conferences at an alternative district office. We do, however, have due process concerns if the regulation is to be applied to lien trials because it falls under the heading of “Lien Conferences and Lien Trials”. We often subpoena witnesses, including the applicant, to lien trials. If a trial were set at a district office that is outside the subpoena mileage radius, we would be deprived of our right to present evidence

to meet our burden of proof. It might be helpful to clarify the regulation as follows:

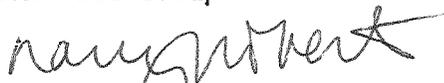
Based upon resources available and such other considerations as the Workers' Compensation Appeals Board in its discretion may deem appropriate, a lien conference, but not a lien trial absent consent by the parties, may be set at any district office without the necessity of an order changing venue.

Thank you for your consideration.

Very truly yours,



David Robin  
Attorney at Law  
The 4600 Group



Nancy Roberts  
Attorney at Law  
The 4600 Group

August 8, 2013  
Carl Brakensiek

Attached are the comments of my clients regarding the WCAB's Proposed Revisions to its Rules of Practice and Procedure. Hard copy to follow in the U.S. mail.

August 8, 2013

Hon. Neil P. Sullivan, Assistant Secretary and Deputy Commissioner  
Workers' Compensation Appeals Board  
P.O. Box 429459  
San Francisco, California 94142-9459

Via Email: [wcabrules@dir.ca.gov](mailto:wcabrules@dir.ca.gov)

RE: Comments on Proposed Revisions to Rules of Practice and Procedure

TO: The Workers' Compensation Appeals Board

On behalf of our clients – the California Workers' Compensation Services Association, the California Society of Industrial Medicine and Surgery, the California Society of Physical Medicine and Rehabilitation, the California Neurology Society, and VQ OrthoCare – we offer our comments on the proposed changes to your Rules of Practice and Procedure that were the subject of a public hearing on April 16, 2013.

To begin, we congratulate you for your efforts to bring clarity and efficiency to the dispute resolution process. Senate Bill 863 added complexities and ambiguities to the workers' compensation process in California and you have done an outstanding job of attempting to implement that legislation. With this in mind, we offer the following comments for your consideration during the extended 15-day comment period:

**§10301(dd) Definition of Party.** The definition of "party" leaves out an important case participant: a medical-legal provider that has NOT filed a lien but is subject to a non-IBR medical-legal dispute under §10451.1(c). If this group of provider is not included in the definition of "party," they may be unable to file an Answer to defendant's petition under proposed §10451.1(c)(2), or appear at a subsequent hearing (as defined in proposed §10451(c)(2)). This omission also makes it unclear if the provider has standing to file the petition as defined in §10451(c)(3).

**§10451.1. Determination of Medical-Legal Expense Disputes.** Subdivision (c)(1) of §10451.1 includes an open-ended list of seven examples of common non-IBR disputes. For clarity, we recommend the addition of an eighth example, which is becoming more common, as follows:

(H) an assertion by a party or lien claimant that a decision by the Administrative Director that a dispute is not subject to independent bill review is erroneous.

**§10451.1(h)(1) Bad Faith Actions.** The description of "bad faith actions" by a defendant in subsections (A) through (C) should also include:

(D) making frivolous objections that fail to provide the detail needed to resolve the dispute, and,

(E) making objections that would not reasonably apply to the service or provider attempting to collect the fee.

Some claims administrators automatically serve a boilerplate objection letter on a provider simply to comply with Labor Code Section 4622 and push the payment out to the close of the case-in-chief.

Hon. Neil P. Sullivan, Assistant Secretary and Deputy Commissioner  
Workers' Compensation Appeals Board  
Comments on Proposed Revisions to Rules of Practice and Procedure  
August 8, 2013  
Page 2 of 2

This is an unreasonable delay tactic that increases unnecessary usage of the WCAB District Office resources, and is contrary to existing law. §10451.1 should encourage only valid, reasonable objections that are clearly warranted by the facts surrounding the services at hand, and should encourage the defendant to list clearly what is needed to resolve the issue expeditiously, and without needlessly using District Office resources.

**§10451.2. Determination of Medical Treatment Disputes.** Similar to the situation noted above with regard to §10451.1, Subdivision (c)(1) of §10451.2 includes an open-ended list of seven examples of common non-IMR/IBR disputes. For clarity, we recommend the addition of an eighth example, which is becoming more common, as follows:

(H) an assertion by a party or lien claimant that a decision by the Administrative Director that a dispute is not subject to independent medical review or independent bill review is erroneous.

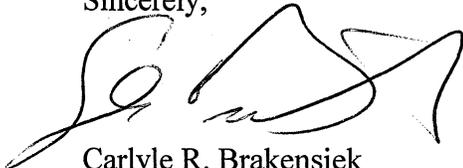
**§10451.4(f) Penalties and Interest on Petitions to Enforce Medical-Legal IBR Determinations.** The petition to enforce an IBR determination should also permit the inclusion of penalties and interest according to Labor Code Section 4622, in addition to Labor Code Section 4603.2. The current Rule text adds the penalty and interest available to unpaid treatment costs, but needs also to address penalties and interest for unpaid medical-legal costs. We recommend that the first sentence of subdivision (f) of §10451.4 be revised, as follows:

(f) The petition to enforce may include a request for penalties and interest in accordance with Labor Code Sections 4603.2(b) and 4622.

**§10770.1(a)(2) Lien Conference Venue.** Although technically outside the scope of the 15-day comment period limits, we would like to renew our concerns about this new regulation that would permit the Board to schedule lien conferences at any office. This open-ended regulation could create severe burdens not only on lien claimants but also on defendants. We urge you to place reasonable limitations on such changes of venue such as the 75-mile range in the Code of Civil Procedure for a deposition witness. The recent transfer of some lien trials from the Los Angeles Basin to Oxnard has already caused some liens to be abandoned because of the time and transportation costs of traveling to Oxnard. We urge the Board to place some rational limits on determining the venue for lien conferences.

Thank you for this opportunity to comment on your proposed regulations. We remain available to answer any questions you may have with regard to these comments.

Sincerely,



Carlyle R. Brakensiek  
Legislative Advocate

CRB:moi

August 8, 2013  
Isis Bolanos  
Santana, Lopez & Associates

I am an administrator at a mid-sized language service provider in Oxnard. We have been in business over 25 years and I am in charge of handling all scheduling, billing and collections for my company. SB863 has threatened our livelihood since its inception. I saw a glimmer of hope when it was proposed to allow interpreters the alternate process of filing a 5811 petition for services rather than being forced to pay the \$150.00 lien filing fee. It would seem reasonable that if you interpreted at a deposition or any depo related events or at the WCAB you would be paid, but the reality is we get paid only about half. Even when we provide services on behalf of the defense attorney, we only get paid approximately 65%. Then we call and fax and resend via mail. I began sending Notice on Intent to file a 5811 petition and I got paid on approximately 30% of my charges, just from NOI. The claims that were not objected to and walked through, about 75% were paid. I was happy with that result even though it was at a significantly increased administrative cost to my company. It would be great if we could do this for medical treatment also, once any threshold issues were resolved. Now I am unable to file 5811 petitions for anything other than WCAB appearances. The regulations do not mention informal C&R signings and I am currently still filing petitions for those services. As the end of the year approaches, we will have to see how much money we have in the bank. We will have to cherry pick which liens to activate, and those we cannot afford to activate will be lost and we will cease to continue interpreting for the applicant. What will happen to applicants we stop interpreting for? If it is not being paid, certainly no other company will want to help this applicant. They will either do their best to communicate with the doctor in what little English they may know, bring a child or family member or the doctor's staff will assist from time to time. Either way, the applicant will be denied their right to a qualified interpreter. According to statistics, 80% of denied cases ultimately get accepted and the applicant would have been denied his right to an interpreter. I believe this undermines the intent of SB 863 in regards to requiring certification for competent interpreting.

The cost to be an interpreter increases and increases. The paperless system Eams, created a significant cost increase to us. Not only to train staff and purchase software to interface with Eams, there was increase paper and postage costs, as now the simple one page forms are about 6 or 7 pages. With SB 863, we have had to pay for many training sessions, train our staff, do a complete overhaul of all our internal processes and hire an additional office staff members to process the objection letters and send out request for second review. Not to mention the certification requirement. We live in a rural area where there are few certified interpreters. We now have to import certified interpreters from the surrounding areas and it has become very expensive. Meanwhile, the carriers insist that \$90.00 is the fee schedule for interpreters. This is a minimum fee set forth in 1997 and severely outdated. Additionally, the requirements proposed on lien claimants at the WCAB are disproportionately enforced over the defendants. This has forced us to seek legal representation at the WCAB when before I handled all Lien conferences in house. This is another increased cost. Once the fee schedule is released, we will determine whether or not it is still profitable to be in workers compensation interpreting. If it is no longer profitable, we will leave this area to peruse a more profitable area where our skills are valued and we are regarded as professionals. Interpreting was listed on Forbes to 10 fastest growing industries. I cannot imagine we are the only ones who have considered leaving the industry. A mass exodus of language service providers in California would cripple the industry.

The reality for my business and I am sure for many across California is this. Carriers mostly object to our charges based on some invalid objection. Mostly they say that we were not authorized, even though interpreters are not required to obtain pre-authorization. We send request for second review and they send another frivolous objection like, this bill was previously objected to. Then we are forced to file a lien. All of this, even if the medical treatment is authorized. If treatment is not authorized because the claim is denied, we also have to file a lien and wait until the case in chief is resolved. If the claim is authorized and they are making payments, they never pay all dates of service, they miss bills here and there and our balance accrues and we end up filing a lien. Pretty much, we file liens on all claims, even claims that are accepted and are being paid. When the case in chief is pending resolution, we either get a letter requesting our balance, or we get a call from the defense representative requesting our balance and demand. I always ask if the case in chief has resolved. Usually the person who calls is a defense secretary and has no idea if the case in chief has resolved and they do not have any settlement authority to resolve. Then on the good faith affidavit that accompany the settlement documents, the defendant lists negotiation on going. This is a dreadful misrepresentation of the facts. They sign under penalty of perjury that they made a good faith effort to resolve the liens. They have not even received any authority at this point from their client. How is this acting in good faith? It is my view that the defendants commit perjury on every good faith affidavit they sign. I invite you to review some of these documents and see how many liens they list as resolved on these forms. The judges do not enforce this and without enforcement, the complete disregard for good faith lien resolution will continue. Then once the case in chief is resolved, we send a letter with our outstanding balance and offer to resolve our lien. Many adjusters refuse to talk settlement until the lien conference despite the warning from the DWC to act in good faith.

Lastly, despite the certification requirement, the carrier is still allowed to send a non-certified interpreter if they choose. And they do. Not only are they non-certified, they are completely untrained and unqualified to be interpreters with no formal education and training. Many times, it is the driver who comes in and interprets for the patient. I have sent a certified interpreter many times to evaluations and the insurance carrier sends a non-certified interpreter. The certified interpreter is always asked to leave because it is the insurance carrier who pays the bill. These issues go unnoticed because there is no enforcement by applicant attorneys or the judges. Everyone just wants to get the case resolved. I believe this to undermine the intent of SB863. Allowing 5811 petition will insure quality as the petition must say that the person providing the services is appropriately certified.

It is my belief that not allowing 5811 petitions will have a negative impact on the process as a whole. In order to keep the cost of interpreting down, we must have an alternative to pay \$150.00 lien activation fee. I am happy to discuss any of my points in further detail.

Thank you for your consideration.

August 8, 2013  
Cheryl Pool  
Legal Assistant  
Law Offices of Leviton, Diaz & Ginocchio Inc.

Please allow this email as an objection to the modifications to the proposed amendments to WCAB rules in regards to interpreters and LSP issues. Interpreters perform an invaluable service to the injured workers who do not understand the English language. These interpreters are entitled to be compensated for their services without the burden of additional fees to try and collect that compensation. Please do not allow the modifications as stated to be amended to the WCAB rules.

August 8, 2013  
Gabriela Delgado  
Secretary for Keith B. Gilmetti  
Law Offices of Leviton, Diaz & Ginocchio Inc.

Please allow this email as an objection to the modifications to the proposed amendments to WCAB rules in regards to interpreter and LSP issues. As interpreters they are essential to the injured workers who in most circumstances speak a different language. I believe that they should get compensated for their services rendered without the burden of any additional fees in order for them to collect payments. Please do not allow the modifications as stated to be amended to the WCAB rules.

August 9, 2013  
Helen Ruiz  
Helen Ruiz Interpreting Service

This is written to protest the constitutionality of SB 863. Not only is this proposed bill rewarding the insurance companies for huge delays in paying a bill or lien correctly, but it also discriminates against interpreters and other providers since they are the only ones that must pay fees. I have never seen such a strong attempt to destroy legitimate small businesses!

Down with unfair and unconstitutional filing and review fees!

August 9, 2013  
Benito Aguirre

I **OPPOSE** THE PROPOSED MODIFICATIONS TO the California Code of Regulations, Title 8, Division 1 Chapter 4.5. Division Workers' Compensation Subchapter 1.9. Rules of the Court Administrator.

These proposed modifications are arbitrary and go against the small and medium LSP's (Language Service Providers) with the Lien filing fees and the proposed IBR. These modifications will be used by the insurance companies against the LSPs to bankrupt the small and medium LSPs and will hurt the Injured Worker in the long run, because they won't be able to receive the help of Certified or Qualified Interpreters as stated in the Labor Code for their due process of their work related injury claim.

The only thing that these proposed modifications that will do is put out of business the California LSPs that pay taxes and employ people in California and send all the work and capital to the Out of State LSPs in Florida and other states that don't pay taxes in California. This will create unemployment and hurt the economy in California.

August 9, 2013  
Ed Anjel

I'm writing this email to **OPPOSE** THE PROPOSED MODIFICATIONS TO the California Code of Regulations, Title 8, Division 1 Chapter 4.5. Division Workers' Compensation Subchapter 1.9. Rules of the Court Administrator.

First of all, not all Lien Claimants are the same; I work for a small family owned LSP (Language Service Provider) struggling to stay afloat in these tough economic times and constant regulation changes against the interpreting community. These PROPOSED changes will be the End for a lot of small businesses including ours who work in the Workers' Comp field of California, providing services for the injured worker either at the Boards, Doctors appointments and Depositions so that they can be treated and have due process for their work related injuries.

Additionally, if the California based LSPs that pay taxes and employ people in our state are run out of business, the work and capital will be given to OUT OF STATE LSPs that are contracted by the Insurance Companies that don't pay taxes or employ people in our state, causing more unemployment and the payment of unemployment benefits for our state.

We offer and provide interpreting services in all languages to both applicant and defense attorneys (Insurance Companies). The majority (95%) of the interpreting assignments that we provide are associated with legal proceedings such as depo. preps, depositions, deposition transcript reviews, AME/QME Evaluations, hearings at the WCAB and C&R readings. Even though these are considered costs and should be paid, we still do not get paid or receive objections for our services in a timely manner or neither of the two at all for that matter. However, we do have to pay the interpreters that we hire as Independent Contractors after each interpretation service.

I regularly have to go to Lien Conferences to settle our balance for **ONE** legal interpreting service that should have been paid months and even years ago, but for some reason the Insurance companies don't care or just don't feel like paying services that are considered costs. And now thanks to some GENIUS (SENATORS AND REPRESENTATIVES OF THE STATE OF CALIFORNIA) we have to pay a Lien activation Fee of \$100.00 or a Lien Filing Fee of \$150.00 for services that should have been paid on time in the first place.

This is how the proposed modifications will affect us: Our Market Rate is \$165.00 for a Half Day (3 ½ Hrs) interpretation in the Spanish language, and now let's subtract the \$150.00 that we have to pay to COLLECT the \$165.00. That only leaves us with \$15.00. Now let's subtract what we have to pay the interpreter and our overhead and believe me we are now deep in the RED by a long shot. DOES THIS SEEM LOGICAL or FAIR?????

I ask you, the committee and the Defense Attorneys proposing these changes if you would like to have to pay 91% of your monthly salary so you can collect 100% of it for the work and services you provided? Is this a fair idea or proposition?

I'll bet that all the Defense Attorneys would raise hell if they had to pay a fee to have their Attorneys Fees paid by the Insurance companies. So why should we?

And now let's talk about the proposed Independent Bill Review (IBR) fee of \$350.00. Are you kidding? You might not know this or maybe you do, but the Claims Adjusters don't care to read the invoices and just simply push a button on their keyboard to object. I could send you hundreds of objections from the adjusters stating that the Interpreting services that we provided was "Unauthorized Self-procured Medical Treatment" when in fact, we were billing an interpreting service at a Hearing (MSC) at the WCAB before a Judge. And now they are going to have the chance to keep getting away with their conniving and fraudulent strategies to NOT pay and make us have to pay the IBR fee of \$350.00 and the Lien activation fee of \$150.00 for a service that we bill at \$165.00. Again, I ask the DWC, Is this FAIR or LOGICAL???

Please **DO NOT** pass the proposed modifications, it'll be the end for a lot of small and medium LSPs and employment here in California.

August 9, 2013  
Rosario Palmer  
CEO  
Rosario's Interpreting, Inc.

I am Rosario Palmer. I am an Administrative Certified interpreter and owner of Rosario's Interpreting, Inc. My interpreting company has been in business since 1990. During all these years my agency has been involved in interpreting for Applicant Attorneys as well as Defense Attorneys, making it possible for thousands of Workers Compensation claims to be settled. This has benefited everyone involved in this system for 23 years.

I am completely opposed to the new modifications to the proposed amendments to the WCAB Rules. If they are approved, the entire interpreting industry is going to be affected. It will also have negative consequences for the injured worker, who will not have a fair, professional, and correct interpretation during the entire process of the claim.

An estimated 80% of my interpretations are legal and are billed individually ranging from \$165 to \$250.00 for depositions, deposition reviews, depo. p/reps, and the reading of a C&R. After paying the interpreter and my overhead, the profit is minimal. If additionally, I have to pay \$150 filing fee and the proposed Non-refundable IBR fee of \$350.00, it is obvious, that my interpreting agency, my employees and many independent interpreters will be out of business very soon.

It is appalling to see how the Insurance carriers are taking advantage of the interpreters by refusing to pay our fees timely, for services that are reasonable and necessary. This practice has caused an overwhelming filing of liens, which in turn, has created chaos in the WCAB System. The sad part is that many judges are blaming the interpreters without realizing that we are the victims instead. We do not have the financial resources to pay an Attorney or Hearing Rep. to litigate everyday in Court on our behalf.

I respectfully request that you take into account that we are professionals with decades of education and experience, who preserve and protect the injured worker's rights and claims.

August 9, 2013  
Radmilo Bozinovic  
Independent Interpreter

I oppose the proposed changes to WCAB Rules of Practice and Procedure.

As currently formulated, they would impose undue hardship on members of the interpreting profession and other language service providers (LSP), introduce unnecessary bureaucratic complication into the system, and would ultimately deny for a segment of the injured worker population the professional services needed to exercise their legitimate rights.

August 9, 2013  
Allen J. Thoma  
Attorney at Law  
Boehm & Associates

Boehm & Associates would like to submit the following statement regarding its objection and concern regarding the proposed provision requiring the attendance by Lien Claimants and defendants at Lien Conferences when the lien has been settled but not yet paid. We believe that such a requirement would prove to be an undue burden on judicial resources, as well as a disincentive for settlement of lien claims informally, outside of the WCAB.

Boehm & Associates has represented a variety of medical treatment lien claimants over the past 30 years, including but not limited to public entities (such as the VA and LA County) private hospitals, health plans, and union health and welfare trust funds. Many of the settlements which occur are the result of eleventh hour negotiations prior to the lien conference. In our experience, at least 95% or more of these settlements are paid timely (or reasonably timely) without the necessity of later intervention by the Board. At most, one to two percent of the DOR's filed by our office are for enforcement of agreement and these are usually paid prior to the lien conference set for enforcement.

We believe that little could be accomplished by requiring the lien claimant and defendant to attend the lien conference when the lien has been settled shortly before the hearing. In fact, if the lien claimant and defendant will be required to attend the hearing anyway, it is very likely that there will be a reduction in informal settlement outside the WCAB and an increase in the number of lien claims that must be heard and settled or set for trial at lien conferences.

In view of the above, we respectfully submit our objection to the provision.

August 9, 2013  
Martin Schneider

I am the Husband and partner of an interpreter who has been working to provide language assistance to injured workers for over 20 years. She has always done so with an extremely high standard of competence and ethical behavior. All of this time the parties responsible (Insurers) for compensating her have sought to employ every means possible, whether those means be ethical or not, to avoid meeting their responsibilities. Their behavior is an extremely cynical, and heavy handed approach designed specifically to feed their insatiable corporate greed. It is a well known fact that their game is one of stalling and denying all claims, be they legitimate or not, in order to enjoy the use of monies paid up front for coverage for as long as possible. The WCAB repeatedly fails to take them to task for this blatant abuse of the system which is the root cause of an over-loaded appeal process. The current "proposed changes" are simply another ploy to avoid, and delay payment to legitimate service providers.

The inevitable result of this increased burden on those providers will be a narrowing of choice for interpreting services, which will then be dominated by larger firms of dubious ethics, and standards. Those large firms are often located out of state where they don't contribute to California's economy. And more importantly they are frequently guilty of not providing language services, even though said services are necessary, through sheer ineptitude. Further, when actually providing service they seek to save money by using sub standard "interpreters" who are woefully under qualified. All of this can easily be documented should you care to examine the facts closely.

In the big picture I see this latest proposal of exorbitant fees for lien filing to be just another step in transforming the middle class into the working poor, and the working poor into the unemployed. The injured workers require assistance to properly consider treatment options in order to get back to work. The interpreters that I have known are hard working professionals who seek only to assist those who do not understand their situation. Both of these groups are the victims of those proposed policies, and indeed of the current level of abuse by insurers already being tolerated in the system.

I urge you to stop sanctioning the bad faith practices of amoral corporate entities, and properly perform your civic duty by acting in the interest of those who require you protection under the law.

Thank you for your attention in this matter.

August 9, 2013  
Selin Cacao  
Change.org

We have recently started this petition and gathered as many signatures as possible. I recently became aware of this horrible draconian proposal and object to these changes.

There is an online petition going on right now and the link is below. Everyone on this petition is also objecting to the changes and they have their reason listed, I urge your panel to read through them.

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review>

I have so many reasons to object to the changes but the main one is that this will hurt the injured worker more than help anyone. The insurance carriers think they will save money but in the long term it will hurt everyone including themselves for having to pay extra on incorrect diagnosis of treatment and on inadmissible legal cases. The state will lose on that tax revenue. It will reverberate in a negative way across all communities.

I hope everyone on the board votes NO on the proposed changes.

Thank you

August 9, 2013  
Lorena Ortiz Schneider  
State Certified Interpreter

Thank you for reading my comments.

Department of Industrial Relations, Department of Workers' Compensation, State of California

RE: WCAB Notice of Further Modifications to Text of Proposed to Rules of Practice and Procedure

Dear Gentlepersons,

I am an Administrative Hearing Certified Interpreter and a graduate from the Monterey Institute of International Studies in Translation & Interpretation. I own a medium sized interpreting agency on the Central Coast providing interpreter services to the Workers' Compensation system for over 20 years. Close, local relationships with attorneys, both defense and applicant, physicians and other medical providers, interpreters, non-profit organizations, schools, government agencies, as well as private entities, have all allowed my business to grow, not only in size, providing a decent livelihood for my family as well as for those whom I employ, but also in reputation. Ortiz Schneider Interpreting is known for its integrity, high ethical standards, for paying its vendors on time, respecting their rates and providing reliable, professional interpreting services.

Prior to 2006, servicing the WC system was a decent proposition. We assumed the risk for our clients on claims under investigation, some of which ended up being denied, providing interpreting services at such events as depositions, medical legal examinations and treatment appointments, all destined to determine the injured worker's condition and AOE/COE status. While I have never been of the opinion that interpreters ought to have their wagons hitched to those of the medical providers, attorneys, etc., we were willing to take the chance of not getting paid in those small number of cases of non-admitted claims, because the payment rate on all other legitimate claims and interpreting services, in essence, subsidized said good-will services. In the last several years, however, we have noticed that the carriers have undergone a dramatic shift in posture: one in which, instead of denying us payment for non-compensable services like the ones described above, we find them routinely and frivolously objecting to completely legitimate services. Their M.O. has become to flout the Labor Code, twist its intent, make up their own rules and outright place a noose around our necks with their specious objections.

Theoretically, carriers should be paying for interpreting services on accepted claims, but the sad reality is that they do not. Our only recourse over the past few years has been to file a lien and wait until the case closes in order to be heard before the WCAB on the issue of payment. This methodology has become unsustainable and many of my colleagues, myself included, have struggled to keep our doors open over the past few years. Perhaps one thing you may not be aware of is that most of us agency owners and independent interpreters, who bill carriers directly for services requested by medical

providers and attorneys (our clients), are working interpreters. We appear at the WCAB's, AME's, PQME's, medical treatment, diagnostic, lab, psychological evaluations and therapy appointments, etc. all day long. To have to devote the evenings and weekends to trying to get paid for legitimate services rendered is not only unjust but completely exhausting and unsustainable. Many of us have had to increase our expenses by hiring scheduling staff and billing staff, lien reps and attorneys to do the work that we were once able to do ourselves, alone and at lower rates to the carriers. In a sense, the carriers are to blame for increased rates and increase litigation of liens. This shouldn't be this way.

The latest round of proposed changes to the Rules is truly disheartening and alarming. We interpreters felt that we had finally been heard by the WCAB, that you realized that we were not to blame for the volume-of-liens-filed problem, that you recognized the important part we play in the WC system and the role we represent in upholding the State's obligation to provide equal access to all injured workers, regardless of language spoken. You granted us COST status, allowing us to petition the WCJ when our bills went unpaid. You wrote in black and white, for all to see, once and for all, what had until then been an excuse for carriers to deny our bills and obtain millions of dollars in free interpreting services: interpreting at MEDICAL TREATMENT APPOINTMENTS was a reimbursable expense. You legitimized our profession by not only requiring certification but actually identifying an examination entity so more professional could enter the field. You recognized that interpreting is a profession, worthy of a professional wage, requiring training, skills, education, talent and ability. So what happened?

I don't know what the inner workings of your process are, and I am sure they are very complicated. But what I do know is this: if you decide to throw away all of the thought and analysis that went into arriving at the above realizations, granting interpreters in the state of California a place of importance in the WC system, all of your hard work will have been for naught. Interpreters will have no incentive to remain in the WC arena. Our wages are low as it is and no one likes getting paid for only a portion of the job they've done or not at all. The interpreting industry in the USA is one of the fastest growing and with more and more training opportunities, federal funding for government programs, unfunded mandates requiring translation and interpreting in healthcare, social services, schools, etc., there will be an increase of professional interpreters. What you will find if your onerous lien structure is approved, is that the WC system will be left without professionals. The reimbursement process that is as cumbersome as the one you are proposing (lien fees, IBR and IMR fees, 90 day payment periods, litigation, etc.) will drive professional out of the field. This in turn, could lead to the more dangerous problem of unwelcomed, un-trained, under-educated "bilinguals", ignorant of the ethics and standards of practice in place to protect the confidentiality, impartiality and guarantee accuracy in every interpreted encounter. Trust me. The carriers WILL find

such unsuspecting victims, pay them \$12.50 per hour (already happening), subject them to working conditions they are ill prepared for, jeopardizing the very health and safety of the injured worker, leading to increased litigation when mistakes are made, etc. The list is endless. All of this violates Title VI of the Civil Rights Act of 1964. Do you really want to be blamed for this down the road?

A fair and objective approach is what is needed. Your efforts would be best served if you would encourage the carriers to comply with the law and desist in their hostile stance towards those who facilitate returning the injured worker to gainful employment. Removing interpreters from the burdensome, onerous lien status and all it entails will help the carriers do the right thing. Making us pay \$150 to collect \$90 is just ludicrous. Add to that the IMR fee of \$335, the delay of up to 9 months and you can see that what you are proposing isn't just unfair, but really insane.

I appeal to your sense of logic and fairness and respectfully request your support for my position and that of my esteemed colleagues.

Thanking you for your consideration,

Lorena Ortiz Schneider

State Certified Interpreter and small business owner

August 9, 2013  
Michael McClain  
General Counsel  
California Workers' Compensation Institute

On behalf of the members of the California Workers' Compensation Institute, please, find attached our comments on the latest proposed changes on the WCAB Rules of Practice and Procedure.

Thank you for your time and consideration of our comments.



## California Workers' Compensation Institute

1111 Broadway Suite 2350, Oakland, CA 94607 • Tel: (510) 251-9470 • Fax: (510) 251-9485

August 9, 2013

VIA E-MAIL to [WCABRules@dir.ca.gov](mailto:WCABRules@dir.ca.gov)

Neil P. Sullivan, Assistant Secretary & Deputy Commissioner  
Workers' Compensation Appeals Board  
P.O. Box 429459  
San Francisco CA 94142-9459

ATTN: Annette Gabrielli, Regulations Coordinator

### **RE: Comments on proposed Workers' Compensation Appeals Board Rules of Practice and Procedure**

Dear Mr. Sullivan:

These written comments on additional modifications to the WCAB Rules of Practice and Procedure are presented on behalf of the members of the California Workers' Compensation Institute (CWCI). Institute members include insurers writing 70% of California's workers' compensation premium, and self-insured employers with \$42B of annual payroll (24% of the state's total annual self-insured payroll).

Insurer members of the Institute include ACE, AIG, Alaska National Insurance Company, AmTrust North America, Chubb Group, CNA, CompWest Insurance Company, Crum & Forster, Employers, Everest National Insurance Company, Farmers Insurance Group, Fireman's Fund Insurance Company, The Hartford, Insurance Company of the West, Liberty Mutual Insurance, Pacific Compensation Insurance Company, Preferred Employers Insurance Company, Springfield Insurance Company, State Compensation Insurance Fund, State Farm Insurance Companies, Travelers, XL America, Zenith Insurance Company, and Zurich North America.

Self-insured employer members include Adventist Health, Agilent Technologies, City and County of San Francisco, City of Santa Ana, City of Torrance, Contra Costa County Schools Insurance Group, Costco Wholesale, County of San Bernardino Risk Management, County of Santa Clara Risk Management, Dignity Health, Foster Farms, Grimmway Enterprises Inc., Kaiser Foundation Health Plan, Inc., Marriott International, Inc., Pacific Gas & Electric Company, Safeway, Inc., Schools Insurance Authority, Sempra Energy, Shasta County Risk Management, Southern California Edison, Sutter Health, University of California, and The Walt Disney Company.

## **Introduction**

The Institute's members appreciate the efforts made by the WCAB to define the Board's role in determining liens and costs under the new statutory schemes for resolution pursuant to SB 863. The newly-revised regulations reflect the limits imposed by the statute for the resolution of disputes regarding treatment and medical billing issues, as well as the comprehensive statutory revisions to lien litigation. Most of the ambiguities regarding liens and petitions for cost have been clarified. Our comments are intended to provide additional clarity and to simplify the interplay between the new independent medical review (IMR), independent bill review (IBR), and the jurisdiction of the Board and the WCALJs.

In a number of areas, noted below, the Board is attempting to regulate, in detail, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge. These proposed regulations are redundant of other policies and procedures and simply state the discretion of the WCALJs with regard to trial procedures. Such reminders would be useful in training but add nothing to the regulatory system being created by the Board.

Some of the proposed regulations set up very technical procedures and imply that non-substantive, technical defects in the IMR or IBR process will defeat the authority of the independent reviewer and give the WCALJ or the WCAB jurisdiction to determine treatment issues or billing disputes. Purely technical deficits, like the failure to send the IMR application, using the wrong font on a notice, or other minor failures that have no substantive effect on the process will only encourage litigation before the Board on issues that the Legislature has relegated to independent review.

**RECOMMENDED CHANGES** are indicated by underscore and ~~strikeout~~.

## **Section 10301(h)(4) Definitions**

### **Recommendation**

(h) "Cost" means any claim for reimbursement of expense or payment of service that is not allowable as a lien against compensation under Labor Code section 4903. "Costs" include, but are not limited to: ...

(4) "any amount payable as a medical-legal expense under Labor Code section 4620 et seq." that is not subject to Independent Bill Review.

## **Discussion**

In line with the other clarifications included by the Board, adding the reference to independent bill review makes it clear that filing medical legal bills directly with the Board is not proper.

### **Section 10451.1(b)(1)(C) Determination of Medical Legal Expense Disputes Recommendation**

(b)(1)(C) services rendered by a certified interpreter, as defined in Labor Code section 4620(a), during a medical-legal examination; and ...

#### **Discussion**

This reference to section 4620(a) provides greater clarity and incorporates the regulations implementing the use of certified interpreters.

### **Sections 10451.1(b)(2) and 10451.3(b)(2)**

#### **Recommendation**

10451.1(b)(2) "medical-legal provider" shall mean any person or entity that seeks payment for or reimbursement of a medical-legal expense, ~~other than an employee, a dependent, or the attorney or non-attorney representative of an employee or dependent who directly paid for medical-legal goods or services.~~

~~10451.3(b)(2): A petition for costs filed by an employee, a dependent, a defendant, or their attorney or non-attorney representative may seek reimbursement for payment(s) previously made directly to a provider of medical-legal goods or services, subject to any applicable official fee schedule. A petition for costs shall not be filed by a medical-legal provider.~~

#### **Discussion**

These provisions, as drafted, allow a medical legal provider to circumvent the IBR process by demanding and securing payment in advance and putting the onus to obtain reimbursement on the parties. Section 4622 defines the payment process for medical legal bills and section 4622(c) establishes the procedures for determining the appropriate payment of a medical legal bill. Section 4622(b)(4) requires medical legal bills to be adjudicated through the IBR process. It is routine in some areas for applicant's attorneys to pay medical legal providers in advance and file petition for cost for reimburse. The Board's Rules of Practice and Procedure should not encourage this kind of work-around.

### **Section 10451.1(c)(1)(B) Determination of Medical-Legal Disputes**

#### **Recommendation**

~~(B) medical-legal goods or services provided prior to January 1, 2013;~~  
Renummer remaining sub-paragraphs.

#### **Discussion**

SB 863 was a carefully balanced measure that was calculated to raise benefits and offset those increases with an estimated \$1.3 billion in system cost reductions. The net cost reduction was \$520 million. (WCIRB analysis dated August 27, 2012 and October 12, 2012, available on the WCIRB website.) If an incorrect effective date is imposed by regulation, then some of the intended cost reductions will be lost and the balance created by SB 863 will be compromised.

The Board's rationale regarding the applicability of IBR to matters pending before January 1, 2013 impermissibly narrows the scope of Labor Code section 4603.6 and is therefore invalid. Section 4603.6 establishes a new system of bill review and specifically applies that system to medical legal bills in section 4622(b)(4). It is the Institute's contention that the administrative director misinterpreted the scope of IBR and that the Board's stated reasons are equally erroneous and make section 10451.1(c)(1)(B) void.

A rule or regulation that impairs the scope of the statute is invalid. Mendoza v WCAB (2010) en banc opinion 75 CCC 634; Costa v. Hardy Diagnostic (2006) 71 CCC 1797. In this instance, it is the express direction contained in section 4622(b)(4) that determines whether and when IBR applies to medical legal bills. As the Board notes, the Legislature directed that SB 863 "shall apply to all pending matters, regardless of injury, unless otherwise specified in this act ...". Section 139.5 refers to the creation of the procedures necessary to initiate IBR immediately; it does not establish the effective date of this new statutory program. The reference in section 139.5(a)(2) to injuries on or after 1/1/13 does not define the effective date because it would conflict with Labor Code section 4610(a)(2) that specifically refers to UR decisions "regardless of the date of injury". Section 84 establishes the effective date for IBR as applying to medical bills received on or after 1/1/13 regardless of the date of injury, as these are the that can comply with the new statutory review system. Therefore, if a medical legal bill is received by the claims administrator on or after 1/1/13 and a dispute is presented to a WCALJ for resolution, it should be referred to the independent bill reviewer immediately to be determined in accordance with Section 4603.6.

### **10451.1(c)(1)(E) and (F) Determination of Medical-Legal Disputes Recommendation**

Strike both sub-paragraphs.

### **Discussion**

Both sub-paragraphs state that the Board may resolve issues related to a waiver of rights. The Labor Code sections 4622, 4603.3, and 4603.6 contain the grounds necessary to establish a waiver, as well as the procedures and elements establishing a valid waiver.

The Board's effort to define waiver by a regulation is like an attempt to define "good cause". A waiver of rights is a factual and legal question, which defies definition but must be determined, case by case, by an adjudicator. The finding of a technical defect raises the question of whether the defect is sufficiently significant to justify a waiver of rights. The proposed regulations use the phrase "including but not limited to ..." and this effectively renders the following sub-paragraphs meaningless, mere examples of what the regulations might mean. The regulation is incomplete, cannot be comprehensive, and is, therefore unnecessary and should be deleted.

## **10451.1(g) and (h) Determination of Medical-Legal Disputes Recommendation**

Strike both subsections entirely and renumber the remaining sections.

### **Discussion**

See the discussion above relating to sections 10451.1(c)(1)(E) and (F). The discussion of waiver in these subsections adds nothing to Labor Code sections 4620 and 4621 and the regulations established to implement those statutes. The Board's revised regulations are an attempt to define waiver by regulation and, again, a waiver of rights is a factual and legal issue, which must be determined on a case by case basis.

The finding of a technical defect requires a determination as to whether the defect is sufficiently significant to justify a waiver of rights. The regulation is incomplete, cannot be made comprehensive, and is, therefore, unnecessary and should be deleted.

With regard to subsection (h), bad faith actions or tactics, Labor Code section 5813 is a self-executing statute and the implementing regulation (section 10561) provides adequate guidance for addressing these issues, making subsection (h) redundant and unnecessary.

## **10451.1(g)(2)(A) Determination of Medical-Legal Disputes Recommendation**

### **(2) Waiver by a Medical-Legal Provider**

(A) A medical-legal provider's bill will be deemed satisfied, and neither the employee nor the employer shall be liable for any further payment, if the Workers' Compensation Appeals Board determines that the defendant issued a timely and proper EOR and made payment consistent with that EOR within 60 days after receipt of the provider's written billing and report and, within 90 days after service of the EOR, the provider failed to make a proper request for a second review in the form prescribed by the Rules of the Administrative Director.

### **Discussion**

If the Board retains subsection (g), then the recommended clarification should be made, as this is a statutory requirement.

## **Section 10451.2(c) Scope of IMR/IBR**

### **Recommendation**

#### **(c) Medical Treatment Disputes Not Subject to Independent Medical Review and/or Independent Bill Review**

(1) Where applicable, independent medical review (IMR) applies solely to disputes over the necessity of medical treatment where a defendant has conducted a ~~timely and otherwise procedurally proper~~ utilization review (UR). Where applicable, independent bill review (IBR) applies solely to disputes directly related to the amount payable to a medical treatment provider under an official fee schedule in effect on the date the medical treatment was provided. All other medical treatment disputes are non-IMR/IBR disputes. Such non-IMR/IBR disputes shall include, but are not limited to: ...

(C) an assertion by an employee or a medical treatment provider that IMR is not required because UR was not undertaken ~~or not timely undertaken~~ ~~or was otherwise procedurally deficient~~; however, if the employee prevails in this assertion, the employee or provider still has the burden of showing entitlement to the recommended treatment;

## **Discussion**

In this section, the WCAB implies, inappropriately in our view, that the authority of the IMRO may be usurped by the Board based on technical defects or procedural deficiencies. To the extent that these regulations create or support the assertion of non-substantive technicalities to defeat the jurisdiction of IMR or IBR, the Board is inviting litigation that the Legislature intended to eliminate from the appeals board's purview.

The express legislative intent relevant to IMR is contained in section 1 of SB 863:

(11) The bill would require that final determinations made pursuant to the independent bill review and independent medical review processes be presumed to be correct and be set aside only as specified.

The implication in section 10451.2(c) is that technical defects or "procedural deficiencies" can be sufficient to defeat the IMR process entirely and allow WCALJs and the Board to reacquire jurisdiction over the need for medical treatment and the validity of utilization review. That is exactly contrary to the legislative intent underlying the establishment of the IMR and IBR processes in SB 863.

The use of technical defects to circumvent the independent medical review is already being publically discussed by the applicant's attorneys association, Judge Casey, and Judge Moran. It is being taught as an opportunity to retrieve the adjudication of medical treatment and return that issue to the WCALJs. Judge Casey and Judge Moran are preaching that "any technical defect" means that utilization review never occurred and that treatment issues can then be decided by the WCALJ. Judge Moran advised the recent CAAA Convention that she would be looking for any and every technical defect in the UR process to nullify the medical review decision and the procedure established by the Legislature to have that issue determined by an independent medical reviewer.

An example of what this will mean is the requirement to attach a completed IMR Form to the UR decision. Clearly, if the form is not attached or if all of the boxes are not checked, some judges will rule that the utilization review process never happened and they will adjudicate the medical treatment issue, even as the IMR process continues. Technical defects or "procedural deficiencies" used to invalidate the utilization review must be substantive and based on a violation of the statutory requirements and the equivalent of "a neglect or refusal to provide reasonable medical treatment." The Board's Rules of Practice and Procedure must acknowledge and affirm the primacy of these new statutory adjudication processes and resist the unintended encouragement to litigate these issues before the WCALJ based on insignificant technicalities.

SB 863 has instituted sweeping change to the adjudication of medical treatment, billing disputes, and liens. These statutory changes obligate the WCAB to redefine its role in the determination of these disputes precisely and clearly in order that these new adjudicative mechanisms function as the Legislature intended. The statute establishing IMR and IBR are self-executing and authorize the administrative director to levy significant administrative penalties for any delays caused by the claims administrator. The Board's regulations proposed in these sections will only cause confusion and encourage litigation.

## **Section 10608.5 Service of Reports and Records**

### **Recommendation**

(a) In order to promote cost-effective and efficient discovery and information exchange, document service between parties and lien claimants may be effected by CD-ROM, DVD, or other electronic media including e-mail attachments (subject to prior approval of the parties), ...

### **Discussion**

Communication by e-mail is efficient and convenient but it requires a certain amount of coordination, particularly with regard to medical reports and records. E-mail communication can be disrupted by firewall security, the size of the file being sent, and delivery to erroneous addresses. This method of service is acceptable, so long as the parties and lien claimants agree in advance to the procedures to be followed and the limitations of the systems and coordinate the deliveries to specified, secure e-mail addresses.

## **Section 10770.1(c)(2) Lien Conferences and Lien Trials**

### **Recommendation – Delete the final paragraph**

~~If a lien claimant fails to submit proper written proof of prior timely payment, the Workers' Compensation Appeals Board may elect to conduct a search within the Electronic Adjudication Management System to confirm prior timely payment, but is not obligated to do so, and a failure to conduct such a search shall not be a proper basis for a petition for reconsideration, removal, or disqualification.~~

### **Discussion**

This paragraph should be eliminated because it attempts to regulate, unnecessarily, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge and because the burden of proof regarding the lien filing fee is clearly on the lien claimant. This sub-paragraph is an effort to instruct WCALJs regarding the litigation process, which is an issue that could be developed in a training program but is unnecessary and inappropriate for a regulation.

## **Section 10957(b) Petition Appealing IBR**

### **Recommendation**

(b) The petition shall be filed with the Workers' Compensation Appeals Board no later 20 days after the IBR organization serves the determination. An untimely petition may be summarily dismissed.

## **Discussion**

This addition clarifies the entity required to serve the determination.

## **Section 10957(h) Petition Appealing IBR**

### **Recommendation – delete (h) and renumber.**

~~(h) Upon receiving notice of the petition, the IBR Unit may download the record of the independent bill review organization into EAMS, in whole or in part. The Workers' Compensation Appeals Board, in its discretion, may: (1) admit all or any part of the downloaded IBR record into evidence; and/or (2) permit the parties to offer in evidence documents that are duplicates of ones already existing in the downloaded IBR record.~~

## **Discussion**

This subsection should be deleted because subsections (e) and (f) essentially cover these issues and because it attempts to regulate, unnecessarily, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge. The issues here may be appropriate for a training program to achieve greater uniformity and compliance but is excessive as a regulation.

## **Section 10957(j) Petition Appealing IBR**

### **Recommendation**

(j) The petition shall be adjudicated by a workers' compensation judge at the trial level of the Workers' Compensation Appeals Board utilizing the same procedures applicable to claims for ordinary benefits, ~~including but not limited to the setting of a mandatory settlement conference,~~ except that the IBR determination shall be presumed correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the Labor Code section 4603.6(f) statutory grounds for appeal.

## **Discussion**

The IBR process is intended to be an expeditious resolution of billing disputes. Setting an MSC for a petition for review should be unnecessary (so long as the petition complies with the requirements of section 10957) and will only delay the final determination.

## **Section 10957.1(c) Petition Appealing IMR**

### **Recommendation**

(c) The petition shall be filed with the Workers' Compensation Appeals Board no later than 20 days after the ~~AD~~ independent medical review organization served the IMR determination. An untimely petition may be summarily dismissed.

## **Discussion**

In accordance with the statute, the IMR determination is served on the parties by the IMR organization and the time to appeal begins then.

### **Section 10957.1(i) Petition Appealing IMR**

~~(i) Upon receiving notice of the petition, the IMR Unit may download the record of the independent bill review organization into EAMS, in whole or in part. The Workers' Compensation Appeals Board, in its discretion, may: (1) admit all or any part of the downloaded IMR record into evidence; and/or (2) permit the parties to offer in evidence documents that are duplicates of ones already existing in the downloaded IMR record.~~

#### **Discussion**

See comments above for subsection 10957(h).

### **Section 10957.1(k) Petition Appealing IMR**

#### **Recommendation**

~~(k) The petition shall be adjudicated by a workers' compensation judge at the trial level of the Workers' Compensation Appeals Board utilizing the same procedures applicable to claims for ordinary benefits, including but not limited to the setting of a mandatory settlement conference unless an expedited hearing is being conducted in accordance with Labor Code section 5502(b). However, the IMR determination shall be presumed correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the Labor Code section 4610.6(h) statutory grounds for appeal.~~

#### **Discussion**

The issue to be adjudicated is so narrow that an MSC is unnecessary and the subsection attempts to regulate, unnecessarily, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge.

### **Section 10959(a) Petition Appealing Medical Provider Network Determination**

#### **Recommendation**

~~For purposes of this section, an "aggrieved person or entity" shall include, but is not necessarily limited to, an MPN, an MPN applicant, an insurer, an employer, or any other entity that provides or seeks to provide MPN services. It shall also include, but is not necessarily limited to, an injured employee or a group of injured employees complaining alleging that the AD failed to act in accordance with the MPN regulations regarding third party petitions for suspension or revocation and should have suspended or revoked a previously approved MPN plan.~~

#### **Discussion**

This sub-paragraph is premature and at cross purposes with what the DWC has yet to do to regulate actions against MPNs to enforce the statute. As drafted, DWC regulation section 9767.17 addresses the grounds necessary to support the petition, the timing of the filing, and even the necessary form to use but the formal regulatory process has not even been initiated as yet. The Board's regulation sets forth the manner in which that petition may be appealed and who may file it.

By this sub-paragraph the appeals board attempts to define the issue of standing to have the AD's determination reviewed. Labor Code section 4616(b)(5) states that the approval of a medical provider network by the administrative director shall be binding on all persons and all courts. A review of the AD's determination may be conducted only by the Workers' Compensation Appeals Board.

By stating that "It shall also include, but is not necessarily limited to ...", the Board suggests that third parties who are wholly unrelated to the issues involving the MPN would be permitted to question any action taken by the AD under section 4616. Whether an individual or entity is an "aggrieved person" and therefore, has standing to seek review can only be made on a case by case basis in order to determine if there is a sufficient nexus to and relevant interest in the actions of the administrative director. Subdivision (a) is unlimited, overly broad, and fails to conform to the scope of the statute.

Thank you for considering our comments. Please contact me if further clarification is needed.

Sincerely,

Michael McClain  
General Counsel, California Workers' Compensation Institute

MMc/me

cc: Destie Overpeck, DWC Acting Administrative Director  
CWCI Claims Committee  
CWCI Medical Care Committee  
CWCI Legal Committee  
CWCI Regular Members  
CWCI Associate Members

August 9, 2013  
Yolanda R. Duran  
State Certified Interpreter

I have been interpreting for over 25 years. Primarily in the Workers Compensation field. (Medicals) & to my dismay, I've seen & heard it all! From companies who send their employees to act as interpreters then report back to the employer what transpired. To insurance companies who tell their injured to take their child to interpret for them & of course let's not forget the claims examiner who told me that the injured needed to find a doctor on the MPN that spoke their language & not run up costs. All this in an effort to save money.

Let's not forget the out of state language providers who send unqualified people to do interpreting! The carriers pay high dollar for their services & the injured pay the price with inept services.

I urge you NOT to go along with the proposed changes that will only harm the very people you are trying to help.

**PROTECT THE INJURED WORKER!** & give us an opportunity to serve them. Don't make victims of the injured & the professional interpreters who only want an opportunity to service their needs!

Thank You for your attention in this matter.

August 9, 2013  
Patricia Brown  
Deputy Chief Counsel  
State Compensation Insurance Fund

Attached are State Fund's comments regarding the Rules of Practice and Procedure. State Fund appreciates the opportunity to participate in this process.

Thank you.



August 8, 2013

Neil P. Sullivan  
Assistant Secretary and Deputy Commissioner  
Workers' Compensation Appeals Board  
P.O. Box 429459  
San Francisco, CA 94142-9459

Sent via email:  
WCABRules@dir.ca.gov

Subject: Workers' Compensation Appeals Board Rules of Practice and Procedure

Deputy Commissioner Sullivan:

State Compensation Insurance Fund applauds the latest revisions made to the proposed regulations. The changes will ensure that only the appropriate parties will be able to file Petitions for Costs, thereby preserving the savings which the Legislature intended for the Appeals Board and the workers' compensation system as a whole. Please consider the following recommendations to further improve the proposed regulations.

**1. IBR should apply to pre-01/01/13 dates of service if ordered by the WCJ**

Proposed section 10451.1(c)(1)(B) defines a non-IBR issue as one that involves medical-legal goods or services provided prior to January 1, 2013. State Fund understands that the DWC's emergency IBR regulation section 9792.5.7 provides that it is applicable to medical treatment rendered, or medical-legal expenses incurred, on or after January 1, 2013. However, section 9792.5.7 addresses the mandatory IBR process. There is nothing in the Labor Code or Code of Regulations which prevents the Appeals Board from ordering the parties to IBR as was done pre-SB 863.

In *Garay v. Barrett Business Services*, 2012 Cal. Wrk. Comp. P.D. LEXIS 342, the Appeals Board panel found that the WCJ had authority to obtain an expert opinion regarding the value of the lien and that given the complexity of the issues involved an expert opinion from an independent bill reviewer would assist to achieve full and fair adjudication of the issues.

Recommendation: The regulations should not preclude the WCAB for pre-01/01/13 dates of service from ordering the parties to IBR with Maximus Federal Services or any other reviewer.

**2. The regulations should specify that any Petition Appealing Medical Provider Network Determination of the Administrative Director shall be in the name of the real party in interest**

Proposed section 10959 defines who may file a Petition Appealing Medical Provider Network Determination of the Administrative Director. However, State Fund is concerned that the Appeals Board will be burdened with Petitions from outside groups, who have not been aggrieved, seeking to invalidate an Administrative Director's finding of a valid MPN.

Recommendation: The regulations should require that every petition be in the name of the real party in interest as mandated by the Code of Civil Procedure.

Code of Civil Procedure section 367 provides:

Every action must be prosecuted in the name of the real party in interest, except as otherwise provided by statute.

The Appeals Board should adopt a rule similar to section 367 in order to prevent petitions from outside groups and individuals that have not been harmed by the Administrative Director's findings.

**3. Service of Reports and Records should be at the mailing address listed on the parties' correspondence and email service should only be by agreement**

Proposed section 10608.5 allows service of documents by CD-ROM, DVD and other electronic media including email attachments. State Fund supports service by electronic media. However, safeguards should be in place to prevent a party from purposely manipulating service of documents. Unfortunately, parties have served DWC-1 forms and other time-sensitive documents on mailing addresses that are unrelated to claims handling such as State Fund's premium collection department. Such tactics will be even more prevalent if service by email attachment is allowed. State Fund has thousands of email addresses, most of which have nothing to do with claims handling. An important document could sit in an obscure email inbox while an important deadline passes.

Recommendation: The regulation should require service at the mailing address listed on the parties' correspondence and email service should only be by agreement at an agreed upon email address.

**4. The regulations should reflect that the IMR organization serves the IMR determination**

Proposed section 10957.1(c) provides that the Petition Appealing the IMR Determination shall be filed 20 days after the AD serves the IMR determination. However, Labor Code section 4610.6(f) provides that the IMR organization shall serves the IMR determination.

Recommendation: Section 10957.1(c) should reflect that the IMR organization serves the IMR determination.

State Fund deeply appreciates the thoughtful and thorough work of the Appeals Board in developing these regulations.

Sincerely,



Patricia Brown  
Deputy Chief Counsel

cc: Carol Newman, General Counsel  
Lisa Stolzy, Chief Counsel  
Peggy Thill, Claims Operations Manager, Claims Regulatory Division  
Jose Ruiz, Director Corporate Claims Operations & Regulatory Division  
Michelle Weatherson, Director Corporate Medical Division

August 9, 2013  
Nhadia Cebalos  
Joyce Altman Interpreters, Inc.

Please find attached an opposition to the proposed modifications to the Rules of Practice and Procedure from Joyce Altman.

*Joyce Altman Interpreters, Inc.*

P.O. BOX 4165 ~ Tustin, CA 92781-4165  
Phone (714) 838-0950 ~ Fax (714) 832-1979

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August 9, 2013

I am a certified Court Interpreter. I have been providing Interpreting services for over 25 years within the Workers' Compensation system. I own and operate an agency which provides interpreting services for injured workers and which is referred to in the business as a Language Service Provider (here an "LSP"). My LSP saves the state of California the headache and cost of the administration, which is extremely time consuming and cumbersome and would be inefficient to be provided by a state agency in a time of the shrinking of all state government services.

I am writing this letter to voice my concerns and to express my opposition to the changes the DWC has proposed to amend the WCAB rules.

The proposal that a lien must be filed and paid for on the services of an LSP is as outrageous as if the state had sought to impose a fee for court reporters. Interpreters are "required" at legal events such as depositions, deposition preparation, reviews and the for settlement documents such as a stipulation or a C&R. to impose a fee – often greater than the cost of the service is absurd and done with the express intent of reducing the costs of insurance companies – who will – notwithstanding any claims to the contrary significantly increase their profits by this concept<sup>1</sup>. It would subject LSPs to a \$150.00 filing fee and if there is a dispute, a \$350.00 fee (with no possibility of reimbursement) for an Independent Bill Review ("IBR").

A classic example is the impact to LSPs for medical appointment assignments. A lien claim for one to three dates of service with an average amount billed between \$125.00 to \$450.00. The proposed regulations require LSPs to pay \$350.00 for IBR (not reimbursable) in the event of a dispute and a \$150.00 lien filing fee! LSPs would be working at a loss.

Another proposal is to change the period for carriers to 60 days to object and 90 days to pay. This is absurd. As it stands, carriers hold all lien claimants monies for years, from 5 to 10 years, forcing lien claimants to litigate on a daily basis<sup>2</sup>. Here is a thought, billable hours for Defense firms?? This is the reason why the WCAB is inundated with lien claims that it can no longer handle.

If these fees are implemented it would create a huge cost and expense, a loss for Interpreters and the LSPs. Coupled with overhead and in particular, lien litigation! This would result in a chilling effect, not only to the Interpreter, but for the very person for which the law is intended to protect, "the injured worker".

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<sup>1</sup> Nothing could be more of a direct benefit to employers and insurance companies than the direct reduction of their contributions to the Workers' Comp system (on a dollar for dollar basis) from the lien filing fees paid to the State, to be used not for general purposes, but to add dollar for dollar to insurance company profits.

<sup>2</sup> SB863 negotiated in "smoke filled rooms" out of the view of the public or the impacted lien claimants, is to wipe out the lien claims – which result ONLY from the failure of the carriers to pay legitimate expenses of med-legal and medical treatment. California, by law, requires all medical treatment to be provided with the benefit of interpreting [Labor Code 4600 (g)]

*Joyce Altman Interpreters, Inc.*

P.O. BOX 4165 ~ Tustin, CA 92781-4165  
Phone (714) 838-0950 ~ Fax (714) 832-1979

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The insurance companies and big business have the intention to do away with small business, the professional certified Interpreter. In addition to the injury to the LSPs and Interpreters it will have an equally detrimental effect on the Injured worker's case.

[They have said] namely, the Insurance carrier or employer they would like to have the power to "deem" non-certified, qualified in order to provide services and nickel and diming the Interpreters to death, all to achieve millions of dollars in savings, not caring at all about the accuracy and precision of the interpretation. We are required to have extensive preparation, college level education, experience, and must be respected as Professionals. There is a huge shortage of certified Interpreters at this present time and these changes would create even more of a lack of interpreters, they simply will leave the Worker's Comp field.

The expansion of the definition of med/legal to include depositions is tantamount to that of apples and oranges. It is unsurmised as a small business we are required to fund multimillion dollar Insurance Companies and self insured Employers on a daily basis. The monies that are actually owed and due to interpreters are utilized for various and sundry investments. Yet we are required to hire Counsel to litigate for the due and owed monies on a daily basis with little or no consequence for the carriers.

We hereby request that the WCAB implement and extend an exemption for Interpreters, thus allowing us the ability to file costs petitions, as opposed to liens.

Respectfully yours,

Joyce C. Altman  
Joyce Altman Interpreters, Inc.

August 9, 2013  
Maria Palacio

Bravo Gilbert, I am praying for a positive outcome; vamos a ver



Maria

On Fri, Aug 9, 2013 at 2:52 PM, Gilbert Calhoun <[GC@christina-arana.com](mailto:GC@christina-arana.com)> wrote:  
Gentlepersons:

I strongly oppose the proposed changes.

In 2011-2012 one of the goals of the DIR/DWC was to address the shortage of certified interpreters that resulted from the State Personnel Board's discontinuance of testing for Administrative Hearing and Medical interpreters in 2008 by taking on the responsibility of restarting that process. Initially, Assembly Bill 2493 was drafted to achieve that goal by the staffs of Assemblyman Roger Hernandez, the DWC, and Hon. Judge Lachlan Taylor and others in cooperation with CWCIA, representing the interpreting community. Language from AB 2493 was grafted verbatim into the amendments to SB 863 to make further improvements to the workers' compensation system. The interpreter provides language assistance to facilitate the functioning of this system, including in medical settings, medical-legal or treatment.

The WCAB has been overburdened by lien hearings and litigation. A large part of the responsibility for this problem can be objectively traced to insurance companies' flaunting of the Labor Code and Regulations governing interpreting services, and the failure of the WCAB to act to curtail this or penalize the wrongdoers. Interpreting bills for WCAB hearings and other costs defined under LC§ 5811 are routinely objected to as medical treatment or because the claim is denied, which has no bearing on payment of those services. The agency I work for has a high-six figure receivable in unpaid services just at WCAB hearings and deposition-related events. Interpreters have had no choice but to file liens to get paid for services rendered, oftentimes waiting years before a claim is settled. The DWC Audit Unit is also overburdened, and admittedly does not have the staff to address all the complaints they receive; they obviously must prioritize audits to ensure that injured workers are treated fairly.

Now, regulations mandating payment of a Lien Activation Fee (\$100) or Lien Filing Fee (\$150), and further, a \$350 fee for Independent Bill Review is erroneously determined to be the answer to this problem in order to squelch lien filings or make it prohibitively costly to pursue payment for services rendered, which many times are less than or equal to these fees. This can only encourage insurance companies to short-pay interpreting services and/or to continue their illegal, debilitating practices. For interpreters and interpreting services, this is financial suicide. In my nearly 30 years in the interpreting business, witnessing several attempts to reform the system and actively participating, providers are forced to endure more burdens, and insurance companies are given more leeway to delay or deny payments to providers with impunity in spite of laws and regulations governing them.

Of course there are bad apples, but that's on both sides of the lien issue. Why punish the whole lot of providers for the egregious behavior of a few? And why place the burden wholly on providers? Are we supposed to provide services for free? Does the DIR/DWC truly intend to continue facilitating non-English speaking injured workers? A \$500 penalty on insurance companies is almost laughable

considering the profits made not only in providing coverage, but also in investing the funds to maximize returns. Denying or delaying payments facilitates this. And I challenge anyone to find a majority of Workers' Compensation judges that will assess penalties on insurance companies. The absurdity of this should be readily apparent to all concerned, legislators included. The recent case of the claims adjuster at the third-party administrator that allowed a legitimately injured worker to die rather than provide needed benefits is an extreme example, but the degree to which insurance companies are allowed to act without stringent oversight is frightening.

What this resembles, going back in American history after slavery was abolished, is the sharecropper system. The sharecropper in order to feed his family, purchased goods at the company store, owned by the landowner, on credit in exchange for growing crops on the land and he was paid when the crops came in. Oftentimes what he earned from selling his crops was never enough to pay the landowner for those goods, so he was forever indebted.

There are two things that can happen from this. One is that these fees will drive up the cost of interpreting services. Coupled with the anticipated new interpreter fee schedule, more pressure may be placed on the backs of interpreter providers. The more worrisome result is that these onerous fees will discourage anyone from becoming certified and/or participating in workers' compensation, defeating the purpose of renewing certification testing. Interpreting in the healthcare sector, which is growing nationally, can be much easier to work in with a more reasonable expectation of earning a decent living. Injured workers will suffer the consequences, not to mention the California business sector, now becoming populated by large, out of state interpreting companies that have no local offices and pay no taxes in California. This appears to be a short-term solution with adverse long-term outcomes. Your reconsideration is sorely needed.

Respectfully submitted,

Gilbert Calhoun  
Christina Arana & Associates, Inc.  
All Language Interpreting Service

August 9, 2013  
Yolanda R. Duran  
State Certified Interpreter

I have been interpreting for over 25 years. Primarily in the Workers Compensation field. (Medicals) & to my dismay, I've seen & heard it all! From companies who send their employees to act as interpreters then report back to the employer what transpired. To insurance companies who tell their injured to take their child to interpret for them & of course let's not forget the claims examiner who told me that the injured needed to find a doctor on the MPN that spoke their language & not run up costs. All this in an effort to save money.

Let's not forget the out of state language providers who send unqualified people to do interpreting! The carriers pay high dollar for their services & the injured pay the price with inept services.

I urge you NOT to go along with the proposed changes that will only harm the very people you are trying to help.

**PROTECT THE INJURED WORKER!** & give us an opportunity to serve them. Don't make victims of the injured & the professional interpreters who only want an opportunity to service their needs!

Thank You for your attention in this matter.

August 9, 2013  
Yolanda R. Duran  
State Certified Interpreter

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**PROTECT THE INJURED WORKER!** & give us an opportunity to serve them. Don't make victims of the injured & the professional interpreters who only want an opportunity to service their needs!

Thank You for your attention in this matter.

August 9, 2013  
Mark Gerlach

The California Applicants' Attorneys Association offers the following comments concerning the proposed modifications to the Text of Proposed Rules of Practice and Procedure currently posted on the WCAB website:

**1. Rules 10451.1 (Determination of Medical-Legal Expense Disputes); 10451.2 (Determination of Medical Treatment Disputes); 10451.3 (Petition for Costs); and 10451.4 (Petition to Enforce IBR Determination)**

Several of these rules are new or were extensively amended in this proposal. Although we are in general agreement with what we believe is the intent and purpose of these rules, we recommend that the Board consider extensively amending these rules to consolidate some sections of these rules and to adopt other sections as separate rules.

One problem is that there are several provisions in these rules that we believe are intended to accomplish the same purpose but have different proposed language. For example, there is a significant difference between the provisions of Rule 10451.1(f) and those of Rule 10451.4, although both are entitled "Petition to Enforce IBR Determination" and both apply, at least in part, to the same party (medical-legal providers). There is also duplication between two sections that deal with bad faith actions or tactics. Rule 10451.1(h) provides a comprehensive framework for defining and applying monetary sanctions and other penalties for bad faith actions or tactics in the determination of medical-legal expense disputes, while Rule 10451.3(i) provides a much more abbreviated outline of sanctions and penalties with regard to Petitions for Costs.

The most significant problem we see is that Rules 10451.1 and 10451.2 include similar provisions defining disputes not subject to IBR, but then provide starkly different remedies for resolving those disputes. Under Rule 10451.1(c) a medical-legal provider can get a prompt resolution of a non-IBR disputed issue at the Board by filing a Petition for Determination of Non-IBR Medical-Legal Dispute. Conversely, under Rule 10451.2(c), a medical treatment provider is required to file a lien, which requires the provider to pay a lien filing fee and will delay resolution of this issue for years.

We do not object to this requirement where the non-IBR dispute concerns threshold issues. However, another non-IBR dispute is identified as:

"an assertion by the medical treatment provider that the defendant has waived any objection to the amount of the bill because the defendant allegedly breached a duty prescribed by Labor Code sections 4603.2 or 4603.3 or by the related Rules of the Administrative Director...."

In this situation the dispute arises because the defendant fails to comply with statutory or regulatory requirements; this includes the far-too-frequent case in which a provider submits a billing to the defendant and receives no response.

The Board's SSOR discussed this problem with respect to both medical-legal bills [page 10] and uncontested costs bills [pages 21 - 22], referencing the public comments and anecdotal reports from WCJs describing cases where the defendants failed to pay uncontested bills or, at least, a reasonable estimate of the amount due. As noted in the SSOR, the Board has concluded that "in a not insignificant percentage of cases, the penalty and interest provisions of Labor Code section 4622(a) do not provide a sufficient incentive for some defendants to comply with the law." [page 10]

We believe that conclusion vastly understates the problem. In our estimation, the explosion of liens in recent years was largely due to the fact that then-existent practices gave defendants a financial incentive to not comply with the law and not pay legitimate billings from providers. In effect, defendants have been given the choice of either paying the full amount of a billing when billed, or paying a significantly reduced amount four or five years later. Given that choice, many defendants made the rational decision to not pay the billings and instead force the providers to file a lien. Because these liens were ultimately settled years later for a reduced amount, and penalties and interest were virtually never assessed, these defendants benefitted immensely by willfully ignoring the statute and regulations.

For medical-legal expense disputes, Rule 10451.1 establishes a process that we believe will help correct this problem. Rule 10451.1(c)(3) allows the provider to file a Petition for Determination of Non-IBR Medical-Legal Dispute if the defendant does not make the required filing of this petition. This gives medical-legal providers a timely and appropriate remedy if the defendant simply ignores a properly submitted and documented billing.

In addition, we believe the sanction provisions in Rule 10451.1(h) will provide even more incentive for defendants to promptly pay legitimate and uncontested medical-legal bills. Similarly, the Board chose to include specific sanction provisions in Rule 10451.3 to be imposed where a defendant fails to promptly make good faith payments on costs sought by a Petition for Costs, which will also encourage the prompt payment of legitimate billings.

However, as noted above, under Rule 10451.2(c) a medical treatment provider in a similar situation - where the defendant ignores a properly submitted billing - has no remedy other than filing a lien. We do not believe the adoption of a different and severely limited remedy for medical treatment providers is warranted by SB 863. We recognize that there are some differences in the statutory provisions mandating the use of Independent Bill Review for medical treatment billing disputes [LC §4603.6] and medical-legal billing disputes [LC §4622], but we believe the intent of SB 863 was to require billing disputes in both areas to be resolved through essentially the same process.

The overarching goal in adopting these significant changes to the billing dispute resolution process was to eliminate the avalanche of liens that has plagued California's workers' compensation system for many years. We believe it is untenable to provide that filing a lien is the only remedy available to a provider who has submitted a proper bill and who has received no response from the defendant. If the provider has followed all of the rules, while the defendant simply ignored its legal responsibilities, we believe (to borrow a phrase from the Board's SSOR) it is absurd to require the provider to file a lien, pay the \$150 filing fee, and then wait years for final resolution of this issue.

Accordingly, we strongly urge that the proposed rules be amended to allow medical treatment providers to file a Petition for Determination of a Non-IBR Medical Treatment Expense Dispute.

As noted earlier, we believe the most effective way to accomplish this goal would be to extensively rewrite these rules to coordinate and consolidate similar provisions. This includes consolidating separate provisions into a single Rule governing Petitions to Enforce an IBR Determination and/or Recovery of the IBR Fee. In addition, we strongly recommend that the differing provisions relating to the imposition of sanctions for bad faith actions or tactics be consolidated as a separate rule to apply uniformly to medical treatment expense non-IBR disputes, medical-legal expense non-IBR disputes, and Petitions for Costs. Furthermore, we ask that the Board take note of DWC Newsline No. 13-13

[[http://www.dir.ca.gov/dwc/dwc\\_newslines/2013/Newsline\\_13-13.html](http://www.dir.ca.gov/dwc/dwc_newslines/2013/Newsline_13-13.html)] which was issued on February 27, 2013. The subject of this Newsline was a notice to the community that "Payors must negotiate in good faith with potential lien claimants." This Newsline was issued because of reports "that some payors have adopted a policy of refusing to discuss negotiating the provider's liens" until a lien fee is filed. It goes on to note that Rule 10109(e) requires defendants to "deal fairly and in good faith with all claimants, including lien claimants."

Although this Newsline was directed to problems with lien claimants, it illustrates a potential problem that could arise under the Board's proposed rules. Specifically, it is possible that some defendants may discontinue their current business practice of ignoring legitimate billings, but will instead adopt a policy of deliberate underpayment. In fact, complaints from interpreters, copy service providers, and medical providers at a "Working Group" meeting held in October 2, 2012 by the DWC suggest that this is already a common problem. Numerous participants complained that their billings have been routinely reduced. One interpreter said a \$90 billing is routinely paid at \$50 or less, with the defendant telling the provider to "file a lien" in order to collect the remainder.

We believe it is likely that if these rules are adopted, some defendants will adopt a practice of underpaying legitimate bills, effectively forcing the provider to file for IBR. As noted in the many public comments the Board has already received from the interpreter community, this option is not feasible for many providers. For example, many interpreters are individuals or small businesses, and this tactic will soon put these providers out of business. Consequently, it is critically important that the Board rigidly enforce the bad faith penalties - sanctions, attorneys' fees, and costs - set forth in the proposed Rules. A business practice that forces small providers to either accept an indefensibly low fee or go out of business must be quickly identified and appropriate sanctions and other penalties imposed.

## **2. Rule 10451.1(c)(1)**

We believe the language of this paragraph is awkward and recommend that it be rewritten to clarify its meaning. This paragraph first states that non-IBR disputes include "any threshold issue that would entirely defeat a medical-legal expense claim." It then states that "a 'threshold issue' shall not include a dispute over whether the employee sustained industrial injury or injury to a particular body part." Read literally, this means a dispute over causation or a body part is not a non-IBR dispute, which could be interpreted to mean it is an IBR dispute. As we are certain this is not the meaning intended, we recommend amending this paragraph.

### **3. Rule 10451.4(a)(1)(A)**

We oppose deletion of the word "timely" in subparagraph (A). Labor Code section 4603.6(f) requires that an aggrieved party file an IBR appeal within 20 days of the service of the determination. As noted in several places in the Board's SSOR, the law establishes that where a party has a duty to take a particular action to preserve a claim or defense, it must timely undertake that action and cannot bypass it; otherwise, the party waives that claim or defense. Consequently, if the defendant has not filed a ***timely*** appeal (e.g., within 20 days) the rule should permit the provider to file a Petition to Enforce the IBR Determination. We urge that the word "timely" be added back into subparagraph (A).

August 9, 2013  
Bert Graham  
President Latino Comp

Attached are comments on behalf of LatinoComp urging the WCAB to withdraw its most recent changes to the Regulations regarding the Rules of Practice and Procedure of the WCAB especially as they relate to interpreters.

# Robert Nava & Bret Graham

Commerce Plaza, Ste. 301  
420 N. Montebello Blvd.  
Montebello, CA 90640

TEL: (323) 888-1818  
FAX: (323) 888-7788

August 8, 2013

## **LATINOCOMP COMMENTS ON PROPOSED WCAB PRACTICE AND PROCEDURE SJDB REGULATIONS**

LatinoComp is concerned that, as now constituted, the proposed Regulations regarding Rules of Practice and Procedure of the WBAB (“Regulations”) will in practice eliminate the independent interpreters from the system, thereby negatively impacting those non-English speaking injured workers from the Latino, Asian and other immigrant communities. This is precisely what the Legislature in SB 863 decided NOT to do in enacting the comprehensive workers’ compensation “reform” with those provisions related to interpreter services.

LatinoComp suggests that the proposed Regulations be scrapped and that any new Regulations simply track the language of the statute, namely Labor Code Sections 4600(f),(g), 5710 and 5811, and provide for automatic payment by the employer (without delay or litigation) for interpreter services per fee schedule for the following services:

1. Deposition
2. Appeals board hearings
3. Medical treatment appointment
4. Medical-legal examination
5. Other settings determined by administrative director

LC 5811(b)(2)(A-D).

If there is non-payment for these services within 60 days from written demand, then the interpreter can simply file a Petition for payment and get an Order from a WCJ as had been proposed in earlier Regulations. The WCJ’s are familiar with this process and can determine in seconds whether or not the interpreter fees are within fee schedule or not (similar to attorneys LC 5710 fees) and UNLIKE the complicated, byzantine medical payment codes where even experienced bill review professionals struggle to ascertain the proper billing amount.

As part of the Legislative discussion surrounding SB 863, four concepts were at issue (1) employer control over selection of interpreter; (2) implementation of an interpreter fee schedule; (3) expanding which types of events were to be covered; and (4) expanded training and certification for interpreters. Initial versions of SB 863 contained statutory language covering each of these four items.

Opposition to those provisions vesting control over selection of the interpreter solely with the employer ultimately resulted in the final language which allowed for the applicant (or applicant attorney or party producing the witness) to continue to be able to arrange for the presence of a qualified interpreter (LC 5811(b)(1)).

SB 863's final language also contained detailed training, testing and certification procedures to ensure that a sufficient number of qualified interpreters were available. Provisions for a fee schedule were implemented subject to future Regulations and creation of an interpreters' fee schedule.

Lastly, SB 863 changed the language of how interpreters were to be paid from a "cost" to "interpreter fees . . . **shall be paid** by the employer" (LC 5811), "employer or insurance carrier **shall pay** for interpreter services" (LC 4600(g)) and "employer **shall pay** for the [interpreter] services" (LC 5710(b)(5)). The import of this change from a discretionary cost (to be *allowed* by a WCJ *as between the parties*) to a mandatory payment (*shall pay* or *shall be paid* by employer) has been ignored in the Regulations.

The reason behind this change is clear – in exchange for fee schedule limits and uniformity in interpreter fees, the employer was now required to automatically pay the interpreters for all of those events or settings contemplated under LC 4600(g), 5710 and/or 5811. All of the defenses, excuses and litigation tactics which had previously been used (and continue to be used) to litigate interpreter fees were, thus eliminated by the clear statutory language and the overall statutory scheme.

Further, by ADDING medical treatment exams (and medical-legal exams) to those events already qualifying for automatic payment (such as WCAB hearings, depositions and other comparable events), the Legislature expressed its intent to ELIMINATE disputes regarding interpreter fees when billed per fee schedule. Therefore, following the language of SB 863, if the interpreter fee was billed per fee schedule then it should now be automatically paid irrespective of the "merits" of the underlying case. This process would, of course, prevent and eliminate thousands, if not hundreds of thousands, of interpreter "liens" from being needlessly filed and/or litigated "clogging" the system going forward (thus, meeting one of the purposes of SB 863 in eliminating the "lien problem").

Unfortunately, the Regulations ignore both the actual language of SB 863 (and its mandatory "shall pay" language) and the actual legislative history for those provisions related to interpreters and, instead, create a complicated maze of procedural thickets which will have both the legal, practical and economic effect of driving independent interpreters out of the system. That is not what the Legislature intended when it passed SB 863 to protect the right of non-English speaking injured workers to have independent interpreters paid for by the employer.

The legislative history relied upon in the Statement of Reasons does NOT reference interpreters, but instead focuses on the medical treatment provisions of SB 863 (MPN, IMR and IBR). There is no legislative history, let alone statutory language to support any regulation requiring interpreter fees to go through the MPN, IMR and IBR processes with their associated paperwork, delays and ultimately prohibitive costs before getting paid for those services listed in LC 4600(g), 5710 and/or 5811 where the statutory language clearly states the employer "shall pay." Ultimately, through their greater economic power, employers can simply "starve out" any independent interpreters by forcing them to go through the billing objection, MPN, IMR and IBR processes prior to making payment. In fact, the IBR costs alone will be two or three times the typical

interpreter bill for one appearance or event. From a purely economic standpoint, no interpreter will be able to challenge an unlawful denial of payment for those events for which the Legislature clearly stated interpreters should be paid. In making the statutory changes in SB 863 the Legislature intended to maintain independent interpreters. The WCAB in the Regulations is thwarting that expressed desire and in fact creating another massive “lien problem” by depriving interpreters of the only device which will ensure payment of their fees – the Petition and Order for Costs per LC 581, 5710 and 4600(g).

For all of these reasons, LatinoComp urges the deletion of these latest changes to the Regulations.

Sincerely,

Bret Graham  
Nava & Graham  
President LatinoComp

BG/ae

August 9, 2013  
Cynthia Madigan  
File Review Department  
Helen S. Ruiz Interpreting Services

This is in protest of SB 863 proposed filing fee and Bill Review Fees.

I believe this proposal discriminates against the service providers (interpreters), because insurance companies do not pay any fees to litigate bills. It is unconstitutional and unfair practice to put the burden on only one party. The insurance companies will certainly survive, but interpreting services will definitely be put out of business. Please reject SB 863 as unconstitutional!

August 9, 2013  
Jason Schmelzer  
Shaw/Yoder/Antwih, Inc.

Attached please find coalition comments on the WCAB Rules of Practice and Procedure. Should you have any questions, please feel free to contact me directly.

California Coalition on Workers' Compensation  
California Chamber of Commerce  
California Manufacturers & Technology  
Association  
California Association of Joint Powers Authorities  
CSAC Excess Insurance Authority  
California State Association of Counties  
League of California Cities  
National Federation of Independent Business  
California Grocers Association  
California Trucking Association  
California Restaurant Association  
California Self-Insurers Association  
California Professional Association of Specialty  
Contractors  
Employers Group  
Schools Insurance Authority  
Sedgwick Claims Management Services

Comp Partners  
Safeway  
Metro Risk Management  
Small Business California  
TRITSAR Risk Management  
State Compensation Insurance Fund  
Fireman's Fund Insurance Company  
Shaw Jacobsmeyer  
GSG Associates  
Grimmway Farms  
KBA Engineering  
Athens Administrators  
Marriott International, Inc.  
Matian Law Group  
Seyfarth Shaw, LLC.  
University of California  
Nordstrom

August 9, 2013

Neil P. Sullivan  
Assistant Secretary and Deputy Commissioner  
Workers' Compensation Appeals Board  
PO Box 429459  
San Francisco, CA 94142-9459

**RE: WCAB Rules of Practice and Procedure**

Dear Mr. Sullivan –

The above-listed organizations thank you for the opportunity to provide comments on the proposed changes to the WCAB Rules of Practice and Procedure. Combined, our organizations represent tens of thousands of insured and self-insured public and private California employers and insurance companies.

While there have been several estimates of the savings associated with SB 863 (De Leon, 2012), it is clear that the ultimate impact on employers (large and small, insured and self-insured) will depend largely on the regulatory framework that is constructed over the next several months. Our organizations believe that the WCAB Rules of Practice and Procedure are particularly important to an effective implementation. Many of the changes contained in SB 863 were intended to reduce friction-causing litigation in the workers' compensation system and speed the healing of injured workers and the resolution of their insurance claims.

## **Legislative Intent**

Regulators are often left to implement complex legislation with little more than the statute to guide them. However, the legislature chose not to let the statutory changes contained in SB 863 speak for themselves. Instead, they very carefully included findings and declarations that provides needed insight into the legislature's intent.

On the subject of permanent disability the legislature found that:

*“That the current system of determining permanent disability has become excessively litigious, time consuming, procedurally burdensome and unpredictable, and that the provisions of this act will produce the necessary uniformity, consistency, and objectivity of outcomes...”*

Similarly, when discussing medical treatment the legislature found that:

*“That the current system of resolving disputes over the medical necessity of requested treatment is costly, time consuming, and does not uniformly result in the provision of treatment that adheres to the highest standards of evidence-based medicine, adversely affecting the health and safety of workers injured in the course of employment.”*

The message from the legislature cannot be mistaken – a system overrun with litigation is adversely impacting injured workers and SB 863 was intended to eliminate the procedural logjams and unnecessary litigation so that injured workers could fare better. Our coalition strongly urges the WCAB to keep the legislature's words in mind as it proceeds with the revision of the WCAB Rules of Practice and Procedure. We respectfully ask that the WCAB avoid providing procedural pathways around the reforms enacted by the legislature through SB 863.

## **Technical Deficiencies**

SB 863, much like SB 899 (Poochigian, 2004), implements a host of cost-saving reforms that rely on detailed processes performed by highly regulated organizations. Medical Provider Networks (MPN), Independent Bill Review (IBR) and Independent Medical Review (IMR) all fit this description. These cost-saving tools are often controversial because they are intended to provide uniformity, consistency, and predictability in a system that is frequently exploited through novel litigation tactics.

Historically, opponents of change have attempted to undermine reforms by claiming that any technical or procedural deficiency should, in essence, serve as a “death penalty” for the underlying reform. Attorneys have effectively argued that a minor procedural glitch should sever the applicability of utilization review or cease the medical control of an MPN. Opponents of the underlying reform use this approach not to ensure justice for injured workers, but rather to create legal gray areas where they can flourish. The result is more delay and litigation – the exact scourge that is being openly attacked by SB 863.

Our coalition is strongly opposed to this type of “gotcha” litigation and would urge the WCAB in the strongest possible terms to protect against this type of strategy as you update the Rules of Practice and Procedure. We would request that the WCAB clarify in the Rules of Practice and Procedure that routine procedural and regulatory deficiencies are not sufficient to undermine UR, MPNs, IMR, IBR and other cost-saving reforms. Unless otherwise required by statute, we would recommend that the WCAB reflect the legislature’s intent to reform excessive litigation and burdensome procedures in its Rules of Practice and Procedure.

### **E-Mail Communications**

Our coalition is supportive of modernizing the workers’ compensation system to take advantage of new technologies, but we are also well aware of the many pitfalls associated with electronic communications. As a general rule we would urge the WCAB to modify the regulations to ensure that electronic mail (e-mail) is only considered an acceptable form of communication when there has been a prior agreement between the parties.

For instance, Section 10451.3(d) defines “written demand” to include “a demand served electronically including but not limited to by e-mail or fax”. While there is a great deal of predictability that comes with written demands received by traditional mail or fax, the same cannot be said of e-mail. Fax machines and traditional mail are typically received and distributed to the appropriate party through a centralized and tightly controlled process. E-Mail does not have the same characteristic because individual people have their own e-mail addresses that are not processed through a central location. There is a high probability that, without the proper preparation, important e-mails will be lost.

Our coalition urges the WCAB to modify the regulations to allow e-mail communications only where there has been a prior agreement by the parties. There is simply too much potential for misuse and error, and it is in the best interest of all parties to ensure that proper steps are taken to ensure effective communication.

### **§10451.1 (c) Medical-Legal Expense Disputes Not Subject to IBR**

Our coalition is concerned that language contained in Section 10451.1(c)(1) creates an opening for lien claimants to argue that their billing dispute is not subject to the IBR process. This portion of the regulation creates a list of medical-legal expense disputes between a defendant and a medical-legal provider that are not subject to IBR.

#### *Coalition Recommendation*

Strengthen this portion of the regulation by ensuring that the list of non-IBR disputes is clear, complete, and closed to legal wrangling. Again, this is consistent with the intent of SB 863, which was to simplify procedures and reduce litigation. Specifically, we would recommend eliminating the final five words in 10451.1(c)(1).

#### *Recommended Modification to Section 10451.1(c)(1)*

Where applicable, independent bill review (IBR) applies solely to disputes directly related to the amount payable to a medical-legal provider under an official fee schedule

in effect on the date the medical-legal goods or services were provided. Other medical-legal expense disputes between a defendant and a medical-legal provider are non-IBR disputes. Such non-IBR disputes shall include, ~~but are not limited to:~~

Section 10451.1 (c)(1)(B) does not conform with LC § 4603.6 and § 4620 as further defined by SB 863 § 84. Section 84 of SB 863 address application of IBR to all dates of injury for bills received after 1/1/2013 and this section should be made to conform with that requirement.

Our coalition does believes that the petitions established in section **10451.1(c)(2)** can and should be more appropriately defined as a Petition or cover letter explaining the purpose & containing the pertinent facts together with the Declaration Of Readiness filing. We believe that the “cover letter” will provide the same result with far less complication and greater compliance.

*Coalition Recommendation*

Change Petition references to Petition in Paragraph A & B to reflect the above recommendation. Our coalition believes that the procedures enumerated in section **10451.1(c) (3)** are overly complicated should be simplified to allow the medical-legal provider to file a Cover Letter or Petition, requesting an Order of Costs.

*Recommended Re-Write of 10451.1(c)(3)(A)*

Should the defendant fail to comply with the requirements of paragraph (c) (2) above, then Medical-Legal expense provider shall be permitted to submit a request of Labor Code § 4622 fees, subject to the below requirements, and this may result in an Order for Costs.

Maintain paragraphs B & C.

**§10451.1 (g) Waiver of Medical-Legal Expense Issues**

The coalition is extremely concerned about the application of Section 10451.1(g), which pertains to a defendant’s waiver of objections to a medical-legal provider’s billing. We do not believe that this subsection is necessary because the statute is self-executing and there is no need for procedural clarification. We are concerned that this subsection will create more problems than it solves because parties will enter into disputes over what does or does not constitute a waiver of objections under this subsection.

*Coalition Recommendation*

Delete, in its entirety, section 10451.1(g) because it will create confusion and additional litigation while providing no benefit because the statute (LC 4620, 4621, and 4622) is already self-executing.

**§10451.1 (h) Bad Faith Actions or Tactics**

The addition of this portion of the regulations covering bad faith actions and the applicability of sanctions is unnecessary and duplicative. Our coalition believes that Labor Code Section 5813

and Title 8, Section 10561 provide sufficient guidance for workers' compensation judges to evaluate bad faith actions and potentially applicable penalties and sanctions.

In addition to being duplicative, Section 10451.1(h) is unnecessarily focused on the defendant and contains no direction on how to assess bad faith actions and potentially applicable sanctions on other parties such as lien claimants. This is an unfair application of the authorizing statute and DWC regulations, which are far broader in their application.

*Coalition Recommendation*

Delete, in its entirety, Section 10451.1(h) because it is duplicative, one-sided, and unnecessary considering the ample direction provided by Labor Code Section 5813 and Title 8, Section 10561.

**§10451.2 (c) Medical Treatment Disputes Not Subject to Independent Medical Review and/or Independent Bill Review**

Consistent with our theme throughout these comments, our coalition is concerned that certain aspects of this subsection would expose the IMR process to unnecessary legal wrangling. The WCAB should avoid provisions in the Rules of Practice and Procedure that unnecessarily create ambiguity that could detract from the legislative intent of SB 863. The current draft of section 10451.2 (c) is contrary to the legislative intent establishing the IMR & IBR processes.

Specific reference is made to section 1 of sb-863:

(11) The bill would require that final determinations made pursuant to the independent bill review processes be presumed to be correct and be set aside only as specified.

*Coalition Recommendation #1*

Strengthen 10451.2(c)(1) by ensuring that the list of non-IMR/IBR disputes is clear, complete, and closed to legal wrangling. Again, this is consistent with the intent of SB 863, which was to simplify procedures and reduce litigation. Specifically, we would recommend eliminating the final five words in 10451.2(c)(1).

*Recommended Modification to Section 10451.2(c)(1)*

Where applicable, independent medical review (IMR) applies solely to disputes over the necessity of medical treatment where a defendant has conducted a timely and otherwise procedurally proper utilization review (UR). Where applicable, independent bill review (IBR) applies solely to disputes directly related to the amount payable to a medical treatment provider under an official fee schedule in effect on the date the medical treatment was provided. All other medical treatment disputes are non-IMR/IBR disputes. Such non-IMR/IBR disputes shall include, ~~but are not limited to:~~

*Coalition Recommendation #2*

We recommend completely striking 10451.2(c)(1)(C) because it would establish, as a matter of WCAB policy, that a mere assertion of procedural deficiencies is sufficient to

avoid the protections established by the legislature through the creation of IMR and IBR. This is an issue that is more appropriately addressed in the IMR and IBR regulations, which are currently being promulgated by the Division of Workers Compensation (emergency regulations are in place). Our coalition would once again ask the WCAB to act in furtherance of the legislature's clearly expressed intent to limit unnecessary litigation and burdensome procedures.

### **§10451.3 Petition for Costs**

We commend the WCAB for strengthening the regulations with respect to scenarios where a petition for costs can be used to pursue payment for medical treatment, medical legal services, and interpreter services. While it is clear that the labor code needs additional clarification, we believe that the modifications to this section are consistent with the legislature's intent when establishing lien reforms, IMR, and IBR.

### **§10608 (b) Service of Medical Reports and Medical-Legal Reports on a Party of Physician Lien Claimant**

First, our coalition is supportive of the amendment to 10608(b)(1) that allows for service of records within ten calendar days instead of six. Second, the draft rules currently require the service of medical reports and medical-legal reports on lien claimants before they are an actual party. We do not believe that this is necessary, or even desirable. A lien claimant is likely to have the medical records that are relevant to their billing dispute – the medical records from the treatment that they provided. There is no need to serve a physician lien claimant with all of the medical reports and medical-legal reports in a claims administrator's possession. Furthermore, additional service requirements on claims administrators distract from the primary function, which is to provide timely benefits to injured workers.

#### Coalition Recommendation

Our coalition recommends that the WCAB revise this subsection to clarify that lien claimants need not be served with medical records until after they have become a party. Earlier service is not needed, and it also represents a distraction from the core functions of claims administrators.

### **§10608.5 Service by Parties and Lien Claimants of Reports and Records on Other Parties and Lien Claimants**

Our coalition is concerned that the wording in 10608.5(a) is confusing because instead of simply providing the different document service methods it notes that certain methods are "preferred". This preference has no effect on what is actually allowed and therefore serves no purpose. Please see the earlier reference to e-mail service.

#### Coalition Recommendation

Remove from 10608.5(a) all references to "preferred" methods of service since they carry no weight in cases before the WCAB.

#### Recommended Modification to 10608.5(a)

In order to promote cost-effective and efficient discovery and information exchange, document service between parties and lien claimants may be effected by CD-ROM, DVD, or other electronic media including e-mail attachments, except as provided in subdivision (b) below. ~~Production in PDF/A format shall be the preferred form of service. Indexing of documents and Bates-stamping of pages shall also be preferred.~~

### **§10770.1 Lien Conferences and Lien Trials**

The WCAB should be careful to not over-regulate and remove appropriate discretion from the hands of judges. We are concerned that section 10770.1(c)(2) does exactly that by regulating what a judge “may” do when a lien claimant fails to submit proper written proof of prior timely payment. Directing the judge on what he or she “may” do is a training issue and does not belong in the Rules of Practice and Procedure.

#### *Coalition Recommendation*

Remove the portion of 10770.1(c)(2) that overregulates the actions of judges and instead focus on proper training to ensure that they understand their options.

#### *Recommended Modification to 10770.1(c)(2)*

The following requirements must be met to satisfy the lien claimant’s burden of demonstrating prior timely payment:

- (A) Proof of prior timely payment shall be in the form provided by the Rules of the Administrative Director or by a printout from the Public Information Search Tool of EAMS. An offer of proof or a stipulation that payment was made shall not be adequate.
- (B) Proof of prior timely payment of a filing fee must establish that the fee was paid contemporaneously with the filing of the lien.
- (C) Proof of prior timely payment of an activation fee must establish that the fee was paid before the scheduled starting time of the lien conference set forth in the notice of hearing, except that, if the lien claimant filed the declaration of readiness, the proof shall establish that the activation fee was paid contemporaneously with the filing of the declaration of readiness.

~~If a lien claimant fails to submit proper written proof of prior timely payment, the Workers’ Compensation Appeals Board may elect to conduct a search within the Electronic Adjudication Management System to confirm prior timely payment, but is not obligated to do so, and a failure to conduct such a search shall not be a proper basis for a petition for reconsideration, removal, or disqualification.~~

### **§10957 Petition Appealing Independent Bill Review Determination of the Administrative Director**

Our coalition is generally concerned with what appears to be ambiguous language and regulatory overreach in this section.

Coalition Recommendations for Section 10957(h)

The term “IBR Unit” is used in this portion of the proposed rules. Our coalition is unclear what exactly this is referencing because we are not aware of an IBR Unit that has been established at the DWC. We would suggest modifying the language to avoid confusion, although we don’t have a recommendation for specific language because we are not clear on what is being referenced here.

Again, we are concerned that the regulations include in the draft rules what “may” be done by the WCAB, DWC, or other parties. Our coalition would recommend removing that language from the proposed rules.

Coalition Recommendation for Section 10957(j)

We recommend eliminating the mandatory settlement conference from this portion of the proposed rules because it is unnecessary and serves only to add time and cost to the dispute resolution process. A petition of an IBR determination by the AD does not need to go to an MSC and instead should go straight to trial. We would once again point to the expressed legislative intent in SB 863 and respectfully request that the WCAB’s procedure assist in efforts to streamline litigation.

**§10957.1 Petition Appealing Independent Medical Review Determination of the Administrative Director**

The same concerns expressed with Section 10957, which is specific to IBR, are applicable to this section on IMR. Specifically, Section 10957.1(i) contains problematic language pertaining to what the WCAB “may” do. Again, we see this as unnecessary overregulation and would respectfully request that it be removed.

Also similar to the comments made with respect to Section 10957, we would recommend that the MSC be eliminated from this portion of the regulations. A petition of an IBR determination by the AD does not need to go to an MSC and instead should go straight to trial. We would once again point to the expressed legislative intent in SB 863 and respectfully request that the WCAB’s procedure assist in efforts to streamline litigation.

**§10959 Petition Appealing Medical Provider Network Determination of the Administrative Director**

Our coalition is extremely concerned with Section 10959(a), which covers appeals of MPN-related determinations of the AD. First, we are concerned with the scope of the definition of “aggrieved person or entity”, which is so expansive that it could conceivably include unrelated MPNs seeking to undermine competitors in the marketplace. We are also concerned with the inclusion of “a group of injured employees” in the definition of “aggrieved person or party”. There is nothing in the authorizing statute (LC 4616 et seq.) that provides for this and would only serve a source of un-needed litigation.

Additionally, there have been extensive changes to the authorizing statute (lc4616 et seq) that are going to require regulation from DWC and our coalition believes it would be premature for the WCAB to wade in on this topic until the DWC regulations have been enacted.

Recommended Modification to Section 10959(a)

Any aggrieved person or entity may file a petition appealing a determination of the Administrative Director (AD) to: (1) deny a medical provider network (MPN) application; (2) revoke or suspend an MPN plan; (3) place an MPN plan on probation; (4) deny a petition to revoke or suspend an MPN plan; or (5) impose administrative penalties against an MPN or against an insurer, employer, or other entity providing MPN services.

For purposes of this section, an "aggrieved person or entity" shall include, ~~but is not necessarily limited to,~~ an MPN, an MPN applicant, an insurer, an employer, or any other entity that provides or seeks to provide MPN services. ~~It shall also include, but is not necessarily limited to, an injured employee or a group of injured employees alleging that the AD failed to act in accordance with the MPN regulations regarding third party petitions for suspension or revocation and should have suspended or revoked a previously approved MPN plan.~~

**Closing Comments**

Thank you once again for the opportunity to provide commentary on the proposed regulations. Our coalition looks at the revised proposal as an improvement over the initial version, and we look forward to the opportunity to work with you as the Rules of Practice and Procedure are finalized.

Sincerely,



Jason Schmelzer  
California Coalition on Workers' Compensation



Jeremy Merz  
CalChamber

Cc: David Lanier, Chief Deputy Legislative Secretary, Office of Governor Edmund G. Brown  
Christine Baker, Director, Department of Industrial Relations  
Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation

August 9, 2013  
Melissa Jimenez  
Collections Department  
Helen S. Ruiz Interpreting Service

Amended and corrected SB number (SB 863)

As a collector for Helen Ruiz Interpreting Service, I have seen the unreasonable delays by the insurance companies when seeking payments of our bills. Even though we are constantly sending reminders, a delay of four to six years for payment by the insurance company is not uncommon. Now, they will have all the advantages for not paying in a timely manner if the proposed amendments pass. We will not financially survive as a necessary service not only to the Workman's Compensation system, but to the injured worker as well.

Vote NO on the proposed filling and bill review fees!

August 9, 2013  
Melissa Jimenez  
Collections Department  
Helen S. Ruiz Interpreting Service

As a collector for Helen Ruiz Interpreting Service, I have seen the unreasonable delays by the insurance companies when seeking payments of our bills. Even though we are constantly sending reminders, a delay of four to six years for payment by the insurance company is not uncommon. Now, they will have all the advantages for not paying in a timely manner if the proposed amendments pass. We will not financially survive as a necessary service not only to the Workman's Compensation system, but to the injured worker as well.

Vote NO on the proposed filling and bill review fees!

August 9, 2013  
Rosa Cossios  
Cossios International Linguists

Approving the proposed amendments to WCAB rules will be financially devastating for Independent contractors and Language Services and would create an opportunity for further abuse by some insurance carriers. This is already obvious by the implementation of the activation fee. Insurance carriers are already taking advantage of the fee and forcing interpreters to go to court to resolve liens for legitimate services such as AME's and QME's and authorized medical treatment, and then settling the case for the same amount as the original demand made by the Language Provider.

I have been forced to go to court 4 to 5 times in the last few months to collect for AME's that were authorized by the carrier. If the proposed regulations were in effect right now, I would have had to pay \$150 to file the lien plus an additional \$350 for an independent bill reviewer. Fees that I would not be able to recover.

In my opinion, the DIR should preserve the ability of Language Services and Independent Contractors to provide needed interpreting services to the injured worker as the law prescribes, without the financial burden that would be imposed upon interpreters should this regulation be approved.

I am a State Certified Administrative Hearing Interpreter. I have been the owner of a small interpreting agency for the last 25 years.

August 9, 2013  
Lilia Ortiz Candela

I am writing in opposition of proposed changes.

I am interpreter certified since 1985 And have worked exclusively at the worker's comp board approximately since the year 2000. Approximately 80% of my services are rendered at the Board 10% in deposition related services another 10% is spent on Med-legal exclusively through Interpreting agencies (whom guarantee payment even though they might not be able to collect themselves)and other miscellaneous services.

I am an Admin Sate Certified interpreter which provides bona fide services (Services which are delineated in the Labor Code Regs) and services which are either recorded and/or well documented.

I am the prime example of an interpreter which should, for the most part, be paid within the prescribed 60 days or be sent a letter of denial.

It is my personal experience, unfortunately, that I had to hire an employee, not as a luxury but out of the necessity to help me bill and collect,

Insurance companies consistently delay payments and/or have refused to pay me.

KEEP IN MIND THAT THE FOLLOWING REASONS THAT HAVE BEEN DENIED PAYMENTS (available upon your request). ARE FOR SERVICES RENDERED AT THE BOARD ONLY:

That I am not an MPN provider

That I have insufficient documentation to substantiate my service

That I was not pre-authorized

That the services were unreasonable

That it is a denied case

That fees are in excess of medical fee schedule

That the case is ongoing

That Interpreters certification was not provided

That the hearing was canceled [even when they canceled it last minute- 24 hour cancellations are covered by 8 CCR 9795.3 (c)]

That the applicant didn't have to be there (when in fact was present and recorded in the minutes as such & services were in fact provided)

That the claim is disputed

That no evidence was submitted for an excessive charge

That medicals are the responsibility of the patient. Etc. etc. etc. -----

No wonder the whole system is backlogged!

I bill according to 8 CCR 9793.3 (b) which states, in part, that the following fees for interpreter services provided by a certified interpreter shall be presumed to be reasonable: for a Board Hearing ... Shall be billed and paid at the greater of the following (i) At the rate of one half day or one full day as set forth in the Superior Court fee schedule for Interpreters in the county where the service was provided, or (ii) at the market rate.

I have responded to denial letters documenting my market rate for with copies of receipts for recent similar services performed.

Sometimes, I send them copies of their own client's checks where in the current past they themselves have paid according to my market rate. Such is the case, of an attorney taking me to trial right now. He claims my bill is "defective." So the judge has subpoenaed the claimant, the hearing representative and the insurance adjuster. TALKING ABOUT WASTING THE COURTS TIME AND RESOURCES!

Insurance companies allege wanting to clarify issues and simplify the system as a pretext to erode injured worker's benefits- its happened the latter years every time there has been change.

Insurance companies, if you let them, will tell you any bilingual can translate and pay them minimal pay. But please reflect on why the certification system is in place. Certified interpreters are only the unbiased voice of the Injured worker; Take that away and you will open the door to abuse in a large scale.

The workers comp system must compete with all other industries for interpreter resources in the free market. When the worker's comp system is no longer competitive, many able and hard working interpreters will seek new job opportunities else where.

It will be great for the insurance companies when they can tell you there are no certified interpreters available so then we need to use non-certified. Does it sound familiar?

In all my years of experience at the board, I have NEVER seen sanctions applied to insurance companies for their y bad-faith tactics. It's incredible that I can even say that. So don't be lured into a false sense of security when the new proposals have in place punishment and penalties when the rules are not followed by parties.

FINALLY, TO ASK INTERPRETERS TO PAY MORE THAN THEIR OWED TO HAVE THE RIGHT TO BE HEARD DEFIES ALL LOGICAL REASONING.  
Please help stop the craziness!

THANK YOU FOR YOUR KIND CONSIDERATION

link:

[WCABRules@dir.ca.gov](mailto:WCABRules@dir.ca.gov).

August 9, 2013  
Adriana Narez  
Calendar Coordinator  
Helen S. Ruiz Interpreting Service

The proposed interpreter bill review and filling fees for interpreters as indicated on SB 863 will eliminate my job because these fees are higher than the majority of the interpreter bills that our office generates.

My employer will not be able to pay my salary under this proposal, I am the Assignment Coordinator for our service. This proposal if passed will affect the economy as well as the employment issue in this State.  
Vote No on SB 863!

August 9, 2013  
Paul Boutin

I am writing to voice my strong opposition the proposed changes to rules of practice and procedure. These proposed changes would have a devastation effect on countless small business Language Service providers as well as the many interpreters who work for them. It does not seem reasonable to burden these businesses with a \$350 fee if there is a payment dispute. Anyone who is familiar with this business understands that the insurance companies ALWAYS dispute interpreting services, so this will become a standard fee that businesses would be forced to pay over and over again and would basically force these companies to go out of business. The \$150 lien filling fee is also unreasonable. Interpreting is an extremely important part of the workers comp system and essential in achieving the ultimate goal of helping the non English speaking injured worker receive the treatment he or she needs to get back to work.

I have been working as an interpreter for four years now. It took me a while to understand all that goes on behind the scenes and the difficulty every agency has in getting paid for their services. I find it incomprehensible why interpreting, which is such a important and vital part of the workers comp system is continually treated like it's expendable or even a nuisance! Why shouldn't we be paid for our services? What if policemen, firemen had to file lien in order to get paid? Then have to pay another \$350 when there is a dispute to their bill? It would be outrageous right? And that is how I feel about these proposed changes.. Outrageous. Language service providers should be able to file a petition for costs and get paid for their services in a timely manner. That is what is fair, that is what is right. These changes clearly favor the large corporate entities that make millions (billions?) of dollars annually. If approved this will also affect our local economy as the large corporate interpreting agencies are almost exclusively from outside of California.

Thank you for your time and I implore you to do what is right for small business, the injured worker, as well as all independent interpreters in California.

August 9, 2013  
Lupe Manriquez  
LMIS, Inc.

I oppose the "proposed changes".

Over and over, the DIR/DWC has tried to create changes either through the legislative reform or new emergency regulations to reduce filed liens and increase the shortage of certified interpreters. The Lien Activation Fee (\$100) or Lien Filing Fee (\$150), and further, a \$350 fee for Independent Bill Review are not the solutions to these problems made by the insurance carriers. These inequitable fees will definitely leave the state with an increase of litigation costs and a higher shortage of certified interpreters than before the implementation of SB 863.

I have been a state medical interpreter for 19 years, and these "proposed changes" will deeply affect my ability to continue assisting the Injured Worker. It truly is very sad to read the injustice in our profession when the carriers are never penalized or sanctioned for delaying, denying or failing to pay Court, Administrative, or Medical interpreters.

I request that these "proposed changes" cease.

August 9, 2013  
Robert A. Duran  
Duran Interpreting Service

I am writing to voice my opposition to the proposed changes in the Rules and Procedures of the WCAB where it will have a direct impact on the on the injured worker who is not proficient in the English Language.

Interpreters are not the enemy in the debate over the number of liens being filed with the WCAB. We are put into the position of having to file liens because carriers are either simply not paying for our services or they just delay payment until such time that a DOR is filed. Once this happens they suddenly become willing to settle a lien BUT not at the amount the interpreter billed believing that they have the upper hand.

Since the WCAB announced the proposed changes and the implementation of SB863 there has been a disturbing and noticeable trend in the way carriers are paying of interpreter services. Across the board they have begun delaying and/or denying payments as if they're waiting to see how these changes play out. Forget all the current regulations that have time limits on when they have to pay, like CCR 9795.4.

If the Lien isn't resolved at that time, then it's time for a Lien Conference where all Lien Claimants are forced to pay a lien activation fee of either \$100.00 or \$150.00 just to try and collect monies that have, in some cases, been owed for up to 10 years. Forget penalty and interest because the WCAB across the board will not impose sanctions against carriers.

With the proposed changes, carriers can delay payment for up to 60 days and then ask for a second review. If that doesn't work, and I see NO incentive for it to work on behalf of the carriers, the bill(s) that are part of the resulting lien shall be sent for an Independent Bill Review (IBR). Lien Claimant has to fork over another \$350.00 for this process.

So the net result is that it will cost me at least \$500.00 to try and collect on a single bill.

These are draconian measures that the carriers are using to perpetuate a massive fraud on the WCAB - all in the name of relieving an overcrowded court calendar. There will be no incentive to resolve liens except to offer "centavos" on the dollar.

The net result will be that instead of providing an incentive for more qualified interpreters to gain their certification you will be creating a situation whether no one would be willing to become interpreters. Why would anyone want to get into a position of working an assignment, waiting months if not years to get paid and then be forced to pay a "tariff" before getting paid. These types of actions by the government are what lead to the Tea Party in Boston Harbor.

Instead of penalizing the hard working men and women who, for the most part, are small business owners apply equal sanctions on the carriers and their representatives. If I am forced to pay a non-reimbursable fee to justify my lien before an IBR and prevail, then the carriers should also be forced to pay the same when they lose an appeal.

Ninety-nine percent of all interpreters are independent contractors who rely on agencies to provide them with interpreting assignments. If the the agencies aren't getting paid, then the independent-contractor certainly won't get paid. Domino's anyone?

So please reconsider the proposed changes especially when it comes to making the lien activation fee permanent and and Do not put interpreters in the category of having to go through the IMR/IBR process. We are providing a service that in not stretch of the imagination be considered a medical expense. WE ARE LANGUAGE FACILITATORS!

August 9, 2013  
Mark Webb  
Vice-President & General Counsel  
Pacific Compensation Insurance Company

For the rule making file.

Thank you,



30301 Agoura Road  
Agoura Hills, California 91301-2096  
818.575.8500

Toll Free 866.374.8500  
www.pacificcomp.com

August 9, 2013

Neil P. Sullivan  
Assistant Secretary and Deputy Commissioner  
Workers' Compensation Appeals Board  
P.O. Box 429459  
San Francisco, CA 94142-9459  
[WCABRules@dir.ca.gov](mailto:WCABRules@dir.ca.gov)

**RE: Workers' Compensation Appeals Board Proposed Changes to Rules of Practice and Procedure**

Dear Mr. Sullivan,

On behalf of Pacific Compensation Insurance Company, we appreciate the opportunity to provide the following comments on the proposed new Rules of Practice and Procedure relating to proposed 8 CCR § 10959 and disputes over whether the Administrative Director (AD) is properly overseeing the functions of Medical Provider Networks (MPNs).

Paragraph (5) of Subdivision (b) of Labor Code § 4616 states:

“Approval of a plan may be denied, revoked, or suspended if the medical provider network fails to meet the requirements of this article. *Any person contending that a medical provider network is not validly constituted may petition the administrative director to suspend or revoke the approval of the medical provider network.* The administrative director may adopt regulations establishing a schedule of administrative penalties not to exceed five thousand dollars (\$5,000) per violation, or probation, or both, in lieu of revocation or suspension for less severe violations of the requirements of this article. Penalties, probation, suspension, or revocation shall be ordered by the administrative director only after notice and opportunity to be heard. Unless suspended or revoked by the administrative director, the administrative director’s approval of a medical provider network shall be binding on all persons and all courts. A determination of the administrative director may be reviewed only by an appeal of the determination of the administrative director filed as an original proceeding before the reconsideration unit of the workers’ compensation appeals board on the same grounds and within the same time limits after issuance of the determination as would be applicable to a petition for reconsideration of a decision of a workers’ compensation administrative law judge.”  
(Emphasis supplied)

Proposed 8 CCR § 10959 would appear to be conflating two distinct procedures in its effort to provide a process for appealing a determination by the Administrative Director (AD) regarding whether a Medical Provider Network (MPN) is properly operating under the appropriate laws and regulations. This statute contemplates two processes: (1) an MPN applicant disputing a penalty, probation, denial of an application, revocation, or suspension by the AD or (2) A person disputing whether an approved MPN should have its approval revoked or suspended.

For the former, a “person aggrieved” is the MPN applicant. For the latter, a “person aggrieved” is a natural person who has been disadvantaged by the continued alleged illegal operation of the MPN different from the general interest the public has in seeing laws enforced. We agree with the Appeals Board with the “person aggrieved” standard, but are suggesting that to allow any “person aggrieved” to challenge the penalty, suspension, or other disciplinary action taken by the AD against an MPN is too expansive a reading of Labor Code § 4616(b)(5).

There are a number of reasons why this is an important distinction for the Board to make. First, the proposed regulations suggest that a person aggrieved could intervene in an enforcement action before the AD in a discipline hearing regarding an MPN. It also suggests that the settlement of an enforcement action between an MPN and the AD could, in essence, be collaterally attacked by a “person aggrieved” who was not a party to the enforcement action. [See: proposed 8 CCR § 10959(a)(5)] Such a conclusion would impermissibly infringe upon the AD’s ability to discipline its regulated entities.

There is also no authority to expand the scope of the Senate Bill 863 (De León) amendments to Labor Code § 4616(b)(5) to include challenges by groups of injured employees. Indeed, the proposed language raises the specter of collateral challenges to providing medical benefits through an MPN by injured workers during the pendency of a claim. The Legislature already spoke to at least one practice of challenging medical treatment under an MPN in Labor Code § 4616.3(b) relating to providing notices. Given the vague criteria under which “any person” can challenge the validity of an MPN, the Board should take care to make certain that a person “aggrieved” has more of a showing of harm than raising potential technical violations of the statutes and rules governing MPNs.<sup>1</sup> Indeed, the Board should especially take care to make certain that the remedies available under such challenges are not broader than that which could be asserted by the AD.

Specifically, the question that is raised by the new statutory language is what happens if the person aggrieved successfully convinces the Board that an MPN is not operating under the various criteria set forth in 8 CCR § 9767.14? To date, that issue has not been presented to the Board because, it can be fairly assumed, the AD and MPN applicants have discussed and cured violations and suspension or revocation has not been required. But the amendments to Labor Code § 4616(b)(5) place the WCAB in an awkward position of, in essence, assuming the role of the AD in enforcing the MPN statutes and

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<sup>1</sup> While this discussion has focused on injured workers filing petitions, there is also a need to understand what happens if a provider challenges the MPN or if a competing MPN does should the WCAB allow more than natural persons to access this procedure.

rules. There is a fundamental difference, however, between an administrative process and a quasi-judicial procedure. This is especially the case where, potentially, the aggrieved injured employee petitions the WCAB for a review of a denial of suspension or revocation of an MPN authorization while it is simultaneously seeking self-procured treatment or a QME to resolve a disputed medical procedure or request for authorization.

Respectfully, the unintended consequences of this legislation and its implementing regulations need further discussion before these regulations are adopted.

Finally, while not a criterion expressly of WCAB rules, it should also be noted that proposed 8 CCR § 10959 lacks clarity. It states that penalties can be imposed on, "...an MPN or against an insurer, employer, or other entity providing MPN services." Labor Code § 4616(a) states, "...an insurer, employer, or entity that provides physician network services may establish or modify a medical provider network..." In other words, the insurer, employer, or entity providing MPN services *is* the MPN. There are already enough cumulative penalties in the Labor Code, suggest additional ones by differentiating between the MPN and the entities that can be an MPN would seem unnecessary.

Thank you in advance for your consideration of these comments.

Sincerely,

Mark E. Webb  
Vice-President & General Counsel

August 9, 2013  
Marta N. Granados  
Certified Court Interpreter

This email is to respectfully request that you allow interpreters to file petition for costs in order to request the judge's assistance in getting interpreters paid for services provided instead of having to file liens.

I ask that you please DO THE MATH!

If I provide interpreting services at a medical appointment and charge according to your fee schedule, I will submit an invoice to the insurance company for \$90. I will then wait several months to be paid, after no payment or explanation is received, you expect me to pay \$150 to file a lien, wait several years for the case to settle since judges don't want to deal with liens until after the case settles and then pay \$100 to activate my lien!!!

This same situation applies to depositions, which are usually scheduled by defense attorneys but paid by insurance companies. I will provide the service, bill \$156.56 according to fee schedule and several months, sometimes years, when I have exhausted all other options and my patience and I still have not been paid, I decide to file a lien. Again you expect me to invest \$250 in hopes of collecting the \$156.56?

Since most interpreters cannot afford to wait for this whole process to take place nor can we afford to invest more money than what we are owed, many of us will stop interpreting for injured workers thus affecting their rights to have an interpreter present.

Please consider the fact that we are here to aid in the process and allow monolingual non-English speaking injured workers to exercise their rights to an interpreter.

Independent interpreters receive no benefits, fee schedule has not been increased since I believe 2004 (I'm not sure of date but I believe it's been over 10 years) and now you expect us to file liens and pay the required fees in order for us to get paid for services we provided?

Thank you for considering my comments.

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Thank you for considering my comments.

August 9, 2013  
Debora R. Marchevsky  
Certified Federal Interpreter

**This is to remark that I am in full agreement with the plea of the interpreters to the WCAB and the Governor of California. The proposed regulations would be disastrous to our profession and livelihood!**

I am writing to express my concerns over the proposed regulations for interpreters in the Workers' Compensation System regarding specifically on the content about the compensation of interpreters for their work. The professional standard for all fields of interpreting requires that interpreters must have command of both English and the language spoken by the non-English speaker (the target language) and be able to maintain the register of the individuals they interpret for. In this case: the injured worker, doctors, attorneys and judges. Thus, it is a well established fact that many years of study, ability and experience are necessary to become a skilled interpreter. Consequently, we should advocate that interpreters working in the Workers' Compensation System become certified and continue to improve their skills over time as they gain experience for which, a financially rewarding livelihood is paramount. But, rules and regulations such as the ones proposed on interpreter services payment only advocate for the worse situation to occur, promoting mediocrity, unethical behavior and unprofessionalism in the field linked to the lowest pay possible to the interpreter.

The proposed regulations will probably lead to very unfortunate situations such as Carriers having the ability to create subsidiary Interpreter Services Agencies and providing consent from the parent company, under the guise of "*preferred vendor*," to contract **substandard, underpaid** interpreters to perform the services causing incalculable prejudice and harm to the legal case and to the interpreter profession. In fact, this is already happening as there are at least four agencies that have inside "contacts" to get contracted exclusively by Carriers to perform interpreter services. There are huge **out-of-state** agencies that compete with small local businesses. There is at least one that is a subsidiary already of a "Claims Administration Company." These agencies have **out-of-town, out-of-state** or even **out-of-the-country** "calling centers" that contract interpreters almost exclusively by e-mail with complete ignorance of who these interpreters are or how they perform their duties! These agencies have no notion whatsoever of the skills of their contracted interpreters unless they contract with a certified interpreter!

Other situations that scream of conflict of interest and unethical behavior is that of Chiropractors who own interpreting agencies and Medical Doctors that have their own "in house" interpreters working with their patients while the doctors bill the Insurance Company for the services. This is in absolute opposition to the most basic ethical standards of an interpreter, and probably those of the Chiropractor or Medical Doctor as well. Interpreters are supposed to be objective, unbiased, neutral and independent of the parties involved. This setup is outrageous, interpreters are not supposed to be used to attract clientele or patients to any of the parties involved in a Workers' Compensation case. In contrast, no law office from either side of the Workers' Compensation System has formed or ever owned an interpreter services agency! If an attorney or law office attempted this kind of scheme there would be severe sanctions applied and even disbarment for such unethical conduct. Why then Claims Administrators, Chiropractors, Doctors or Carriers should be allowed this type of colossal lack of ethics and monopolization the interpreter professional by huge Corporations?

The inclusion of interpreter services in MPN's and schedules for payment of interpreter services would only contribute to the promotion of mediocrity and abuse of the profession. The most skillful interpreters will decide to work outside the Workers' Compensation System in more rewarding fields. Thus, this will make it extremely difficult to attract new talent into the Workers' Compensation System. Therefore, the present system of compensation for interpreters attached to the "Market Value" for these services as considered by the present Law is perfectly **fair** since in the Workers' Compensation System the main actor is the injured worker and it is of the upmost relevance that said worker be able to communicate effectively, proficiently and without any bias to either side.

Interpreter services costs should be viewed separately from the medical costs as interpreters are a neutral party that are there to assist the injured worker, physicians, attorneys and judges alike guaranteeing that due process is served in the Workers' Compensation System. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR). The proposed changes to the Workers Compensation Appeals Board rules of practice and procedure make it necessary to file a lien or submit to an independent bill review (IBR) for payment of services. This threatens Interpreter's livelihoods and that of hundreds of families and these changes will have the following negative effects in our industry:

- 1) The Limited English Proficient (LEP) or deaf injured worker will not be able to properly communicate his or her ailment to the doctor leading to a delay of treatment or improper diagnosis.
- 2) Not having certified Interpreters at depositions, court appearances, med-legal examinations and treating appointments will create inadmissible evidence for the courts.
- 3) Not using a professional interpreter will cost insurance carriers hundreds of thousands of dollars in law suits involving equal access.
- 4) Make it difficult for doctors and lawyers, who benefit by being able to understand the LEP injured worker to provide a better service thus saving time and money.
- 5) Violation of Civil Rights Act Title 6 which prohibits discrimination on the basis of race, color and national origin in programs and activities receiving adequate workers compensation assistance.
- 6) The State of California, which will lose untold millions of tax dollars paid by interpreting agencies and interpreters. Whereas many of these insurance carriers are headquartered outside of California and pay NO state taxes.
- 7) Local agencies and interpreters will lose their jobs and will be forced to close their doors if this law passes.

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August 9, 2013  
Alma Boutin-Martinez, PhD

I strongly oppose the proposed modifications to the WCAB Rules. These proposed changes would have a devastating effect on countless small business Language Service providers in addition to many of their employed interpreters. It is unfair burden these businesses with fees, especially since that insurance companies generally dispute payment for interpreting services. In addition to the high and unnecessary fees, another problem associated with the proposed modifications is that before the DOR is filed, lien claimant must send a demand in writing and within 90 days. This would force many agencies to pay several thousands of dollars to simply keep liens active. Since it often takes small agencies years to be paid for their services, the majority of small businesses will find it difficult (if not impossible) to pay these fees. Consequently many agencies will not be compensated for interpreting services that were performed years ago. Clearly these independent agencies deserved to be paid for their interpreting services, therefore I encourage you to not approve the proposed modifications to the WCAB Rules. Approving these modifications would be detrimental as it would force numerous interpreting agencies to go out of business. In summary, medical interpreting is an extremely important part of the workers compensation system. Furthermore, the field of interpretation is essential in achieving the ultimate goal of helping the non-English speaking injured worker receive the treatment he or she needs to get back to work. If the proposed changes are approved several interpreters would have to work for large corporate agencies that prefer to use uncertified interpreters, have a history of not paying interpreters in a timely manner, and pay interpreters a significantly lower wage per appointment.

Thank you for your time and I plead you to do what is right for small business, the injured workers, as well as all independent interpreters in California.



## California Workers' Compensation Institute

1111 Broadway Suite 2350, Oakland, CA 94607 • Tel: (510) 251-9470 • Fax: (510) 251-9485

August 9, 2013

VIA E-MAIL to [WCABRules@dir.ca.gov](mailto:WCABRules@dir.ca.gov)

Neil P. Sullivan, Assistant Secretary & Deputy Commissioner  
Workers' Compensation Appeals Board  
P.O. Box 429459  
San Francisco CA 94142-9459

ATTN: Annette Gabrielli, Regulations Coordinator

### **RE: Comments on proposed Workers' Compensation Appeals Board Rules of Practice and Procedure**

Dear Mr. Sullivan:

These written comments on additional modifications to the WCAB Rules of Practice and Procedure are presented on behalf of the members of the California Workers' Compensation Institute (CWCI). Institute members include insurers writing 70% of California's workers' compensation premium, and self-insured employers with \$42B of annual payroll (24% of the state's total annual self-insured payroll).

Insurer members of the Institute include ACE, AIG, Alaska National Insurance Company, AmTrust North America, Chubb Group, CNA, CompWest Insurance Company, Crum & Forster, Employers, Everest National Insurance Company, Farmers Insurance Group, Fireman's Fund Insurance Company, The Hartford, Insurance Company of the West, Liberty Mutual Insurance, Pacific Compensation Insurance Company, Preferred Employers Insurance Company, Springfield Insurance Company, State Compensation Insurance Fund, State Farm Insurance Companies, Travelers, XL America, Zenith Insurance Company, and Zurich North America.

Self-insured employer members include Adventist Health, Agilent Technologies, City and County of San Francisco, City of Santa Ana, City of Torrance, Contra Costa County Schools Insurance Group, Costco Wholesale, County of San Bernardino Risk Management, County of Santa Clara Risk Management, Dignity Health, Foster Farms, Grimmway Enterprises Inc., Kaiser Foundation Health Plan, Inc., Marriott International, Inc., Pacific Gas & Electric Company, Safeway, Inc., Schools Insurance Authority, Sempra Energy, Shasta County Risk Management, Southern California Edison, Sutter Health, University of California, and The Walt Disney Company.

## **Introduction**

The Institute's members appreciate the efforts made by the WCAB to define the Board's role in determining liens and costs under the new statutory schemes for resolution pursuant to SB 863. The newly-revised regulations reflect the limits imposed by the statute for the resolution of disputes regarding treatment and medical billing issues, as well as the comprehensive statutory revisions to lien litigation. Most of the ambiguities regarding liens and petitions for cost have been clarified. Our comments are intended to provide additional clarity and to simplify the interplay between the new independent medical review (IMR), independent bill review (IBR), and the jurisdiction of the Board and the WCALJs.

In a number of areas, noted below, the Board is attempting to regulate, in detail, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge. These proposed regulations are redundant of other policies and procedures and simply state the discretion of the WCALJs with regard to trial procedures. Such reminders would be useful in training but add nothing to the regulatory system being created by the Board.

Some of the proposed regulations set up very technical procedures and imply that non-substantive, technical defects in the IMR or IBR process will defeat the authority of the independent reviewer and give the WCALJ or the WCAB jurisdiction to determine treatment issues or billing disputes. Purely technical deficits, like the failure to send the IMR application, using the wrong font on a notice, or other minor failures that have no substantive effect on the process will only encourage litigation before the Board on issues that the Legislature has relegated to independent review.

**RECOMMENDED CHANGES** are indicated by underscore and ~~strikeout~~.

## **Section 10301(h)(4) Definitions**

### **Recommendation**

(h) "Cost" means any claim for reimbursement of expense or payment of service that is not allowable as a lien against compensation under Labor Code section 4903. "Costs" include, but are not limited to: ...

(4) "any amount payable as a medical-legal expense under Labor Code section 4620 et seq." that is not subject to Independent Bill Review.

## **Discussion**

In line with the other clarifications included by the Board, adding the reference to independent bill review makes it clear that filing medical legal bills directly with the Board is not proper.

### **Section 10451.1(b)(1)(C) Determination of Medical Legal Expense Disputes Recommendation**

(b)(1)(C) services rendered by a certified interpreter, as defined in Labor Code section 4620(a), during a medical-legal examination; and ...

#### **Discussion**

This reference to section 4620(a) provides greater clarity and incorporates the regulations implementing the use of certified interpreters.

### **Sections 10451.1(b)(2) and 10451.3(b)(2)**

#### **Recommendation**

10451.1(b)(2) "medical-legal provider" shall mean any person or entity that seeks payment for or reimbursement of a medical-legal expense, ~~other than an employee, a dependent, or the attorney or non-attorney representative of an employee or dependent who directly paid for medical-legal goods or services.~~

~~10451.3(b)(2): A petition for costs filed by an employee, a dependent, a defendant, or their attorney or non-attorney representative may seek reimbursement for payment(s) previously made directly to a provider of medical-legal goods or services, subject to any applicable official fee schedule. A petition for costs shall not be filed by a medical-legal provider.~~

#### **Discussion**

These provisions, as drafted, allow a medical legal provider to circumvent the IBR process by demanding and securing payment in advance and putting the onus to obtain reimbursement on the parties. Section 4622 defines the payment process for medical legal bills and section 4622(c) establishes the procedures for determining the appropriate payment of a medical legal bill. Section 4622(b)(4) requires medical legal bills to be adjudicated through the IBR process. It is routine in some areas for applicant's attorneys to pay medical legal providers in advance and file petition for cost for reimburse. The Board's Rules of Practice and Procedure should not encourage this kind of work-around.

### **Section 10451.1(c)(1)(B) Determination of Medical-Legal Disputes**

#### **Recommendation**

~~(B) medical-legal goods or services provided prior to January 1, 2013;~~  
Renummer remaining sub-paragraphs.

#### **Discussion**

SB 863 was a carefully balanced measure that was calculated to raise benefits and offset those increases with an estimated \$1.3 billion in system cost reductions. The net cost reduction was \$520 million. (WCIRB analysis dated August 27, 2012 and October 12, 2012, available on the WCIRB website.) If an incorrect effective date is imposed by regulation, then some of the intended cost reductions will be lost and the balance created by SB 863 will be compromised.

The Board's rationale regarding the applicability of IBR to matters pending before January 1, 2013 impermissibly narrows the scope of Labor Code section 4603.6 and is therefore invalid. Section 4603.6 establishes a new system of bill review and specifically applies that system to medical legal bills in section 4622(b)(4). It is the Institute's contention that the administrative director misinterpreted the scope of IBR and that the Board's stated reasons are equally erroneous and make section 10451.1(c)(1)(B) void.

A rule or regulation that impairs the scope of the statute is invalid. Mendoza v WCAB (2010) en banc opinion 75 CCC 634; Costa v. Hardy Diagnostic (2006) 71 CCC 1797. In this instance, it is the express direction contained in section 4622(b)(4) that determines whether and when IBR applies to medical legal bills. As the Board notes, the Legislature directed that SB 863 "shall apply to all pending matters, regardless of injury, unless otherwise specified in this act ...". Section 139.5 refers to the creation of the procedures necessary to initiate IBR immediately; it does not establish the effective date of this new statutory program. The reference in section 139.5(a)(2) to injuries on or after 1/1/13 does not define the effective date because it would conflict with Labor Code section 4610(a)(2) that specifically refers to UR decisions "regardless of the date of injury". Section 84 establishes the effective date for IBR as applying to medical bills received on or after 1/1/13 regardless of the date of injury, as these are the that can comply with the new statutory review system. Therefore, if a medical legal bill is received by the claims administrator on or after 1/1/13 and a dispute is presented to a WCALJ for resolution, it should be referred to the independent bill reviewer immediately to be determined in accordance with Section 4603.6.

#### **10451.1(c)(1)(E) and (F) Determination of Medical-Legal Disputes Recommendation**

Strike both sub-paragraphs.

#### **Discussion**

Both sub-paragraphs state that the Board may resolve issues related to a waiver of rights. The Labor Code sections 4622, 4603.3, and 4603.6 contain the grounds necessary to establish a waiver, as well as the procedures and elements establishing a valid waiver.

The Board's effort to define waiver by a regulation is like an attempt to define "good cause". A waiver of rights is a factual and legal question, which defies definition but must be determined, case by case, by an adjudicator. The finding of a technical defect raises the question of whether the defect is sufficiently significant to justify a waiver of rights. The proposed regulations use the phrase "including but not limited to ..." and this effectively renders the following sub-paragraphs meaningless, mere examples of what the regulations might mean. The regulation is incomplete, cannot be comprehensive, and is, therefore unnecessary and should be deleted.

## **10451.1(g) and (h) Determination of Medical-Legal Disputes Recommendation**

Strike both subsections entirely and renumber the remaining sections.

### **Discussion**

See the discussion above relating to sections 10451.1(c)(1)(E) and (F). The discussion of waiver in these subsections adds nothing to Labor Code sections 4620 and 4621 and the regulations established to implement those statutes. The Board's revised regulations are an attempt to define waiver by regulation and, again, a waiver of rights is a factual and legal issue, which must be determined on a case by case basis.

The finding of a technical defect requires a determination as to whether the defect is sufficiently significant to justify a waiver of rights. The regulation is incomplete, cannot be made comprehensive, and is, therefore, unnecessary and should be deleted.

With regard to subsection (h), bad faith actions or tactics, Labor Code section 5813 is a self-executing statute and the implementing regulation (section 10561) provides adequate guidance for addressing these issues, making subsection (h) redundant and unnecessary.

## **10451.1(g)(2)(A) Determination of Medical-Legal Disputes Recommendation**

### **(2) Waiver by a Medical-Legal Provider**

(A) A medical-legal provider's bill will be deemed satisfied, and neither the employee nor the employer shall be liable for any further payment, if the Workers' Compensation Appeals Board determines that the defendant issued a timely and proper EOR and made payment consistent with that EOR within 60 days after receipt of the provider's written billing and report and, within 90 days after service of the EOR, the provider failed to make a proper request for a second review in the form prescribed by the Rules of the Administrative Director.

### **Discussion**

If the Board retains subsection (g), then the recommended clarification should be made, as this is a statutory requirement.

## **Section 10451.2(c) Scope of IMR/IBR**

### **Recommendation**

#### **(c) Medical Treatment Disputes Not Subject to Independent Medical Review and/or Independent Bill Review**

(1) Where applicable, independent medical review (IMR) applies solely to disputes over the necessity of medical treatment where a defendant has conducted a ~~timely and otherwise procedurally proper~~ utilization review (UR). Where applicable, independent bill review (IBR) applies solely to disputes directly related to the amount payable to a medical treatment provider under an official fee schedule in effect on the date the medical treatment was provided. All other medical treatment disputes are non-IMR/IBR disputes. Such non-IMR/IBR disputes shall include, but are not limited to: ...

(C) an assertion by an employee or a medical treatment provider that IMR is not required because UR was not undertaken ~~or not timely undertaken~~ ~~or was otherwise procedurally deficient~~; however, if the employee prevails in this assertion, the employee or provider still has the burden of showing entitlement to the recommended treatment;

## **Discussion**

In this section, the WCAB implies, inappropriately in our view, that the authority of the IMRO may be usurped by the Board based on technical defects or procedural deficiencies. To the extent that these regulations create or support the assertion of non-substantive technicalities to defeat the jurisdiction of IMR or IBR, the Board is inviting litigation that the Legislature intended to eliminate from the appeals board's purview.

The express legislative intent relevant to IMR is contained in section 1 of SB 863:

(11) The bill would require that final determinations made pursuant to the independent bill review and independent medical review processes be presumed to be correct and be set aside only as specified.

The implication in section 10451.2(c) is that technical defects or "procedural deficiencies" can be sufficient to defeat the IMR process entirely and allow WCALJs and the Board to reacquire jurisdiction over the need for medical treatment and the validity of utilization review. That is exactly contrary to the legislative intent underlying the establishment of the IMR and IBR processes in SB 863.

The use of technical defects to circumvent the independent medical review is already being publically discussed by the applicant's attorneys association, Judge Casey, and Judge Moran. It is being taught as an opportunity to retrieve the adjudication of medical treatment and return that issue to the WCALJs. Judge Casey and Judge Moran are preaching that "any technical defect" means that utilization review never occurred and that treatment issues can then be decided by the WCALJ. Judge Moran advised the recent CAAA Convention that she would be looking for any and every technical defect in the UR process to nullify the medical review decision and the procedure established by the Legislature to have that issue determined by an independent medical reviewer.

An example of what this will mean is the requirement to attach a completed IMR Form to the UR decision. Clearly, if the form is not attached or if all of the boxes are not checked, some judges will rule that the utilization review process never happened and they will adjudicate the medical treatment issue, even as the IMR process continues. Technical defects or "procedural deficiencies" used to invalidate the utilization review must be substantive and based on a violation of the statutory requirements and the equivalent of "a neglect or refusal to provide reasonable medical treatment." The Board's Rules of Practice and Procedure must acknowledge and affirm the primacy of these new statutory adjudication processes and resist the unintended encouragement to litigate these issues before the WCALJ based on insignificant technicalities.

SB 863 has instituted sweeping change to the adjudication of medical treatment, billing disputes, and liens. These statutory changes obligate the WCAB to redefine its role in the determination of these disputes precisely and clearly in order that these new adjudicative mechanisms function as the Legislature intended. The statute establishing IMR and IBR are self-executing and authorize the administrative director to levy significant administrative penalties for any delays caused by the claims administrator. The Board's regulations proposed in these sections will only cause confusion and encourage litigation.

### **Section 10608.5 Service of Reports and Records**

#### **Recommendation**

(a) In order to promote cost-effective and efficient discovery and information exchange, document service between parties and lien claimants may be effected by CD-ROM, DVD, or other electronic media including e-mail attachments (subject to prior approval of the parties), ...

#### **Discussion**

Communication by e-mail is efficient and convenient but it requires a certain amount of coordination, particularly with regard to medical reports and records. E-mail communication can be disrupted by firewall security, the size of the file being sent, and delivery to erroneous addresses. This method of service is acceptable, so long as the parties and lien claimants agree in advance to the procedures to be followed and the limitations of the systems and coordinate the deliveries to specified, secure e-mail addresses.

### **Section 10770.1(c)(2) Lien Conferences and Lien Trials**

#### **Recommendation – Delete the final paragraph**

~~If a lien claimant fails to submit proper written proof of prior timely payment, the Workers' Compensation Appeals Board may elect to conduct a search within the Electronic Adjudication Management System to confirm prior timely payment, but is not obligated to do so, and a failure to conduct such a search shall not be a proper basis for a petition for reconsideration, removal, or disqualification.~~

#### **Discussion**

This paragraph should be eliminated because it attempts to regulate, unnecessarily, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge and because the burden of proof regarding the lien filing fee is clearly on the lien claimant. This sub-paragraph is an effort to instruct WCALJs regarding the litigation process, which is an issue that could be developed in a training program but is unnecessary and inappropriate for a regulation.

### **Section 10957(b) Petition Appealing IBR**

#### **Recommendation**

(b) The petition shall be filed with the Workers' Compensation Appeals Board no later 20 days after the IBR organization serves the determination. An untimely petition may be summarily dismissed.

## **Discussion**

This addition clarifies the entity required to serve the determination.

## **Section 10957(h) Petition Appealing IBR**

### **Recommendation – delete (h) and renumber.**

~~(h) Upon receiving notice of the petition, the IBR Unit may download the record of the independent bill review organization into EAMS, in whole or in part. The Workers' Compensation Appeals Board, in its discretion, may: (1) admit all or any part of the downloaded IBR record into evidence; and/or (2) permit the parties to offer in evidence documents that are duplicates of ones already existing in the downloaded IBR record.~~

## **Discussion**

This subsection should be deleted because subsections (e) and (f) essentially cover these issues and because it attempts to regulate, unnecessarily, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge. The issues here may be appropriate for a training program to achieve greater uniformity and compliance but is excessive as a regulation.

## **Section 10957(j) Petition Appealing IBR**

### **Recommendation**

(j) The petition shall be adjudicated by a workers' compensation judge at the trial level of the Workers' Compensation Appeals Board utilizing the same procedures applicable to claims for ordinary benefits, ~~including but not limited to the setting of a mandatory settlement conference~~, except that the IBR determination shall be presumed correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the Labor Code section 4603.6(f) statutory grounds for appeal.

## **Discussion**

The IBR process is intended to be an expeditious resolution of billing disputes. Setting an MSC for a petition for review should be unnecessary (so long as the petition complies with the requirements of section 10957) and will only delay the final determination.

## **Section 10957.1(c) Petition Appealing IMR**

### **Recommendation**

(c) The petition shall be filed with the Workers' Compensation Appeals Board no later than 20 days after the ~~AD~~ independent medical review organization served the IMR determination. An untimely petition may be summarily dismissed.

## **Discussion**

In accordance with the statute, the IMR determination is served on the parties by the IMR organization and the time to appeal begins then.

### **Section 10957.1(i) Petition Appealing IMR**

~~(i) Upon receiving notice of the petition, the IMR Unit may download the record of the independent bill review organization into EAMS, in whole or in part. The Workers' Compensation Appeals Board, in its discretion, may: (1) admit all or any part of the downloaded IMR record into evidence; and/or (2) permit the parties to offer in evidence documents that are duplicates of ones already existing in the downloaded IMR record.~~

#### **Discussion**

See comments above for subsection 10957(h).

### **Section 10957.1(k) Petition Appealing IMR**

#### **Recommendation**

~~(k) The petition shall be adjudicated by a workers' compensation judge at the trial level of the Workers' Compensation Appeals Board utilizing the same procedures applicable to claims for ordinary benefits, including but not limited to the setting of a mandatory settlement conference unless an expedited hearing is being conducted in accordance with Labor Code section 5502(b). However, the IMR determination shall be presumed correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the Labor Code section 4610.6(h) statutory grounds for appeal.~~

#### **Discussion**

The issue to be adjudicated is so narrow that an MSC is unnecessary and the subsection attempts to regulate, unnecessarily, routine trial procedures within the discretion of the Workers' Compensation Administrative Law Judge.

### **Section 10959(a) Petition Appealing Medical Provider Network Determination**

#### **Recommendation**

~~For purposes of this section, an "aggrieved person or entity" shall include, but is not necessarily limited to, an MPN, an MPN applicant, an insurer, an employer, or any other entity that provides or seeks to provide MPN services. It shall also include, but is not necessarily limited to, an injured employee or a group of injured employees complaining alleging that the AD failed to act in accordance with the MPN regulations regarding third party petitions for suspension or revocation and should have suspended or revoked a previously approved MPN plan.~~

#### **Discussion**

This sub-paragraph is premature and at cross purposes with what the DWC has yet to do to regulate actions against MPNs to enforce the statute. As drafted, DWC regulation section 9767.17 addresses the grounds necessary to support the petition, the timing of the filing, and even the necessary form to use but the formal regulatory process has not even been initiated as yet. The Board's regulation sets forth the manner in which that petition may be appealed and who may file it.

By this sub-paragraph the appeals board attempts to define the issue of standing to have the AD's determination reviewed. Labor Code section 4616(b)(5) states that the approval of a medical provider network by the administrative director shall be binding on all persons and all courts. A review of the AD's determination may be conducted only by the Workers' Compensation Appeals Board.

By stating that "It shall also include, but is not necessarily limited to ...", the Board suggests that third parties who are wholly unrelated to the issues involving the MPN would be permitted to question any action taken by the AD under section 4616. Whether an individual or entity is an "aggrieved person" and therefore, has standing to seek review can only be made on a case by case basis in order to determine if there is a sufficient nexus to and relevant interest in the actions of the administrative director. Subdivision (a) is unlimited, overly broad, and fails to conform to the scope of the statute.

Thank you for considering our comments. Please contact me if further clarification is needed.

Sincerely,

Michael McClain  
General Counsel, California Workers' Compensation Institute

MMc/me

cc: Destie Overpeck, DWC Acting Administrative Director  
CWCI Claims Committee  
CWCI Medical Care Committee  
CWCI Legal Committee  
CWCI Regular Members  
CWCI Associate Members

## NOTE:

A significant number of the public comments e-mails the Workers' Compensation Appeals Board (WCAB) received in its Rules mailbox (i.e., DIR WCABRules [WCABRules@dir.ca.gov](mailto:WCABRules@dir.ca.gov)) merely indicated that the person submitting the e-mail had signed an on-line petition entitled "California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review" posted on the change.org website.<sup>1</sup> Neither the petition itself nor the "Reasons for Signing" that its signatories posted on the website was attached to any of these e-mails. Nevertheless, the WCAB believes the persons sending these e-mails intended and/or believed that the WCAB would consider the petition and the posted reasons. Therefore, for completeness and to give meaning to the e-mails relating to the petition that were submitted, the WCAB is including the petition as part of the rulemaking record. It is also including the "Reasons for Signing" that were posted on the website by the end of the public comment period (i.e., Friday, August 9, 2013, at 5:00 PM).

The WCAB observes that the website apparently gave people signing the petition the option to submit an e-mail to the Rules mailbox indicating that they signed. However, in comparing the number of e-mails the WCAB received to the website's representation regarding the number of signatures to the petition, it appears that many more persons signed the petition than those who elected to send an e-mail.

For clarity, the WCAB is including the petition and the "Reasons for Signing" in the rulemaking record above the related e-mails it received.

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<sup>1</sup> [http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1&utm\\_source=target&utm\\_medium=email&utm\\_campaign=one\\_thousand](http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1&utm_source=target&utm_medium=email&utm_campaign=one_thousand)



## **California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review**

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The proposed changes to the Workers Compensation Appeals Board rules of practice and procedure make it necessary to file a lien or submit to an independent bill review (IBR) for payment of services. This threatens Interpreter's livelihoods these changes will have the following negative effects in our industry:

1)The Limited English Proficient (LEP) or deaf injured worker will not be able to properly communicate his or her ailment to the doctor leading to a delay of treatment or improper diagnosis.2) Not having certified Interpreters at depositions, court appearances, med-legal examinations and treating appointments will create inadmissible evidence for the courts 3) Not using a professional interpreter will cost insurance carriers hundreds of thousands of dollars in law suits involving equal access. 4) Make it difficult for doctors and lawyers, who benefit by being able to understand the LEP injured worker to provide a better service thus saving time and money. 5) Violation of Civil Rights Act Title 6 which prohibits discrimination on the basis of race,color and national origin in programs and activities receiving adequate workers compensation assistance 6) The State of California, which will lose untold millions of tax dollars paid by interpreting agencies and interpreters. Whereas many of these insurance carriers are headquartered outside of California and pay NO state taxes. 7) Local agencies and interpreters will lose their jobs and will be forced to close their doors if this law passes.

---

I am a Certified court interpreter. This law is a direct hit to a healthy area of the WCAB system that so far has protected the civil rights of human beings with language limitations, who deserve equal access to social benefits. The passing of this law is as egregious as if you were trying to eliminate the need for attorneys in legal proceedings. Certified interpreters are an imperative link in the chain of our workers comp system, as well as of our justice system. If broken, severe consequences will arise in all directions, hitting directly the injured workers, affecting the work of medical doctors, attorneys, and the livelihood of interpreters.

Who in his right mind would even conceive doing this to the people of California? This is the US. Equal access has to be indisputable!

---

A SALGUERO, SAN FRANCISCO, CA

As a CMI and Legal Interpreter I have invested in my own professional growth, spending a lot of money from my own limited resources to educate myself and become a certified and qualified interpreter, therefore, passing this AB would be in detriment not only of the profession but as a civil servant who is working hard to sustain afloat in this difficult economy, it is unfair to the profession and to the entire population who needs our services to restrain our services in such fashion, especially knowing that as our services continue to be undervalued by many. Thank you.

---

BEATRIZ DAY, DIEGO, CA

Allowing the modifications to the proposed amendments to WCAB Rules will leave the LSP totally at the mercy of the Insurance Companies

---

JUAN CEJA, GROVER BEACH, CA

Economic hardship, continue providing services to injured workers, fair and equitable playing field, assure communication for injured workers.

---

GILBERT CALHOUN, STUDIO CITY, CA

The \$350 fee for IBR can in many cases be more than an interpreter bill. Interpreting services are already facing severe financial pressures due to non-payment for even LC5811 services. It will encourage payers to improperly and unfairly discount interpreter bills, preventing interpreters from being fairly compensated. Also, this will potentially allow bill reviewers unfamiliar with interpreting services, codes and regulations to determine reasonableness of billing.

---

FRANK CRESPI, LAKEWOOD, CA

Because the law is arbitrary and capricious and it is not a medical bill.

---

KIRK ARNOLD, LOS ANGELES, CA

I am currently awaiting to take the exam with the National Board and if this goes forward there is NO way I will work under these conditions! The insurance companies will make it impossible for me to practice my profession as certified medical interpreter. It is evidently clear that there is an attempt by the insurance companies, and or governing parties to allow a for a monopoly to occur. This would come to be directly from the insurance companies. The insurance companies are notoriously known for their unethical manner of business practice as it is, and would continue to be fortified by forcing the interpreting community to file lien , and or IBR costs onto interpreters. When, in fact, they, (the interpreters) follow DIR and CCR protocol guidelines.

For example, if you send an invoice for medical follow appointment when an interpreter was requested by the patient, doctor, and or medical facility to provide language service assistance because the insurer, and or employer failed to provide one, as is the patient's right. And documentation is provided to the insurer that a request signed by all pertinent parties at the time of date of service and you send your invoice charge that is within a reasonable fee, and with proof of market rate. They object constantly, and then by forcing you to pay \$350.00 for an Internal Board Review, and or \$250.00 for filing and activating a lien. If you invoice is only \$140.00. How in Sam's hell is that justified? You abide by the laws. They don't. Tough luck!!! SERIOUSLY?!!!

---

CRISTAL PLOS, LOS ANGELES, CA

Per Labor §9795.3. Patient has a right to interpreter if he or she doesn't not proficiently speak the English language. Insurance carriers are still not paying interpreting fees per the labor code. They know they have to pay but still have lien claimant file a lien of \$ 150.00 or refuse to resolve liens prior to lien conference hearings at the board without the lien claimant paying the \$ 100.00 activation fee. This new proposal with only make fewer jobs for Interpreters and will affect the patients as well.

---

PATRICIA DINGLE, HENDERSON, NV

Many new immigrants may speak English but when very ill they only think well in their native tongue. We need interpreters to help with assessments, teaching and reassuring. We need them to interpret laws and to help teach them the american way of life, Try traveling to a Country were no English is spoken and how wonderful it is when someone can help you when in trouble ie sick lost or eating!

---

ROSA COSSIOS, SANTA ANA, CA

The filing fee is a burden to my agency. I provide interpreters mainly for the defense but this is not a guarantee that I'll get paid. I have to send my attorney several times in the last few months to the WCAB to collect for AME's, some of them from as far back as 2008. The insurance company refused to pay and forced me to file an activation fee. I prevailed but I didn't recover the \$100 for the activation fee. This doesn't make any sense and it is obvious there is bad faith by the carriers.

---

MALIB SIDDIQUEEL, LOS ANGELES, CA

Because it will amount to our economic death.

---

LYA COLE, CHERRY VALLEY, CA

We all need to make an honest living, just like everybody else!

---

STEVEN FIGUEROA, RIVERSIDE, CA

Everyone does equality

---

SUSANA HERNANDEZ, RANCHO CUCAMONGA, CA

I am an Interpreter

---

CLARA NEWTON, INDIO, CA

It means my livelihood, have been doing this work for many years, if the proposed changes take place I will not be able to support myself

---

ROSARIO ESPINOSA, OAKLAND, CA

im an interpreter

---

LINDA RAFAEL, LOS ANGELES, CA

filing a lien and paying a fee creates a complications to interpreter who either goes to the board to hear his filed lien or goes to the field to interpret .

---

ALEXANDER DIAMONDS, LOS ANGELES, CA

This bill and amendment has no other purpose than to destroy our industry!

---

LAURA DIXON, LOS ANGELES, CA

I'VE BEEN A STATE CERTIFIED INTERPRETER FOR 22 YEARS, AND THESE CHANGES WILL PUT MY JOB AT RISK.

---

CLAUDIA CALLE, HAWTHORNE, CA

Labor §9795.3. is very clear stating the need for an interpreter when Injured worker is unable to communicate in English. If we (interpreters), follow the guidelines, why can't Insurance companies do the same?.

---

CATA GOMEZ, VENTURA, CA

We provide a service which is required by law and yet we are being asked to pay additional money to be compensated. It seems very unfair as it is the insurance companies who should be penalized for not compensating for services that have been authorized. Would you ask a teacher or firefighter to file a lien after providing services to get paid?

---

LILLIA ROCHESTER, LOMPOC, CA

My whole career depends on this.

---

IRMA PITHEY, MORENO VALLEY, CA

The proposed changes affect me.

---

FRANK AGUAVO, LOS ANGELES, CA

It's obvious that implementing this proposed change is "absurd". Interpreters who are not reimbursed fully will have no recourse in order to go after the balance. This just empowers the Insurance companies to pay whatever they feel like it.

---

BRENDA TRUJILLO, ANAHEIM, CA

Please help. This will kill the profession of an interpreter in this area with all the new unfair regulations.

---

MONIC SERRANO, NORTH HOLLYWOOD, CA

This is very important to me because if Interpreters cannot work any more because of all these new laws i will lose my job and how will i support my three small children.

---

PATRICIA STONE, SACRAMENTO, CA

We work with Interpreters with most of our cases.

---

MARIA PALACIO, CITY OF INDUSTRY, CA

This petition is important to me because as a state-certified interpreter (20 yrs+), I am almost afraid, certainly reluctant, to interpret in workers' compensation due to the current horrific delay in payment for AMEs, depositions (or deposition-related) and WCAB hearings, even trials. Of these, I would estimate that approximately 50% of the work I do is delayed payment for 1, 2, 3, 4 years, sometimes more (will be happy to provide proof of this).

In addition, a state-certified interpreter's signature is requested, sometimes required on a settlement document before the Court will approve, yet seldom is paid by the carrier.

To litigate and be required to pay \$150 in order to get paid for services provided years ago at a court hearing, a deposition, an AME, a translation and review of a deposition or a settlement document... how can the court allow this?

I know that the carrier would like us to request authorization before interpreting however it is a fact that it is extremely difficult to contact an adjuster in order to request authorization; especially, for example, if you are requested by a doctor on the spot to provide interpreting, or if the attorney and client are poised, ready to sign a settlement agreement.

With all due respect, I understand the force and money behind this proposal however again, please again consider these facts as well as the fact that the amounts billed are the same, less than or slightly above the filing fee...certainly less than the \$150 filing fee, together with the \$350 IBR fee.

---

RENEE ENNABE, CHINO HILLS, CA

I am a California Certified Interpreter, and I deserve to be acknowledged as such by insurance carriers, not only at the time I render my services, but also when I bill for the same.

---

JOHN LOOFBURROW, SACRAMENTO, CA

It is unconstitutional

---

DIANNE BADY, PROCTORVILLE, OH

I have family who would be directly impacted by this \*unjust\* proposed change.

---

OLGA VELASQUEZ, ORANGE, CA

friends and family will be changed against this if this have too

---

WANDA MACHALICA, SACRAMENTO, CA

I am the sole provider for my family and these changes would create financial hardship.

---

LILI LOOFBURROW, OAKLAND, CA

It is unjust to force interpreters to file a lien and pay a substantial fee in order to collect payment for agreed-upon services--insurance companies, which are already notoriously abusive, have no incentive to pay in a timely fashion, and are in fact incentivized \*not\* to pay interpreters by this new system.

---

SERGIO MORALES, VAN NUYS, CA

This petition are killing our business, and also affecting the patient's sake.

---

CLORINDA BACA, ENCINO, CA

I have a small interpreting service and can't afford paying for lien activation. Many times our bill is just for \$165.00 and I doesn't make sense to pay \$100.00 to have our bill paid.

---

CAROLINA HNIZDO, SANTA CLARA, CA

Insurance companies want to pay rates that they set and will destroy my livelihood. This is my only source of income.

---

SALVADOR LUCATERO, CHULA VISTA, CA

If my agency has to pay to collect money owed to me, I will have to cut an employee from the office in order to afford it. One more unemployed worker in California. Maybe one less business if it keeps going like this.

---

CLAUDIO ROSIG, CONCORD, CA

Not having certified Interpreters at depositions, court appearances, med-legal examinations and treating appointments will create inadmissible evidence for the courts.

---

SARAH STEPHENS, CHICAGO, IL

My mother in law has been an interpreter in Los Angeles for many years & has helped countless people.

---

LUCY BLAKNEY, WINNETKA, CA

This is important to me for all of the reasons listed on the petition.

---

REBECA METTS, SACRAMENTO, CA

The cost of filing a lien is often higher than the fee for interpreting services provided. It is too easy to deny payment to interpreters for whatever reason, forcing us to file a lien, but when it doesn't make economic sense to file a lien, the interpreter ends up working for free. Certified interpreters are highly skilled professionals. Please treat us with the respect that we deserve. This law is unfair!

---

JOSEPH HOATS, CORONA, CA

to keep from clogging the court and adding expense with more regulation

---

KRISTY REINAGA

Vital for Communication and social and economical growth

---

LENA ANTOUN, LONG BEACH, CA

I am an Interpreter

---

LORRAINE MORELLI. RANCHO CUCAMONGA, CA

This is important because as a small business owner it would cause a financial hardship because the majority of my work is done at the WCAB and having to pay 100 up front for all the cases I have not been paid for would wipe me out. I do not have the money to pay up front for the 100 or so cases where I have not been paid. Everyone else got paid and I am still waiting to get paid even though the attorney's and insurance adjusters were able to close their files. Also I have already paid out of pocket expenses to the girl who works doing the billing besides the postage and other office expenses. Also if we cannot afford to foot the bill up front, by the stroke of the wand of law, all our work gets dismissed. If any other worker had worked for an employer and did not get paid their hours, they have the recourse to go to the labor board. what is our recourse? Please consider the small business owner and the devastating effect this law will have on us. Thank you.

---

ALIZABETH ALCID, SUNNYVALE, CA

Clear communication is important in any dealings.

---

PATRICIA SANCHEZ ROGERS, TORRANCE, CA

Because I am an Interpreter

---

PALOMA GAOS, SAN FRANCISCO, CA

Bills for interpreters are usually not large enough to afford all the charges associated with filing of a Lien and paying for an Independent Bill Review

---

ASLAN ASLANIAN, TUJUNGA, CA

we are hard working professionals and the applicants need us for court proceedings medical depositions.

we can not wait years to get paid, our livelihood will be in danger.

---

JULIAN GUERRERO, SANTA ANA, CA

1st, people who do not speak English well should be able to have an interpreter when insured.

2st and fore most, I pay for my school and living from working as an independent contractor.

---

MARGARET COURTNEY, SIMI VALLEY, CA

This is a much needed service in this industry. I have been in the WC field for 28 years and without it, we would not be able to properly address the issues of the patients as well as give them the type of treatment/care they deserve.

---

RUTH AYLSWORTH, NORWALK, CA

It means the livelihood of so many interpreters

---

JUAN CARLOS MORALES, GLENDALE., CA

This is NOT a solution to the ever piling liens from interpreters. It is just a way to take advantage of the system by the insurance carriers.

---

VICKIE-MARIE WARD, CITRUS HEIGHTS, CA

Unless the State pays its bills fairly, it is wasting taxpayer as well as service provider monies. It's the right thing to do.

---

DONALD GRAVES, SAN FRANCISCO, CA

I work in the industry and this would not allow me to make a living.

---

MAURICE ABARR, FOUNTAIN VALLEY, CA

Many of my clients will suffer if interpreters are forced to pay lien activation fees.

---

FERNANDO CALDERON, NORTH HOLLYWOOD, CA

I am an interpreter.

---

NOEMI GALLARDO, CAMARILLO, CA

Please do not adopt the proposed changes that will ruin the livelihood of interpreters throughout California and will bar workers from receiving adequate language services. Creating barriers for interpreters to get paid is a discriminatory practice against limited English-proficient individuals who require the services of an interpreter to obtain the legal, medical, and social recourse to which they are entitled. Inevitably, immigrants are disproportionately impacted by the limitations put on interpreters to do their work and receive fair compensation without unnecessary administrative burdens.

---

MARTIN COHEN, VAN NUYS, CA

Filing fees has bankrupted an interpreter I know. The fees play into the hands of the powerful insurance lobby and industry. Pay-To-Play is, in my opinion, unethical and immoral.

---

CRISTINA PROFFITT, PLACENTIA, CA

Filing the lien and/or the IBR fee will be more expensive than the fees owed to the certified interpreter so I consider this a way for insurance companies to squash the little guy, me, and my livelihood.

---

HELEN PALMER, LOS ANGELES, CA

I am a CA state certified interpreter and this negatively affects my livelihood.

---

NGUYEN QUACH, FOLSOM, CA

Allows people who has done their jobs to get paid!

---

OMAR OSORIOS, SAN DIEGO, CA

I am a CMI and I know there is already enough unfairness, bureaucracy and delays as things stand currently. It is as simple as this: the LEP speaker has the right to receive services under Title VI, the service-provider has the obligation to offer that guarantee, the interpreter fulfills that requirement, then the interpreter gets paid for his/her services. Why is there a need to complicate matters?

There are plenty of qualified and professional interpreters who day in and day out struggle to find work. It's a difficult market as it is, why would you make it even harder?

Do not allow such changes to pass, they will hurt Californians in every single way: the patient/client, the service-provider, the state AND the professional interpreter.

---

LIGA DUARTE-SELIM, WALNUT, CA

It will be difficult to communicate with attorneys and doctors through a professional. Liens are very expensive and will leave almost nothing to the interpreting treating the interpreters profession.

---

HALYNA PENMAN, PASADENA, CA

The Labor Code is very specific on when, how and how much Certified Interpreters are to be paid, making the creation of the Independent Review Board, totally unnecessary. The problem is that some insurance companies have seen fit to disregard the Labor Code and Regulations creating severe financial hardships for interpreters and interpreting agencies who provide professional services, in good faith, to serve the process of benefit delivery to the applicant. Rather than these punitive measures (which will likely be found unconstitutional) we should have amendments specifically aimed at insurance companies who operate with impunity and who are now looking to escape their financial obligations.

The battle cry of carriers that "liens are choking us" can be directly traced (in most instances) to the insurance companies' refusal to pay legitimate charges mandated by the Codes and Regulations which has then "forced" providers to file Liens to ensure that they are notified of any hearings and then have to wait months to be paid for a service which the Insurance Company should have paid initially. Keep in mind that, during this time, the insurance companies are reaping the benefits (interest) on the monies which are due.

Have any studies been done to determine just what percentage of Lien Filings are due to the insurance companies' willfulness and disregard of the law? With these proposed regulations there will be no

incentive for the insurance companies to pay for interpreting services; thereby shutting down many small businesses.

Folks, "follow the money" - find out who is sponsoring these crippling bills; send letters to your political representatives, the Insurance Commissioner, Jerry Brown; Assemblypersons, Congresspersons and Senators, we are under attack.

---

CAROLYN BOUCHARD, PETALUMA, CA

1. The most important person in the midst of it all is the patient. If you squeeze interpreters to death, by making it absolute nonsense to perform services for insurance companies due to late payments (or many times no payment), or by leaving minimal margins of revenue, who are the ultimate ones to suffer?

2. Insurance companies already receive too much money. Are we in the era of only favoring large corporations and wiping out small business? Where are small businesses and their employees to look at for survival once large companies have sucked them dry?

3. The entire country continues to face high figures of unemployment. It seems that the underlying purpose of this bill to increase these figures and perpetuate crisis.

4. The liability of using interpreters that are not qualified to produce accurate medical renditions has no limit and this has been proven through countless studies and research. It is already a flop to have discontinued administrative testing and making it difficult for certified medical interpreters to be able to participate in med-legal scenarios, favoring only those with legal certification (hopefully we never encounter a situation in which any of us is in a foreign country where we have to go to an ER to be assisted by an attorney rather than a doctor). There are not enough professional interpreters to satisfy the current demand for our services, this would only pave the way for degeneration of our profession and for continuance of the practice of unscrupulous medical professionals (regardless of conflict of interest) to hire bilingual personnel, mediocre, at best, in interpreting and language skills, to perform the duties of a professional medical interpreter. I doubt that any stakeholder from any insurance company would accept being put in a situation where their health is in the hands of someone who is not professional, or who is compensated so badly for their services that the quality of their performance wouldn't mean much.

5. What is the purpose of law? What is the meaning of justice?

---

JAMES VARESE, CALEXICO, CA

Our invoices don't even total the cost of what the review fees are. Totally unfair to interpreters.

---

IVAN GONZALEZ, LOS ANGELES, CA

Qualified interpreters help both, doctors and injured workers to communicate.

---

DONNA JACKSON, HESPERIA, CA

This is important because it allows me to continue working.

---

LETTY JULIAO-GREEN, WOODLAND HILLS, CA

The most affected from this entire ordeal that Sacramento in alliance with the insurance companies are putting us through will be the very same people that need the most help and protection which are the injured workers

---

MIGUEL SANCHEZ, LOS ANGELES, CA

I am a medical interpreters and the patients really need and appreciate our help and if we can't collect they can't have an interpreter.

---

NOMYON PAK, CAMPBELL, CA

yes

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LINDA ROSNER, PASADENA, CA

I have been a certified, independent Spanish interpreter since 1982. Getting paid is almost always a struggle, not only for me but most interpreters. Please do not make it harder for us!

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BENITO AGUIRRE, SANTA ANA, CA

Thes new proposed changes are UNJUST and will harm the small interpreting agencies that work and service the WCAB system.

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CHARLES MESSMER, NEWBURY PARK, CA

More Red tape to go through in order for Small Companies to get paid. We are barely making it in California right now. Stop making laws that prohibit growth in this state please. We need to become more business friendly. Thank you.

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FLORA MARTINEZ, SAN JOSE, CA

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VICTOR QUIROZ, LONG BEACH, CA

Interpreters should be treated with dignity.

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AURORA D. MARTINEZ, SAN JOSE, CA

I am a State Certified Court Interpreter and professionally I work WCAB cases.

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ROBERT DURAN, BAKERSFIELD, CA

This imposition of lien filing fees and fees for bill review is going to wipeout hundreds of small businesses that provide their services in the workers compensation arena. It panders to big business/insurance companies.

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NORMA DAY, SAN JOSE, CA

My job depends on it!!!!!!

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REBECCA AREYALO, GRANADA HILLS, CA

My current job/ future in this business depends on it.

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CYNTHIA PARKER, SANTA MONICA, CA

I am an interpreter

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PILAR GARCIA, MILL VALLEY, CA

Small interpreting agency will be unable to serve the injured worker on their medical and legal appointments.

---

WILLIAM CHRYSTY

Because the rules, as they stand now, will impede access to care for those patients requiring interpreters.

---

CARLOS JIMENEZ

Providing of Interpreting services is becoming cost prohibitive because of increases in cost of doing business and lower compensation rates by insurance companies, at nominal rates lower than 20 years ago, and 55% lower than 1992 in terms of real purchasing power of the dollar. Patients will be denied adequate access to interpreters and equal access to medical care.

---

RICHARD HOREVITZ, PASADENA, CA

I utilize interpreter's in 85% of my workers' compensation cases and the current law would jeopardize my ability to work and serve patients if interpreters were forced by financial concerns to abandoned work with Workers Compensation.

---

CATERINA CRUZ BRUZZONE, STEVENSON RANCH, CA

I am a California Judicial Council Certified court interpreter, and this will deeply affect my ability to work as an Independent Contractor in the workers' compensation field, it simply won't be profitable, and it does not make sense to let the insurance companies dictate who is qualified to provide interpretation services based solely on the lowest bidder.

---

ELISA CAMACHO, SACRAMENTO, CA

THE MOS IMPORTANT TO ME IS THE AGENCIES AND WORKERS COMP INSURANCE COMPANY PAY US ON TIME NO WHAT HAPPEN TO ME AFTER 2 YRS THEY OWN ME 3,000 AM HAVING STRUGLE LIVING WITHOUT MONEY, IS NOT JUST, WE NEED HELP!!!

---

MARIBEL TOSSMAN

This amendment will help only Insurance Companies & Large Self-insured Companies. Interpreting fees are part of the cost of doing business.

---

JENNIFER SANTIAGO, GARDEN GROVE, CA

We must stop these proposed changes, both for the sake of LEP injured workers, and to ensure that professional interpreters receive adequate, timely compensation for our services.

---

DEBRA TAYLOR-READY, LAGUNA HILLS, CA

Many business will not be able to afford this practice. The fee is higher than their bills, putting many of my colleagues out of business and will economically impact the state of California.

---

TIFFANY HURTER, TONGANOXIE, KS

I know an interpreter that I care about.

---

M MARTINEZ, STUDIO CITY, CA

This law is beyond Dracodian this is a new way to squeeze the little people further to fill up coffers that politicians like the ones who passed this SB behind closed doors, often empty because of poor management and lack of vision.

Specifically charging for work already done which should have been paid. I'm talking about trials, and WCAB events. Charging \$100 to settle an interpreting lien that was filed way before 1/1/13...should be considered fraudulent!

Why? Because without the interpreter, a limited

English speaker can not be examined by an agreed medical physician nor can a defense attorney resolve AOE/COE issue. Yet the language provider is punished for assisting the system. Furthermore instead of dealing with those who abuse the system individually, the law is indeed accross the board, no pun intended.

---

CHARLES PENWAY, PASADENA, CA

I am a small business owner providing professional interpreting and translating services. These proposed measures would put me out of business as we would, essentially, be paying the insurance companies for the privilege of providing them with our services, after paying the proposed \$350.00 for IRB and then the \$150.00 Lien Filing. Stop this madness!

---

TONANTZIN BOLANOS, THOUSAND OAKS, CA

It is outrageous to make a vendor pay a fee to collect payment for a vital service already rendered. If a professional interpreter wasn't present at the appointment billed, it would not have gone forward wasting everyone's time and money. These fees are aimed at CA small businesses and favor large corporations that are based out of state.

---

ROSARIO PALMER, SANTA ANA, CA

Th proposed changes will run us out of business, creating more unemployment for the state of California. Also, it's not fair that we should have to pay a lien fee in order to get paid for our interpreting services mandated by Law that are considered costs so that the injured worker can communicate with the doctors, attorneys and judges.

These proposed changes are ABSURD, It's like if you had to pay a fee of 96% of your salary to be able to collect your salaray!!! Is this Logical?????

---

DENNIS LYNCH, HUNTINGTON BEACH, CA

...because we are under siege.

---

MIGUEL ARRIOLAS, SAN GABRIEL, CA

As it is, Insurance Companies use any excuse to either delay or deny payment for legal interpreting services rendered by Language Service Providers (LSP)

Allowing the modifications to the proposed amendments to WCAB Rules will leave the LSP totally at the mercy of the Insurance Companies.

---

GUADALUPA A MANRIQUEZ, DIAMOND BAR, CA

Our profession and business is in serious jeopardy, insurance carriers have been getting away from not being responsible per statutes for their negligence in not paying Language Providers.

---

IRENE BARCELO, LOS ANGELES, CA

No more red tape!

---

CARLOS E MORALES, LOS ANGELES, CA

IBR and Lien Filing Fees is not a recourse against Insurance Companies customary lack of payment for lawfully delivered interpreter services! It will only allow them to take advantage of Language Service Providers at will.

---

ANNA KUNKIN, LOS ANGELES, CA

Every day both injured workers and doctors thank me for helping them to communicate with each other. I am able to help the patient receive the help he or she needs, and to help the doctors to understand those needs. Without the help of trained and qualified interpreters many people would be misdiagnosed creating more expense in the long run. The work I do is important and should be respected and valued.

#### SIGNATURES

50. Fausto Gomez , Mexico
51. Jesper Saks Dublin, California
52. Alejandro Germeros Dublin, California
53. Ximena Pacull Oakland, California
54. Jack Vosgueritchian Pasadena, California
56. Sarah-L Saks Stockholm,
57. MANUEL DE LA TORRE PANORAMA CITY, California
58. Hildegard Moeller Costa Mesa, California
59. Patricia Bracho-Moscarella Huntington Beach, California
60. Christopher Moscarella Huntington Beach, California
66. Pam Boland Grovetown, Georgia
67. Sebastian Gomez , Mexico
68. Elisa Gonzalez San Francisco, California
69. Carmen Gonzalez San Francisco, California
70. Flor Munoz Richmond, California
66. Pam Boland Grovetown, Georgia
67. Sebastian Gomez , Mexico

68. Elisa Gonzalez San Francisco, California
69. Carmen Gonzalez San Francisco, California
70. Flor Munoz Richmond, California
71. Ana Dorado Garden Grove, California
72. xochilt jimenez LB 90802, California
73. Karla Hernandez Dublin, California
74. Laura Saxon morriston, Florida
75. A Salguero San Francisco, California
76. Veronica Jenks La Crescenta-Montrose, California
77. Guadalupe A. Manriquez Diamond Bar, California
78. MIGUEL ARRIOLA SAN GABRIEL, California
79. Rosario Linarez Los Angeles, California
80. Juan Herrera Pacoima, California
81. Margred Velazquez Tustin, California
82. Jackie Foigelman newport beach, California
83. Steve Foigelman Newport Beach, California
84. Jessica Looez Garden Grove, California
85. Marc Trachtman Newport Beach, California
86. Martin Foigelman Newport Beach, California
86. Martin Foigelman Newport Beach, California
87. Cornelia Harmon Santa Maria, California
88. Annette Changala San Juan Capistrano, California
89. Stephen Nitkin Huntington Beach, California
90. Patricia Ponce santa ana, California
91. ELEANOR BLUMENFELD MISSION VIEJO, California
92. Bradley Bowen Oakland, California
93. Mark Brown Santa Ana, California
94. khanh pham San Jose, California
95. Keith More Santa Ana, California
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219. ELISA CAMACHO SACRAMENTO, California
220. Ron Bernal Sherman Oaks, California
221. Monica Hernandez Oakland, California
222. Teresa Stoetzel Woodbury, Tennessee
223. Wesley Singh Oceanside, California
224. Richard Alloy Aptos, California
225. alisa krajinic los gatos, California
225. alisa krajinic los gatos, California
225. alisa krajinic los gatos, California
227. Caterina Cruz Bruzzone Stevenson Ranch, California
228. Richard Horevitz Pasadena, California
229. Tracey DiLeonardo San Jose, California
230. Maria Cuevas Moreno Valley, California
232. Anthony DiLeonardo San Jose, California
232. Judit Marin Oakland, California
233. Carlos Jimenez Cypress, California
234. Vincent Mejia Long Beach, California
235. Leydi Palma Duarte, California

236. William Chrysty San Jose, California
237. sean riley los angeles, California
238. Pilar Garcia Mill Valley, California
239. Cynthia Parker SANTA MONICA, California
240. Brenda Yamashita San Jose, California
241. A. Carolina Nunez Laguna Niguel,, California
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243. Delia Romero Los Gatos, California
244. Maria Irastorza Bell, California
245. renesha westerfield san Francisco, California
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247. Cindy Coulter Reseda, California
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249. Jessica Figueroa Norwalk, California
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252. Monica Meinardi San Francisco, California
253. Carol Varady Granada Hills, California
254. Raphael Arrieta-Eskarzaga Valley Village, California
255. Zuceli Sedar San Francisco, California
256. Josie Espinoza La Puente, California
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259. Laura Morales San Francisco, California
260. robert duran bakersfield, California
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262. Sylvia Suarez Plantation, Florida
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265. Maria McLaughlin Northridge, California
266. William Zahn Los Gatos, California
267. Flora Martinez san jose, California
268. Charles Messmer Newbury Park, California
269. Benito Aguirre Santa Ana, California
270. Alicia Batt Minneapolis, Minnesota
271. roberto Lima san francisco, California
272. Carmen Medina Granada Hills, California
273. Pedro Osegueda Irvine, California
274. Linda Rosner Pasadena, California
275. nomyon pak Campbell, California
276. Sean Lewis Sacramento, California
277. Maria Barbosa Yucaipa, California
278. Laylah Jamison Portland, Oregon
279. Elisa Medina Los Angeles, California
280. Irene Garcia Stockton, California
281. Miguel Sanchez Los Angeles, California
282. Socorro Barajas-Nevarez East Palo Alto, California
283. Karolle Omalley Los Angeles, California

284. Letty Juliao-Green Woodland Hills, California
285. tarik tyler queens, New York
286. Donna Jackson Hesperia, California
287. Brenda Oliver San Jose, California
288. Ivan Gonzalez Los Angeles, California
289. P Wayne Glendale, California
290. Danna Garcia Salem, Oregon
291. James Varese Calexico, California
292. Rosario Rivas rancho cucamonga, California
293. Carolyn Bouchard Petaluma, California
294. Diana Heineberg Duarte, California
295. Clemencia Rodriguez San Mateo, California
296. Marie-Christine Lebrun Santa Clara, California
297. Alarick Yung Encino, California
298. Valentina Gomez Petaluma, California
299. Nannette Hogan Oak Park, California
300. Laura Gomez Petaluma, California
301. Tony Barbosa Yucaipa, California
302. EVA WEINGORT los angeles, California
303. Marnie Angulo Delgado San Jacinto, California
304. Lilly Recinos San Jose,, California
305. Maria Torres San Jose, California
306. Laura Webster Sunnyvale, California
307. Lydia Wood Los Angeles, California
308. Jose Navarrete Goleta, California
309. Natalie Vos Pasadena, California
310. Amy LE Roi Santa Rosa, California
311. Clara Bonilla Menifee, California
312. Joseph Tysel Santa Ana, California
313. Antonio Verdiny Ventura, California
314. Brian Clark Placentia, California
315. raymond chon La Mirada, California
316. JOHN MARQUEZ Richmond, California
317. Armando Castro Norwalk, California
318. Henya Murray Tel aviv, Israel
319. Rosio Martinez-Sarabia Sacramento, California
320. Leonardo Garcia Bakersfield, California
321. Devin Allen Petaluma, California
322. Juan Correa Monterey, California
323. Mary Behar Glendale, California
324. Lorenzo S. Lopez Sacramento, California
325. Robert Smith Fresno, California
326. Daniel Mora Glendale, California
327. Ellys Cortez Los Angeles, California
328. Maria Quiroga Tarzana, California
329. maria alonso woodland hills, California
330. Carola Cuenca Soquel, California

331. Lynn Theuriet Castro Valley, California  
332. Edward Le Buellton, California  
333. John McCandless Phelan, California  
334. Karen Jerez Tustin, California  
335. Daniel O'Donnell long beach, California  
336. Cathy Nguyen Laguna Niguel, California  
337. Dina Kancepolsky Reseda, California  
338. Steven Vario Sunnyvale, California  
339. Tuyet Trinh Vu Sacramento, California  
340. Richard Moore santa Rosa, California  
342. Ivania Alberto Buena Park, California  
343. Francisco Gomez Sherman Oaks, California  
344. Alberto Villagomez Baldwin Park, California  
345. Andrea OFlanagan Brea, California  
346. merianne hanson santa rosa, California  
346. Hye K. Moon Los Angeles, California  
347. Barbara Colon charleston, South Carolina  
348. Eric Serrano Pomona, California  
349. Myriam Kulig Los Angeles, California  
350. Jackie Ogren Irvine, California  
351. Dhalia Auren Santa Monica, California  
352. Gloria Bentson Claremont, California  
353. Halyna Penman Pasadena, California  
354. Lilian Landman Garden Grove, California  
355. Lara ho Fullerton, California  
356. liga duarte-selim walnut, California  
357. Darrin Altman Santa Ana, California  
358. Rechellenvu Vu Antelope, California  
359. Mary Behnoud Sacramento, California  
360. Omar Osorio San Diego, California  
361. MIRIAM BOHM Santa Ana, California  
362. Francisco Cabral Riverside, California  
363. Nguyen Quach Folsom, California  
364. Mariana Demarziani Ontario, California  
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367. Rossy Franklin Los Angeles, California  
368. Karla Arias San Jose, California  
369. Wendy De La Torre Davis, California  
370. helen palmer Los Angeles, California  
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373. Luz España Lake Forest, California  
374. Cam-Hong Do San Jose, California  
375. Hazel Georgetti San Mateo, California  
376. Lam Nguyen Bakersfield, California  
377. LORENA VILLATORO San Jose, California  
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380. Cristina Proffitt Placentia, California  
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383. Mirna Michel Tustin, California  
384. Travis Smith Chino, California  
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387. danielle peterson riverside, California  
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389. Noemi Gallardo Camarillo, California  
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391. Carmen Reinoso North Hollywood, California  
392. Fernando Calderon north hollywood, California  
393. Claudia Regalado Santa Ana, California  
394. Steve Blye Los Angeles, California  
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397. Oscar Valdez Los Angeles, California  
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399. Hiram Chavez Santa Ana, California  
400. jennifer dostlar Orange, California  
401. Fabian Escudero Los Angeles, California  
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403. Mary Wehner Lone, California  
404. jay chansky Scotts Valley, California  
405. Adriana Camastra Pasadena, California  
406. Vickie-Marie Ward Citrus Heights, California  
407. Dennis Camene Santa Ana, California  
408. Monica Almada Woodland Hills, California  
409. Rosa Cossios Santa Ana, California  
410. Patricia Dingle Henderson, Nevada  
411. Xenia Henriquez Mountain View, California  
412. Martha Rottenberg Torrance, California  
413. Megan Chong Mission Viejo, California  
414. Tunny Szpiro Los Angeles, California  
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417. Anthony Lennert Marina del Rey, California  
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419. Adan Porrás Davis, California  
420. Zachary Hardy Macon, Georgia  
421. Dao Vu Sacramento, California  
422. jimmy silva san diego, California  
423. Jose Ayala Rialto, California  
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425. Norbert Foigelman Newport Beach, California  
426. MARISA DEL RIO Santa Barbara, California

427. Phuong Vu Tustin, California
428. Ruth Aylsworth Norwalk, California
429. Beverly Mondok-Thomas Huntington Beach, California
430. Debra Schellenberg Pacific Palisades, California
431. Yasmin Sabbagh Kharazi Sherman Oaks, California
432. Ruby Guadarrama Sacramento, California
433. Quang Doan Roseville, California
434. Michael Soler Antelope, California
435. Margaret Courtney Simi Valley, California
436. Lorena Ortiz Schneider santa barbara, California
437. Duong Vu Sacramento, California
438. Christy Vollette Laguna Hills, California
439. M. Teresa Cossios Santa Ana, California
440. Glenda Keil Sacramento, California
441. Allan Graves Sunnyvale, California
442. Maria Gomez Santa Maria, California
443. Christina Burleigh Westminster, California
444. Milton Jackson Downey, California
445. John Stinson Garden Grove, California
446. Cynthia Vega Garden Grove, California
447. Rosa Green Coto de Caza, California
448. Tim Patterson Rancho Santa Margarita, California
449. Anthony Monks Santa Ana, California
450. Jiawei Wang Ladera Ranch, California
451. Neyireth Correa Cuesta Mill Valley, California
453. Joshua C Torres Rancho Cordova, California
453. Tania England Santa Ana, California
454. AMALIA SILVESTRI LOS ANGELES, California
455. Tami Snyder Chatsworth, California
456. Hoang thòàngon San Jose, California
457. nam ton san jose, California
458. Julian Guerrero Santa Ana, California
459. Insook Beck Woodland hills, California
460. aslan aslanian Tujunga, California
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463. Robin More Newport Beach, California
464. jorge corral Los Angeles, California
465. Rosa Coca-Hoeptner Rancho Santa Margarita, California
466. felicia ramirez milpitas, California
467. Marisol Torres san jose, California
468. Paloma Gaos San Francisco, California
469. vinnie nguyen fountain valley, California
470. elizabeth varga long beach, California
471. Todd Harwood LA, California
472. Irene Bersola-Nguyen Sacramento, California
473. Patricia Sanchez Rogers Torrance, California
474. Ivonne Padro Downey, California

475. Cristal P Los Angeles, California
476. Jose Sandoval Santa Ana, California
477. Yolanda Martinez Lake Elsinore, California
478. Arnold Kirks Marina del Rey, California
481. Lorraine Morell Rancho Cucamonga, California
482. jc sarmiento san francisco, California
483. nhanai tonnu san jose, California
484. Julio Medal Alhambra, California
485. Federico Enzenhofer Fullerton, California
486. Gilbert Calhoun Studio City, California
487. rebecca trachtman Newport Beach, California
488. Layne More Newport beach , California
489. Lena Antoun Long Beach, California
490. Alejandro Olguin Harrisonburg, Virginia
492. Vanessa Lopez Los Angeles, California
493. Milagro Rivas Rancho Cucamonga, California
494. Leana Barrantes El Dorado Hills, California
495. Thu Yee Folsom, California
496. Ron Ackland West Hollywood, California
497. Victor Fridman San Anselmo, California
498. Long Tonthat Sacramento, California
499. Edward Nissman Pasadena, California
500. Kristy Reinaga Reseda, California
501. Joseph Hoats Corona, California
502. Alexander Hoang Milpitas, California
503. Dewey Ton Cameron Park, California
504. Patricia Cortes Long Beach, California
505. Rebeca Metts Sacramento, California
506. Teresa Wilson-Summerville Glendale, California
507. Heather Elledge Sunnyvale, California
508. Lucy Blakney Winnetka, California
509. Tyler Kim Playa Vista, California
510. Imelda Bueno San Leandro, California
511. Christina Polotnianka Glendale, California
512. Francisco Hulse San Francisco, California
513. Berenice Villasenor Menlo Park, California
514. carmen romero chula vista, California
515. Veronica Bonfiglio Fremont, California
516. Juan Martinez Corona, California
517. Rosa Elder Novato, California
518. Nathalie Musson Orinda, California
519. Ana Sevilla Irvine, California
520. James Nguyen Newport Beach, California
521. Jindrich Novak Woodland Hills, California
522. Sarah Stephens Chicago, Illinois
523. Carina Feldman Los Angeles, California
524. Erik Thorlaksson Santa Barbara, California
525. Niels Thorlaksson Santa Barbara, California

528. Andrea Miller Santa Barbara, California  
529. Elizabeth Perry Santa Barbara, California  
530. Claudio Rosig Concord, California  
531. Andres Marquez Davis, California  
532. ruth bone las vegas, Nevada  
533. viet tran santa ana, California  
533. Noemi B. Villena de Rodriguez San Jose, California  
534. Jose I. Garcia INGLEWOOD, California  
535. Maricela Miotto La Verne, California  
536. Efren Miotto La Verne, California  
537. Hanna Davoodzadeh Palmdale, California  
538. Marisol Ugas South San Francisco, California  
539. monghoa tonnu San Jose, California  
540. TAM NGUYEN Elk Grove, California  
541. Desiree Martinez santa ana, California  
542. Gerard Wolff Torrance, California  
543. salvador lucatero Chula Vista, California  
544. Robert K. Brara San Francisco, California  
543. Marina Villar-Herrera Pleasanton, California  
544. Thanh Tonthat Sacramento, California  
546. roberto lima san francisco, California  
546. Isabelle Gomez Marina del try, California  
548. Carolina Hnizdo Santa Clara, California  
549. Adrian Mygasiuk Monterey, California  
550. Gaetano Bonfiglio Fremont, California  
573. Dianne Bady PROctorville, Ohio  
574. Bertolain Elysee Philadelphia, Pennsylvania  
576. paige more newport beach, California  
577. john Loofurow Sacramento, California  
578. Susan Randolph Manhattan Beach, California  
579. Luis Lopez Riverside, California  
580. Heather Gonzales Ontario, California  
582. Edward Morales Fontana, California  
582. Sandra Talancon La Habra, California  
583. Jimmy Liou Garden Grove, California  
584. Angie Chaparro Anaheim, California  
585. Lupita Godinez Bloomington, California  
586. Felipe Olvera Riverside, California  
587. Michael jablon Santa Ana, California  
588. Renee Ennabe Chino Hills, California  
590. cindy luna santa ana, California  
591. Rosa Ocana Alhambra, California  
592. Evan Ennabe Chino Hills, California  
594. Maria Palacio City of Industry, California  
595. Patricia Stone Sacramento, California  
596. JORGE RODRIGUEZ LOS ANGELES, California  
597. Annie Graham Chino Hills, California  
598. Alex Chi Los Angeles, California

599. Monic Serrano North hollywood, California  
600. MICHELLE SERRANO pacoma, California  
601. Brenda Trujillo Anaheim, California  
602. Anita Juarez Pacoima, California  
603. amanda tobon Santa Ana, California  
604. Ana Morales Fontana, California  
606. Tere Wade Sacramento, California  
607. Lylia Velez Woodland Hills, California  
608. fanny gonzalez San Fernando, California  
609. Gaby Vega Riverside, California  
610. Stephany Ayala Hutto, Texas  
611. Frank Aguayo Los Angeles, California  
612. Guadalupe Ortega Riverside , California  
613. jennifer munoz Littlerock, California  
614. Marlene De la Torre Granada Hills, California  
615. Maria Jaeger Saratoga, California  
616. Irma Rosas Moreno Valley, California  
617. Simon C Anaheim, California  
618. Rebecca Aguiniga Chino Hills, California  
619. Ivonne Abrajan Saratoga, California  
620. Noella Serrano Carson, California  
621. Lilia Rochester Lompoc, California  
622. mildred treece pacoma, California  
623. Rosario Vietti Columbia, Missouri  
624. Stephen Palacio City of Industry, California  
625. Sandra Aragon San Diego, California  
626. Felipe Ayala Riverside, California  
627. Patricia Mejia-Lopez Azusa, California  
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635. cata gomez Ventura, California  
636. patia lau sherman oaks, California  
638. Melchor David De La Garza NIPOMO, California  
639. Irene Yoon Oakland, California  
640. Claudia Calle Redondo Beach, California  
641. Marta Hineztrosa Sunnyvale, California  
642. Dena Wigginton Riverside, California  
643. laura dixon Los Angeles, California  
644. Kim De la Hoya Riverside, California  
645. Enrique Aragon san diego, California  
646. Juan Ceja Ventura, California  
648. Nina Kubli Vista, California  
648. Alexander Diamonds Los Angeles, California  
649. Marcos Corrales Escondido, California  
650. Landa rafael los angeles, California

651. Mayari Soto West Covina, California
652. Zonia Nunez San Leandro, California
653. MARIA MC NEW RIDGECREST, California
654. renee hernandez Sylmar, California
655. Kris Clark San Diego, California
656. Sylvia Salazar Simpson Los Angeles, California
657. Maria Castaneda Glendale, California
658. Arturo Herrera Alameda, California
659. rosario espinosa Oakland, California
660. Beatriz Day San Diego, California
661. Jeff Moran San Clemente, California
662. Clara Newton Indio, California
663. Concepcion Ochoa Newcastle, California
664. Blanca Hund Huntington Beach,, California
665. Phyllis Bourne San Diego, California
666. Maria Crescimbeni Oakland, California
668. Esther Navarro-Hall Marina, California
669. Erika Uribe Palmdale, California
670. Susana Hernandez Rancho Cucamonga, California
671. Steven Figueroa Riverside, California
672. Lya Cole Cherry Valley, California
673. Majib Siddiquee Los Angeles, California
674. EUGENIA RICHICHI Fontana, California
675. Roger Zavala Baldwin Park, California
676. adriana saenz west hills, California
677. Deana ArlIno Riverside, California
678. Gilbert Talancon La Habra, California
679. Rebecca Van patten Corona, California
680. William Barth Los Angeles, California
681. Kristina Ramsey Alameda, California
682. Chelsea Johns Riverside, California
683. Araceli Rubio Culver City, California
684. Pat Cordero Calabasas, California
685. Lori Dubyak Corona, California
686. Marcelo Lopez Redondo Beach, California
687. Analia Szyszlican Larocca Mission Viejo, California
688. Kamara Licea Olivehurst, California
689. gloria carvallo alta loma, California
690. Margarita Tempes Sacramento, California
692. Debbie Bright La Crescenta, California
693. Miguel Chin Saratoga, California
694. Lilia Olivas National City, California
695. pilar perez Los Angeles, California
696. Norma Schall Newport Beach, California
697. Zulema Esteverena Miami, Florida
698. Maricela Elizondo La Mesa, California
700. Tamara Lobaco Eagle Rock, California
701. Marcia Pacheco El Centro, California

702. Olga Velez San Clemente, California  
703. Angelina Gonzalez Bell, California  
704. Mark Green Canoga Park, California  
705. Daniel Brighina Hayward, California  
706. Carol Leibowitz Rancho Mirage, California  
707. Consuelo V. Gonzalez Riverside, California  
708. Norma Caucas Riverside, California  
709. felino alega w covina, California  
710. Elsa Gerhardt Rancho Cucamonga, California  
711. Evon Morgan Riverside, California  
714. Cristina Barron Riverside, California  
715. albert serrano pacoima, California  
716. JESUS ROCHA SALINAS, American Samoa  
717. Susana Haikalis San Diego, California  
718. Venita Metzinger Sacramento, California  
719. Blanca Rostran Beverly Hills, California `  
720. Juanita Gonzalez 24, Colombia  
721. Jorge Camberos San Diego, California  
723. Gloria Garcia Mission Viejo, California  
724. rocio valdivieso oxnard, California  
725. Foze ENNABE Los Angeles, California  
726. Alejandro de Hoyos Sherman Oaks, California  
727. Montserrat Noboa San Diego, California  
729. Carla Neiswender Fullerton, California  
730. ADAM ENNABE CHINO HILLS, California  
731. BONNIE WRIGHT Aliso Viejo, California  
732. Adrian Arce Bonita, California  
734. Lilia Santana Thousand Oaks, California  
735. PERLA WRIGHT IRVINE, California  
736. Lucia Bonis San Diego, California  
737. Blanca Mejia Corona, California  
738. anageles posadas spring valley, California  
. ANGELES POSADAS Spring Valley, California  
739. James Jenks Glendale, California  
740. Denise Banuet El Cajon, California  
741. Michael Singer Pasadena, California  
742. Priscila Lomeli Spring Valley, California  
744. Uvistano Lucatero Chula Vista, California  
745. Ada Montijo Chula Vista, California  
746. Carmela Delgado prunedale, California  
747. Maria C. Vallejo Palm Desert, California  
748. Yan Sun Alhambra, California  
749. Leticia Cruz San Diego, California  
750. Larry Miller Van nuys, California  
751. Sandra Estevez Los Angeles, California  
752. Miguel Banuet Spring Valley, California  
753. Diana Rojas Corona, California  
754. Claudia Acevedo Tustin, California

755. Abraham Barron Mexicali, Mexico  
756. Mercedes Roman San Bruno, California  
758. Jersahid Lopez Salinas, California  
759. RAQUEL isunza BELL GARDENS, California  
760. Claudia Revelo Fontana, California  
761. Peter Perez Bell, California  
762. Carrie Webb Newport Beach, California  
763. G C la, California  
764. Susana Behar NORTHRIDGE, California  
765. Darrin Ouillette Temecula, California  
766. Dalia Gerges Downey, California  
767. Jodi Stone Newport Beach, California  
768. Gabriel Murillo Los Angeles, California  
769. Emilio Murillo Stevenson Ranch, California  
770. Andres Lopez Studio City, California  
771. Manuel Lopez Whittier, California  
772. Laura Estrada Perris, California  
773. Cristina Jenks Glendale, California  
774. Laura Trejo Perez National City, California  
775. Alex Varela Burbank, California  
776. Linda Weinberg Los Angeles, California  
777. Graciela Real Riverside, California  
778. Ana Juliao Reseda, California  
779. William Faith Reseda, California  
780. Gregory Besnak Sherman Oaks, California  
781. Rafael Posadas Stockton, California  
782. Juan Rufin West Covina, California  
783. ADRIAN CURTO EL MONTE, California  
784. May Dullavin El Monte, California  
785. Alejandra Mijangos Corona, California  
786. Marjorie Martinez Corona, California  
787. Susana Sardas Sherman Oaks, California  
788. Lance Dubyak Eastvale, California  
789. Erica Dinkins Santa Barbara, California  
790. Bryan Dinkins Santa Barbara, California  
791. Douglas Montgomery Irvine, California  
792. JENNIFFER BOUCHARD NOVATO, California  
793. DAN GONZALEZ EL MONTE CA, California  
794. Beatriz Campos El Monte, California  
795. Luis Lujan sowney, California  
796. Rita Navarro Chino, California  
797. Priscilla Ponce Downey, California  
798. irina vladimirsky San Gabriel, California  
799. LIU LIU Temple City, California  
800. Keny Rivera Pasadena, California  
801. JESSICA RODRIGUEZ Baldwin Park, California  
802. Ivana Sanchez Laguna Hills, California  
804. Thiago Shields Duarte, California

804. Jenah Escobosa LA, California
805. Candy Estevez riverisde, California
806. dalyla estevez Azusa, California
807. Rosalba Rosales Moreno Valley, California
808. diego lomeli Chula Vista, California
809. Sherry Estevez Moreno Valley, California
810. H. Raul Beguiristain Oakland, California
811. julie vazquez Chula Vista, California
812. Evangelina Ramos San Gabriel, California
813. Erika Prado El cajon, California
814. Selena Espinoza Santa Clarita, California
815. Debora R. Marchevsky Oakland, California
816. Yolanda Peddinani Plano, Texas
817. Crystal Gallegos Los Angeles, California
818. Daniel Beguiristain Oakland, California
819. Maria del Pilar Rodriguez Los Angeles, California
820. Anthony Rosales Moreno Valley, California
821. gabriela yanez san jose, California
822. Martha Estevez riverside, California
823. Robert Peters Tustin, California
825. Raquel DIEGO Whittier, California

July 28, 2013  
Fausto Gomez  
Change.org

Dear WCAB Board Members,

I just signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

Sincerely,  
Fausto Gomez , Mexico

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There are now 50 signatures on this petition. Read reasons why people are signing, and respond to Selin Cacao by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

July 28, 2013  
Arturo Alvarado

To:  
WCAB Board Members, WCAB Board Members  
Gov. Jerry Brown, Governor

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

July 28, 2013

Arturo Alvarado

Change.org

Dear WCAB Board Members,

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July 28, 2013

Lucia Aviles

Change.org

I just signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

July 28, 2013

Gabriela Saks

Change.org

I just signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

July 28, 2013  
Ivan Vidaurre  
Change.org

I just signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

July 28, 2013  
Francisco Porras  
Change.org

I just signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.  
WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

July 28, 2013  
Selin Cacao  
Change.org

Selin Cacao started a petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" targeting you on Change.org that's starting to pick up steam.

Change.org is the world's largest petition platform that gives anyone, anywhere the tools they need to start, join and win campaigns for change. Change.org never starts petitions on our own -- petitions on the website, like "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)", are started by users.

While "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" is active, you'll receive an email each time a signer leaves a comment explaining why he or she is signing. You'll also receive periodic updates about the petition's status.

Here's what you can do right now to resolve the petition:

- Review the petition. Here's a link:
  - <http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review>
- See the 44 signers and their reasons for signing on the petition page.
- Respond to the petition creator by sending a message here:
  - <http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

July 29, 2013  
Patricia Ponca  
Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 90 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

Dear WCAB,

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

Sincerely,

- 86. Martin Foigelman Newport Beach, California
- 87. Cornelia Harmon Santa Maria, California
- 88. Annette Changala San Juan Capistrano, California
- 89. Stephen Nitkin Huntington Beach, California
- 90. Patricia Ponce santa ana, California

July 29, 2013  
Marc Trachtman  
Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 87 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

Dear WCAB,

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Sincerely,

- 81. Margred Velazquez Tustin, California
- 82. Jackie Foigelman newport beach, California
- 83. Steve Foigelman Newport Beach, California
- 84. Jessica Looez Garden Grove, California
- 85. Marc Trachtman Newport Beach, California

July 29, 2013  
California Interpreters  
Change.org

Dear WCAB,

California Interpreters started a petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" targeting you on Change.org that's starting to pick up steam.

Change.org is the world's largest petition platform that gives anyone, anywhere the tools they need to start, join and win campaigns for change. Change.org never starts petitions on our own -- petitions on the website, like "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)", are started by users.

While "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" is active, you'll receive an email each time a signer leaves a comment explaining why he or she is signing. You'll also receive periodic updates about the petition's status.

Here's what you can do right now to resolve the petition:

- Review the petition. Here's a link:
  - <http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review>
- See the 87 signers and their reasons for signing on the petition page.
- Respond to the petition creator by sending a message here:
  - <http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

Sincerely,  
Change.org

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There are now 87 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:  
<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

July 29, 2013  
Juan Herrera  
Change.org

5 new people recently signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 86 signatures on this petition. Read reasons why people are signing, and respond to Selin Cacao by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

Dear WCAB Board Members,

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

Sincerely,

- 76. Veronica Jenks La Crescenta-Montrose, California
- 77. Guadalupe A. Manriquez Diamond Bar, California
- 78. MIGUEL ARRIOLA SAN GABRIEL, California
- 79. Rosario Linarez Los Angeles, California
- 80. Juan Herrera Pacoima, California

July 29, 2013

A Salguero

Change.org

5 new people recently signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 79 signatures on this petition. Read reasons why people are signing, and respond to Selin Cacao by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

Dear WCAB Board Members,

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Sincerely,

71. Ana Dorado Garden Grove, California

72. xochilt jimenez LB 90802, California

73. Karla Hernandez Dublin, California

74. Laura Saxon morriston, Florida

75. A Salguero San Francisco, California

July 29, 3013  
Flor Munoz  
Change.org

5 new people recently signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 76 signatures on this petition. Read reasons why people are signing, and respond to Selin Cacao by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

Dear WCAB Board Members,

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Sincerely,

- 66. Pam Boland Grovetown, Georgia
- 67. Sebastian Gomez , Mexico
- 68. Elisa Gonzalez San Francisco, California
- 69. Carmen Gonzalez San Francisco, California
- 70. Flor Munoz Richmond, California

July 29, 2013  
Rogelio Gomez  
Change.org

5 new people recently signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 75 signatures on this petition. Read reasons why people are signing, and respond to Selin Cacao by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

Dear WCAB Board Members,

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Sincerely,

61. IRENE BARCELO LOS ANGELES, California
62. Max Acosta-Rubio pacific palisades, California
63. Danielle Burford Los Angeles, California
64. Angel Figueroa Beaumont, California
65. ROGELIO GOMEZ , Mexico

Jully 29, 2013  
Christopher Moscarella  
Change.org

5 new people recently signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 68 signatures on this petition. Read reasons why people are signing, and respond to Selin Cacao by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

Dear WCAB Board Members,

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

Sincerely,

- 56. Sarah-L Saks Stockholm,
- 57. MANUEL DE LA TORRE PANORAMA CITY, California
- 58. Hildegard Moeller Costa Mesa, California
- 59. Patricia Bracho-Moscarella Huntington Beach, California
- 60. Christopher Moscarella Huntington Beach, California

July 29, 2013  
Minoru Inae  
Change.org

5 new people recently signed Selin Cacao's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 55 signatures on this petition. Read reasons why people are signing, and respond to Selin Cacao by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=16ba4505cd92>

Dear WCAB Board Members,

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please allow Interpreters payment without Liens or being subjected to Independent Medical Review (IMR) and Independent Bill Review (IBR).

Sincerely,

- 50. Fausto Gomez , Mexico
- 51. Jesper Saks Dublin, California
- 52. Alejandro Germeros Dublin, California
- 53. Ximena Pacull Oakland, California
- 54. Jack Vosgueritchian Pasadena, California

July 30, 2013

Keith More

Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 95 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

Dear WCAB,

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

Sincerely,

91. ELEANOR BLUMENFELD MISSION VIEJO, California
92. Bradley Bowen Oakland, California
93. Mark Brown Santa Ana, California
94. Khanh Pham San Jose, California
95. Keith More Santa Ana, California

July 30, 2013  
Maria Cuevas  
Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 275 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

Dear WCAB,

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Sincerely,

- 225. alisa krajinic los gatos, California
- 227. Caterina Cruz Bruzzone Stevenson Ranch, California
- 228. Richard Horevitz Pasadena, California
- 229. Tracey DiLeonardo San Jose, California
- 230. Maria Cuevas Moreno Valley, California

July 30, 2013  
Alisa Krajinic  
Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

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Sincerely,

- 221. Monica Hernandez Oakland, California
- 222. Teresa Stoetzel Woodbury, Tennessee
- 223. Wesley Singh Oceanside, California
- 224. Richard Alloy Aptos, California
- 225. alisa krajinic los gatos, California

July 30, 2013  
Ron Bernal  
Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 274 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

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Sincerely,

- 216. Rudy Medina Seattle, Washington
- 217. Ivanna Garcia Lake Forest, California
- 218. HOMER SABBAGH SHERMAN OAKS , California
- 219. ELISA CAMACHO SACRAMENTO, California
- 220. Ron Bernal Sherman Oaks, California

July 30, 2013

Robert Smith

Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 325 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

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Sincerely,

301. Tony Barbosa Yucaipa, California
302. EVA WEINGORT los angeles, California
303. Marnie Angulo Delgado San Jacinto, California
304. Lilly Recinos San Jose,, California
305. Maria Torres San Jose, California
306. Laura Webster Sunnyvale, California
307. Lydia Wood Los Angeles, California
308. Jose Navarrete Goleta, California
309. Natalie Vos Pasadena, California
310. Amy LE Roi Santa Rosa, California
311. Clara Bonilla Menifee, California
312. Joseph Tysel Santa Ana, California
313. Antonio Verdiny Ventura, California
314. Brian Clark Placentia, California
315. raymond chon La Mirada, California
316. JOHN MARQUEZ Richmond, California
317. Armando Castro Norwalk, California

318. Henya Murray Tel aviv, Israel
319. Rosio Martinez-Sarabia Sacramento, California
320. Leonardo Garcia Bakersfield, California
321. Devin Allen Petaluma, California
322. Juan Correa Monterey, California
323. Mary Behar Glendale, California
324. Lorenzo S. Lopez Sacramento, California
325. Robert Smith Fresno, California

July 30, 2013

Leonardo Garcia

Change.org

10 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 393 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

Dear WCAB,

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

Sincerely,

311. Clara Bonilla Menifee, California
312. Joseph Tysel Santa Ana, California
313. Antonio Verdiny Ventura, California
314. Brian Clark Placentia, California
315. raymond chon La Mirada, California
316. JOHN MARQUEZ Richmond, California
317. Armando Castro Norwalk, California
318. Henya Murray Tel aviv, Israel
319. Rosio Martinez-Sarabia Sacramento, California
320. Leonardo Garcia Bakersfield, California

July 30, 2013

Amy LE Roi

Change.org

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Sincerely,

301. Tony Barbosa Yucaipa, California
302. EVA WEINGORT los angeles, California
303. Marnie Angulo Delgado San Jacinto, California
304. Lilly Recinos San Jose,, California
305. Maria Torres San Jose, California
306. Laura Webster Sunnyvale, California
307. Lydia Wood Los Angeles, California
308. Jose Navarrete Goleta, California
309. Natalie Vos Pasadena, California
310. Amy LE Roi Santa Rosa, California

July 30, 2013

Arnie Angulo

WCAB, Board Members

Jerry Brown, Governor

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July 30, 2013

Laura Gomez

Change.org

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Sincerely,

291. James Varese Calexico, California
292. Rosario Rivas rancho cucamonga, California
293. Carolyn Bouchard Petaluma, California
294. Diana Heineberg Duarte, California
295. Clemencia Rodriguez San Mateo, California
296. Marie-Christine Lebrun Santa Clara, California
297. Alarick Yung Encino, California
298. Valentina Gomez Petaluma, California
299. Nannette Hogan Oak Park, California
300. Laura Gomez Petaluma, California

July 30, 2013

Danna Garcia

Change.org

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Sincerely,

281. Miguel Sanchez Los Angeles, California
282. Socorro Barajas-Nevarez East Palo Alto, California
283. Karolle Omalley Los Angeles, California
284. Letty Juliao-Green Woodland Hills, California
285. tarik tyler queens, New York
286. Donna Jackson Hesperia, California
287. Brenda Oliver San Jose, California
288. Ivan Gonzalez Los Angeles, California
289. P Wayne Glendale, California
290. Danna Garcia Salem, Oregon

July 30, 2013

Irene Garcia

Change.org

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Sincerely,

- 271. roberto Lima san francisco, California
- 272. Carmen Medina Granada Hills, California
- 273. Pedro Osegueda Irvine, California
- 274. Linda Rosner Pasadena, California
- 275. nomyon pak Campbell, California
- 276. Sean Lewis Sacramento, California
- 277. Maria Barbosa Yucaipa, California
- 278. Laylah Jamison Portland, Oregon
- 279. Elisa Medina Los Angeles, California
- 280. Irene Garcia Stockton, California

July 30, 2013

Nomyon Pak

Change.org

25 people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

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Sincerely,

251. John McKellar Los Gatos, California
252. Monica Meinardi San Francisco, California
253. Carol Varady Granada Hills, California
254. Raphael Arrieta-Eskarzaga Valley Village, California
255. Zuceli Sedar San Francisco, California
256. Josie Espinoza La Puente, California
257. Jamie Tsai Los Gatos, California
259. Norma Day San Jose, California
259. Laura Morales San Francisco, California
260. robert duran bakersfield, California
261. Aurora D. Martinez San Jose,, California
262. Sylvia Suarez Plantation, Florida
263. Gloria Alvarez Fresno, California
264. Victor Quiroz Long Beach, California
265. Maria McLaughlin Northridge, California
266. William Zahn Los Gatos, California
267. Flora Martinez san jose, California
268. Charles Messmer Newbury Park, California

- 269. Benito Aguirre Santa Ana, California
- 270. Alicia Batt Minneapolis, Minnesota
- 271. roberto Lima san francisco, California
- 272. Carmen Medina Granada Hills, California
- 273. Pedro Osegueda Irvine, California
- 274. Linda Rosner Pasadena, California
- 275. nomyon pak Campbell, California

July 30, 2013

Alicia Batt

Change.org

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There are now 281 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 261. Aurora D. Martinez San Jose,, California
- 262. Sylvia Suarez Plantation, Florida
- 263. Gloria Alvarez Fresno, California
- 264. Victor Quiroz Long Beach, California
- 265. Maria McLaughlin Northridge, California
- 266. William Zahn Los Gatos, California
- 267. Flora Martinez san jose, California
- 268. Charles Messmer Newbury Park, California
- 269. Benito Aguirre Santa Ana, California
- 270. Alicia Batt Minneapolis, Minnesota

July 30, 2013

Robert Duran

Change.org

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Sincerely,

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- 255. Zuceli Sedar San Francisco, California
- 256. Josie Espinoza La Puente, California
- 257. Jamie Tsai Los Gatos, California
- 259. Norma Day San Jose, California
- 259. Laura Morales San Francisco, California
- 260. robert duran bakersfield, California

July 30, 2013

Rebecca Arevalo

Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 278 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 246. Helen Ruiz La Mirada, California
- 247. Cindy Coulter Reseda, California
- 248. Patricia Portillo San Diego, California
- 249. Jessica Figueroa Norwalk, California
- 250. Rebecca Arevalo Granada Hills, California

July 30, 2013

Renesha Westerfield

Change.org

5 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 276 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

241. A. Carolina Nunez Laguna Niguel,, California

242. Candie Duenas Campbell, California

243. Delia Romero Los Gatos, California

244. Maria Irastorza Bell, California

245. renesha westerfield san Francisco, California

July 30, 2013

Brenda Yamashita

Change.org

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Sincerely,

236. William Chrysty San Jose, California

237. sean riley los angeles, California

238. Pilar Garcia Mill Valley, California

239. Cynthia Parker SANTA MONICA, California

240. Brenda Yamashita San Jose, California

July 30, 2013

Leydi Palma

Change.org

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Sincerely,

232. Anthony DiLeonardo San Jose, California

232. Judit Marin Oakland, California

233. Carlos Jimenez Cypress, California

234. Vincent Mejia Long Beach, California

235. Leydi Palma Duarte, California

July 31, 2013

Scott Vogel

Change.org

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Sincerely,

381. Jorge Carbajosa Chicago, Illinois
382. Martin Cohen Van Nuys, California
383. Mirna Michel Tustin, California
384. Travis Smith Chino, California
385. Sandra Day Rancho Cucamonga, California
386. Juan Valero Long Beach, California
387. danielle peterson riverside, California
388. Robert Arroyo Lakewood, California
389. Noemi Gallardo Camarillo, California
390. Scott Vogel Irvine, California

July 31, 2013

Cristina Proffitt

Change.org

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Sincerely,

- 371. Karla Alvarado Beverly Hills, California
- 372. Linda Smit San Jose, California
- 373. Luz España Lake Forest, California
- 374. Cam-Hong Do San Jose, California
- 375. Hazel Georgetti San Mateo, California
- 376. Lam Nguyen Bakersfield, California
- 377. LORENA VILLATORO San Jose, California
- 378. MARIA HUIPE STANTON, California
- 380. Juan Escobar Long Beach, California
- 380. Cristina Proffitt Placentia, California

July 31, 2013

Juan Escobar

Change.org

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- 374. Cam-Hong Do San Jose, California
- 375. Hazel Georgetti San Mateo, California
- 376. Lam Nguyen Bakersfield, California
- 377. LORENA VILLATORO San Jose, California
- 378. MARIA HUIPE STANTON, California
- 379. Sara Bolanos Tarzana, California
- 380. Juan Escobar Long Beach, California

July 31, 2013  
Hazel Georgetti  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 375 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 360. Omar Osorio San Diego, California
- 361. MIRIAM BOHM Santa Ana, California
- 362. Francisco Cabral Riverside, California
- 363. Nguyen Quach Folsom, California
- 364. Mariana Demarziani Ontario, California
- 365. JOHANNA AYALA SANTA ANA, California
- 366. Linda Le Sacramento, California
- 367. Rossy Franklin Los Angeles, California
- 368. Karla Arias San Jose, California
- 369. Wendy De La Torre Davis, California
  
- 369. Wendy De La Torre Davis, California
- 370. helen palmer Los Angeles, California
- 371. Karla Alvarado Beverly Hills, California
- 372. Linda Smit San Jose, California
- 373. Luz España Lake Forest, California
- 374. Cam-Hong Do San Jose, California
- 375. Hazel Georgetti San Mateo, California

July 31, 2013

Helen Palmer

Change.org

10 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

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- 364. Mariana Demarziani Ontario, California
- 365. JOHANNA AYALA SANTA ANA, California
- 366. Linda Le Sacramento, California
- 367. Rossy Franklin Los Angeles, California
- 368. Karla Arias San Jose, California
- 369. Wendy De La Torre Davis, California
  
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- 370. helen palmer Los Angeles, California
- 371. Karla Alvarado Beverly Hills, California
- 372. Linda Smit San Jose, California
- 373. Luz España Lake Forest, California
- 374. Cam-Hong Do San Jose, California
- 375. Hazel Georgetti San Mateo, California



July 31, 2013

Omar Osorio

Change.org

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Sincerely,

351. Dhalia Auren Santa Monica, California
352. Gloria Bentson Claremont, California
353. Halyna Penman Pasadena, California
354. Lilian Landman Garden Grove, California
355. Lara ho Fullerton, California
356. liga duarte-selim walnut, California
357. Darrin Altman Santa Ana, California
358. Rechellenvu Vu Antelope, California
359. Mary Behnoud Sacramento, California
360. Omar Osorio San Diego, California

July 31, 2013

Jackie Ogren

Change.org

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Sincerely,

- 342. Ivania Alberto Buena Park, California
- 343. Francisco Gomez Sherman Oaks, California
- 344. Alberto Villagomez Baldwin Park, California
- 345. Andrea OFlanagan Brea, California
- 346. merianne hanson santa rosa, California
- 346. Hye K. Moon Los Angeles, California
- 347. Barbara Colon charleston, South Carolina
- 348. Eric Serrano Pomona, California
- 349. Myriam Kulig Los Angeles, California
- 350. Jackie Ogren Irvine, California

July 31, 2013

Richard Moore

Change.org

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Sincerely,

- 331. Lynn Theuriet Castro Valley, California
- 332. Edward Le Buellton, California
- 333. John McCandless Phelan, California
- 334. Karen Jerez Tustin, California
- 335. Daniel O'Donnell long beach, California
- 336. Cathy Nguyen Laguna Niguel, California
- 337. Dina Kancepolsky Reseda, California
- 338. Steven Vario Sunnyvale, California
- 339. Tuyet Trinh Vu Sacramento, California
- 340. Richard Moore santa Rosa, California

July 31, 2013  
Pekti Miles

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

July 31, 2013

Carola Cuenca

Change.org

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There are now 393 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Dear WCAB,

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Sincerely,

- 321. Devin Allen Petaluma, California
- 322. Juan Correa Monterey, California
- 323. Mary Behar Glendale, California
- 324. Lorenzo S. Lopez Sacramento, California
- 325. Robert Smith Fresno, California
- 326. Daniel Mora Glendale, California
- 327. Ellys Cortez Los Angeles, California
- 328. Maria Quiroga Tarzana, California
- 329. maria alonso woodland hills, California
- 330. Carola Cuenca Soquel, California

July 31, 2013

Jennifer Dostlar

Change.org

10 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

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Sincerely,

391. Carmen Reinoso North Hollywood, California

392. Fernando Calderon north hollywood, California

393. Claudia Regalado Santa Ana, California

394. Steve Blye Los Angeles, California

395. Rosa Sanchez Sherman Oaks,, California

396. Edsras Rosas salinas, California

397. Oscar Valdez Los Angeles, California

398. Maurice Abarr Fountain Valley, California

399. Hiram Chavez Santa Ana, California

400. jennifer dostlar Orange, California

July 31, 2013

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400. jennifer dostlar Orange, California

August 1, 2013

Alejandro Olguin

Change.org

10 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 490 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

481. Lorraine Morell Rancho Cucamonga, California

482. jc sarmiento san francisco, California

483. nhanai tonnu san jose, California

484. Julio Medal Alhambra, California

485. Federico Enzenhofer Fullerton, California

486. Gilbert Calhoun Studio City, California

487. rebecca trachtman Newport Beach, California

488. Layne More Newport beach , California

489. Lena Antoun Long Beach, California

490. Alejandro Olguin Harrisonburg, Virginia

August 1, 2013

Frank Crespo

Change.org

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Sincerely,

- 469. vinnie nguyen fountain valley, California
- 470. elizabeth varga long beach, California
- 471. Todd Harwood LA, California
- 472. Irene Bersola-Nguyen Sacramento, California
- 473. Patricia Sanchez Rogers Torrance, California
- 474. Ivonne Padro Downey, California
- 475. Cristal P Los Angeles, California
- 476. Jose Sandoval Santa Ana, California
- 477. Yolanda Martinez Lake Elsinore, California
- 478. Arnold Kirks Marina del Rey, California

August 1, 2013

Cristal P

Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 475 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 451. Neyireth Correa Cuesta Mill Valleyc, California
- 453. Joshua C Torres Rancho Cordova, California
- 453. Tania England Santa Ana, California
- 454. AMALIA SILVESTRI LOS ANGELES, California
- 455. Tami Snyder Chatsworth, California
- 456. Hoang tHoàngon San Jose, California
- 457. nam ton san jose, California
- 458. Julian Guerrero Santa Ana, California
- 459. Insook Beck Woodland hills, California
- 460. aslan aslanian Tujunga, California
- 461. LESLIE RIVERA MELTON ROWLAND HEIGHTS, California
- 462. Christopher Monks-Green Ladera Ranch, California
- 463. Robin More Newport Beach, California
- 464. jorge corral Los Angeles, California
- 465. Rosa Coca-Hoeptner Rancho Santa Margarita, California
- 466. felicia ramirez milpitas, California
- 467. Marisol Torres san jose, California
- 468. Paloma Gaos San Francisco, California

- 469. vinnie nguyen fountain valley, California
- 470. elizabeth varga long beach, California
- 471. Todd Harwood LA, California
- 472. Irene Bersola-Nguyen Sacramento, California
- 473. Patricia Sanchez Rogers Torrance, California
- 474. Ivonne Padro Downey, California
- 475. Cristal P Los Angeles, California

August 1, 2013

Cristal P

Change.org

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- 455. Tami Snyder Chatsworth, California
- 456. Hoang tHoàngon San Jose, California
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- 458. Julian Guerrero Santa Ana, California
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- 464. jorge corral Los Angeles, California
- 465. Rosa Coca-Hoeptner Rancho Santa Margarita, California
- 466. felicia ramirez milpitas, California
- 467. Marisol Torres san jose, California
- 468. Paloma Gaos San Francisco, California

- 469. vinnie nguyen fountain valley, California
- 470. elizabeth varga long beach, California
- 471. Todd Harwood LA, California
- 472. Irene Bersola-Nguyen Sacramento, California
- 473. Patricia Sanchez Rogers Torrance, California
- 474. Ivonne Padro Downey, California
- 475. Cristal P Los Angeles, California

August 1, 2013

Elizabeth Varga

Change.org

10 new people recently signed California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)" on Change.org.

There are now 470 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

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Sincerely,

- 461. LESLIE RIVERA MELTON ROWLAND HEIGHTS, California
- 462. Christopher Monks-Green Ladera Ranch, California
- 463. Robin More Newport Beach, California
- 464. jorge corral Los Angeles, California
- 465. Rosa Coca-Hoeptner Rancho Santa Margarita, California
- 466. felicia ramirez milpitas, California
- 467. Marisol Torres san jose, California
- 468. Paloma Gaos San Francisco, California
- 469. vinnie nguyen fountain valley, California
- 470. elizabeth varga long beach, California

August 1, 2013

Adan Poras

Change.org

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Sincerely,

- 461. LESLIE RIVERA MELTON ROWLAND HEIGHTS, California
- 462. Christopher Monks-Green Ladera Ranch, California
- 463. Robin More Newport Beach, California
- 464. jorge corral Los Angeles, California
- 465. Rosa Coca-Hoeptner Rancho Santa Margarita, California
- 466. felicia ramirez milpitas, California
- 467. Marisol Torres san jose, California
- 468. Paloma Gaos San Francisco, California
- 469. vinnie nguyen fountain valley, California
- 470. Adan poras Davis, California

August 1, 2013

Aslan Aslanian

Change.org

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There are now 460 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 451. Neyireth Correa Cuesta Mill Valleyc, California
- 453. Joshua C Torres Rancho Cordova, California
- 453. Tania England Santa Ana, California
- 454. AMALIA SILVESTRI LOS ANGELES, California
- 455. Tami Snyder Chatsworth, California
- 456. Hoang tHoàngon San Jose, California
- 457. nam ton san jose, California
- 458. Julian Guerrero Santa Ana, California
- 459. Insook Beck Woodland hills, California
- 460. aslan aslanian Tujunga, California

August 1, 2013

Jiawei Wang

Change.org

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There are now 450 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

441. Allan Graves Sunnyvale, California
442. Maria Gomez Santa Maria, California
443. Christina Burleigh Westminster, California
444. Milton Jackson Downey, California
445. John Stinson Garden Grove, California
446. Cynthia Vega Garden Grove, California
447. Rosa Green Coto de Caza, California
448. Tim Patterson Rancho Santa Margarita, California
449. Anthony Monks Santa Ana, California
450. Jiawei Wang Ladera Ranch, California

August 1, 2013

Glenda Keil

Change.org

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There are now 442 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

431. Yasmin Sabbagh Kharazi Sherman Oaks, California
432. Ruby Guadarrama Sacramento, California
433. Quang Doan Roseville, California
434. Michael Soler Antelope, California
435. Margaret Courtney Simi Valley, California
436. Lorena Ortiz Schneider santa barbara, California
437. Duong Vu Sacramento, California
438. Christy Vollette Laguna Hills, California
439. M. Teresa Cossios Santa Ana, California
440. Glenda Keil Sacramento, California

August 1, 2013

Debra Schellenberg

Change.org

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There are now 433 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

421. Dao Vu Sacramento, California
422. jimmy silva san diego, California
423. Jose Ayala Rialto, California
424. David zubia Guadalupe, California
425. Norbert Foigelman Newport Beach, California
426. MARISA DEL RIO Santa Barbara, California
427. Phuong Vu Tustin, California
428. Ruth Aylsworth Norwalk, California
429. Beverly Mondok-Thomas Huntington Beach, California
430. Debra Schellenberg Pacific Palisades, California

August 1, 2013

Norbert Foigelman

Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 426 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

401. Fabian Escudero Los Angeles, California
402. Donald Graves San Francisco, California
403. Mary Wehner Lone, California
404. jay chansky Scotts Valley, California
405. Adriana Camastra Pasadena, California
406. Vickie-Marie Ward Citrus Heights, California
407. Dennis Camene Santa Ana, California
408. Monica Almada Woodland Hills, California
409. Rosa Cossios Santa Ana, California
410. Patricia Dingle Henderson, Nevada
411. Xenia Henriquez Mountain View, California
412. Martha Rottenberg Torrance, California
413. Megan Chong Mission Viejo, California
414. Tunny Szpiro Los Angeles, California
415. Hilda Hidalgo San Jose, California
417. Michelle Wayland Mill Valley, California
417. Anthony Lennert Marina del Rey, California
418. Juan Carlos Morales Glendale, California

419. Adan Porras Davis, California
420. Zachary Hardy Macon, Georgia
421. Dao Vu Sacramento, California
422. jimmy silva san diego, California
423. Jose Ayala Rialto, California
424. David zubia Guadalupe, California
425. Norbert Foigelman Newport Beach, California

August 1, 2013

Zachary Hardy

Change.org

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There are now 420 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 411. Xenia Henriquez Mountain View, California
- 412. Martha Rottenberg Torrance, California
- 413. Megan Chong Mission Viejo, California
- 414. Tunny Szpiro Los Angeles, California
- 415. Hilda Hidalgo San Jose, California
- 417. Michelle Wayland Mill Valley, California
- 417. Anthony Lennert Marina del Rey, California
- 418. Juan Carlos Morales Glendale, California
- 419. Adan Porrás Davis, California
- 420. Zachary Hardy Macon, Georgia

August 2, 2013

Niels Thorlaksson

Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 525 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

501. Joseph Hoats Corona, California
502. Alexander Hoang Milpitas, California
503. Dewey Ton Cameron Park, California
504. Patricia Cortes Long Beach, California
505. Rebeca Metts Sacramento, California
506. Teresa Wilson-Summerville Glendale, California
507. Heather Elledge Sunnyvale, California
508. Lucy Blakney Winnetka, California
509. Tyler Kim Playa Vista, California
510. Imelda Bueno San Leandro, California
511. Christina Polotnianska Glendale, California
512. Francisco Hulse San Francisco, California
513. Berenice Villasenor Menlo Park, California
514. carmen romero chula vista, California
515. Veronica Bonfiglio Fremont, California
516. Juan Martinez Corona, California
517. Rosa Elder Novato, California
518. Nathalie Musson Orinda, California

- 519. Ana Sevilla Irvine, California
- 520. James Nguyen Newport Beach, California
- 521. Jindrich Novak Woodland Hills, California
- 522. Sarah Stephens Chicago, Illinois
- 523. Carina Feldman Los Angeles, California
- 524. Erik Thorlaksson Santa Barbara, California
- 525. Niels Thorlaksson Santa Barbara, California

August 2, 2013

Kristy Reinaga

Change.org

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Sincerely,

- 490. Alejandro Olguin Harrisonburg, Virginia
- 492. Vanessa Lopez Los Angeles, California
- 493. Milagro Rivas Rancho Cucamonga, California
- 494. Leana Barrantes El Dorado Hills, California
- 495. Thu Yee Folsom, California
- 496. Ron Ackland West Hollywood, California
- 497. Victor Fridman San Anselmo, California
- 498. Long Tonthat Sacramento, California
- 499. Edward Nissman Pasadena, California
- 500. Kristy Reinaga Reseda, California

August 4, 2013

Gaetano Bonfiglio

Change.org

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There are now 550 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 528. Andrea Miller Santa Barbara, California
- 529. Elizabeth Perry Santa Barbara, California
- 530. Claudio Rosig Concord, California
- 531. Andres Marquez Davis, California
- 532. ruth bone las vegas, Nevada
- 533. viet tran santa ana, California
- 533. Noemi B. Villena de Rodriguez San Jose, California
- 534. Jose I. Garcia INGLEWOOD, California
- 535. Maricela Miotto La Verne, California
- 536. Efren Miotto La Verne, California
- 537. Hanna Davoodzadeh Palmdale, California
- 538. Marisol Ugas South San Francisco, California
- 539. monghoa tonnu San Jose, California
- 540. TAM NGUYEN Elk Grove, California
- 541. Desiree Martinez santa ana, California
- 542. Gerard Wolff Torrance, California
- 543. salvador lucatero Chula Vista, California
- 544. Robert K. Brara San Francisco, California

- 543. Marina Villar-Herrera Pleasanton, California
- 544. Thanh Tonthat Sacramento, California
- 546. roberto lima san francisco, California
- 546. Isabelle Gomez Marina del try, California
- 548. Carolina Hnizdo Santa Clara, California
- 549. Adrian Mygasiuk Monterey, California
- 550. Gaetano Bonfiglio Fremont, California

August 5, 2013  
Claudia Calle  
Spanish Certified Interpreter

WCAB, Board Members

Jerry Brown, Governor

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich,  
Carol Berman and Neil P. Sullivan.

Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR)  
or Independent Bill Review (IBR).

August 5, 2013

Sandra Aragon

Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 625 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

Dear WCAB,

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

Sincerely,

- 600. MICHELLE SERRANO pacoima, California
- 601. Brenda Trujillo Anaheim, California
- 602. Anita Juarez Pacoima, California
- 603. amanda tobon Santa Ana, California
- 604. Ana Morales Fontana, California
- 606. Tere Wade Sacramento, California
- 607. Lylia Velez Woodland Hills, California
- 608. fanny gonzalez San Fernando, California
- 609. Gaby Vega Riverside, California
- 610. Stephany Ayala Hutto, Texas
- 611. Frank Aguayo Los Angeles, California
- 612. Guadalupe Ortega Riverside , California
- 613. jennifer munoz Littlerock, California
- 614. Marlene De la Torre Granada Hills, California
- 615. Maria Jaeger Saratoga, California
- 616. Irma Rosas Moreno Valley, California
- 617. Simon C Anaheim, California
- 618. Rebecca Aguiniga Chino Hills, California

- 619. Ivonne Abrajan Saratoga, California
- 620. Noella Serrano Carson, California
- 621. Lilia Rochester Lompoc, California
- 622. mildred treece pacoima, California
- 623. Rosario Vietti Columbia, Missouri
- 624. Stephen Palacio City of Industry, California
- 625. Sandra Aragon San Diego, California

August 5, 2013

Michelle Serrano

Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 600 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 573. Dianne Bady Proctorville, Ohio
- 574. Bertolain Elysee Philadelphia, Pennsylvania
- 576. paige more newport beach, California
- 577. john Loofurow Sacramento, California
- 578. Susan Randolph Manhattan Beach, California
- 579. Luis Lopez Riverside, California
- 580. Heather Gonzales Ontario, California
- 582. Edward Morales Fontana, California
- 582. Sandra Talancon La Habra, California
- 583. Jimmy Liou Garden Grove, California
- 584. Angie Chaparro Anaheim, California
- 585. Lupita Godinez Bloomington, California
- 586. Felipe Olvera Riverside, California
- 587. Michael jablon Santa Ana, California
- 588. Renee Ennabe Chino Hills, California
- 590. cindy luna santa ana, California
- 591. Rosa Ocana Alhambra, California
- 592. Evan Ennabe Chino Hills, California

- 594. Maria Palacio City of Industry, California
- 595. Patricia Stone Sacramento, California
- 596. JORGE RODRIGUEZ LOS ANGELES, California
- 597. Annie Graham Chino Hills, California
- 598. Alex Chi Los Angeles, California
- 599. Monic Serrano North hollywood, California
- 600. MICHELLE SERRANO pacoima, California

August 5, 2013  
Roger Zavala  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 675 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

650. Landa rafael los angeles, California
651. Mayari Soto West Covina, California
652. Zonia Nunez San Leandro, California
653. MARIA MC NEW RIDGECREST, California
654. renee hernandez Sylmar, California
655. Kris Clark San Diego, California
656. Sylvia Salazar Simpson Los Angeles, California
657. Maria Castaneda Glendale, California
658. Arturo Herrera Alameda, California
659. rosario espinosa Oakland, California
660. Beatriz Day San Diego, California
661. Jeff Moran San Clemente, California
662. Clara Newton Indio, California
663. Concepcion Ochoa Newcastle, California
664. Blanca Hund Huntington Beach,, California
665. Phyllis Bourne San Diego, California
666. Maria Crescimbeni Oakland, California
668. Esther Navarro-Hall Marina, California
669. Erika Uribe Palmdale, California
670. Susana Hernandez Rancho Cucamonga, California
671. Steven Figueroa Riverside, California
672. Lya Cole Cherry Valley, California
673. Majib Siddiquee Los Angeles, California
674. EUGENIA RICHICHI Fontana, California
675. Roger Zavala Baldwin Park, California

August 5, 2013  
Landa Rafael  
Change.org

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Sincerely,

623. Rosario Vietti Columbia, Missouri
624. Stephen Palacio City of Industry, California
625. Sandra Aragon San Diego, California
626. Felipe Ayala Riverside, California
627. Patricia Mejia-Lopez Azusa, California
629. Sandie Cervantes riverside, California
630. Cecilia Perrin Sacramento, California
631. Sandra Brandle Fremont, California
632. Robert Doval Escondido, California
633. lisa maldonado Whittier, California
635. cata gomez Ventura, California
636. patia lau sherman oaks, California
638. Melchor David De La Garza NIPOMO, California
639. Irene Yoon Oakland, California
640. Claudia Calle Redondo Beach, California
641. Marta Hinestrosa Sunnyvale, California
642. Dena Wigginton Riverside, California
643. laura dixon Los Angeles, California
644. Kim De la Hoya Riverside, California
645. Enrique Aragon san diego, California
646. Juan Ceja Ventura, California
648. Nina Kubli Vista, California
648. Alexander Diamonds Los Angeles, California
649. Marcos Corrales Escondido, California
650. Landa rafael los angeles, California

August 6, 2013  
Fozze Enabe  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 758 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 697. Zulema Esteverena Miami, Florida
- 698. Maricela Elizondo La Mesa, California
- 700. Tamara Lobaco Eagle Rock, California
- 701. Marcia Pacheco El Centro, California
- 702. Olga Velez San Clemente, California
- 703. Angelina Gonzalez Bell, California
- 704. Mark Green Canoga Park, California
- 705. Daniel Brighina Hayward, California
- 706. Carol Leibowitz Rancho Mirage, California
- 707. Consuelo V. Gonzalez Riverside, California
- 708. Norma Caucas Riverside, California
- 709. felino alega w covina, California
- 710. Elsa Gerhardt Rancho Cucamonga, California
- 711. Evon Morgan Riverside, California
- 714. Cristina Barron Riverside, California
- 715. albert serrano pacoima, California
- 716. JESUS ROCHA SALINAS, American Samoa
- 717. Susana Haikalis San Diego, California
- 718. Venita Metzinger Sacramento, California
- 719. Blanca Rostran Beverly Hills, California `
- 720. Juanita Gonzalez 24, Colombia
- 721. Jorge Camberos San Diego, California
- 723. Gloria Garcia Mission Viejo, California
- 724. rocio valdivieso oxnard, California
- 725. Foze ENNABE Los Angeles, California

August 6, 2013  
Roccio Valdivieso  
Change.org

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

August 6, 2013  
Tamara Lobaco  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 711 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

<http://www.change.org/petitions/california-wcab-members-and-governor-jerry-brown-wcab-please-allow-interpreters-payment-without-liens-or-independent-bill-review?response=7d4404866fd1>

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Sincerely,

674. EUGENIA RICHICHI Fontana, California
675. Roger Zavala Baldwin Park, California
676. adriana saenz west hills, California
677. Deana ArllNo Riverside, California
678. Gilbert Talancon La Habra, California
679. Rebecca Van patten Corona, California
680. William Barth Los Angeles, California
681. Kristina Ramsey Alameda, California
682. Chelsea Johns Riverside, California
683. Araceli Rubio Culver City, California
684. Pat Cordero Calabasas, California
685. Lori Dubyak Corona, California
686. Marcelo Lopez Redondo Beach, California
687. Analia Szyszlican Larocca Mission Viejo, California
688. Kamara Licea Olivehurst, California
689. gloria carvallo alta loma, California
690. Margarita Tempes Sacramento, California
692. Debbie Bright La Crescenta, California
693. Miguel Chin Saratoga, California
694. Lilia Olivas National City, California
695. pilar perez Los Angeles, California
696. Norma Schall Newport Beach, California
697. Zulema Esteverena Miami, Florida
698. Maricela Elizondo La Mesa, California
700. Tamara Lobaco Eagle Rock, California

August 6, 2013  
Alex Varela  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 778 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

750. Larry Miller Van nuys, California
751. Sandra Estevez Los Angeles, California
752. Miguel Banuet Spring Valley, California
753. Diana Rojas Corona, California
754. Claudia Acevedo Tustin, California
755. Abraham Barron Mexicali, Mexico
756. Mercedes Roman San Bruno, California
758. Jersahid Lopez Salinas, California
759. RAQUEL isunza BELL GARDENS, California
760. Claudia Revelo Fontana, California
761. Peter Perez Bell, California
762. Carrie Webb Newport Beach, California
763. G C la, California
764. Susana Behar NORTHRIDGE, California
765. Darrin Ouillette Temecula, California
766. Dalia Gerges Downey, California
767. Jodi Stone Newport Beach, California
768. Gabriel Murillo Los Angeles, California
769. Emilio Murillo Stevenson Ranch, California
770. Andres Lopez Studio City, California
771. Manuel Lopez Whittier, California
772. Laura Estrada Perris, California
773. Cristina Jenks Glendale, California
774. Laura Trejo Perez National City, California
775. Alex Varela Burbank, California

August 6, 2013  
Larry Miller  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 769 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 724. rocio valdivieso oxnard, California
- 725. Foze ENNABE Los Angeles, California
- 726. Alejandro de Hoyos Sherman Oaks, California
- 727. Montserrat Noboa San Diego, California
- 729. Carla Neiswender Fullerton, California
- 730. ADAM ENNABE CHINO HILLS, California
- 731. BONNIE WRIGHT Aliso Viejo, California
- 732. Adrian Arce Bonita, California
- 734. Lilia Santana Thousand Oaks, California
- 735. PERLA WRIGHT IRVINE, California
- 736. Lucia Bonis San Diego, California
- 737. Blanca Mejia Corona, California
- 738. anageles posadas spring valley, California
- . ANGELES POSADAS Spring Valley, California
- 739. James Jenks Glendale, California
- 740. Denise Banuet El Cajon, California
- 741. Michael Singer Pasadena, California
- 742. Priscila Lomeli Spring Valley, California
- 744. Uvistano Lucatero Chula Vista, California
- 745. Ada Montijo Chula Vista, California
- 746. Carmela Delgado prunedale, California
- 747. Maria C. Vallejo Palm Desert, California
- 748. Yan Sun Alhambra, California
- 749. Leticia Cruz San Diego, California
- 750. Larry Miller Van nuys, California

August 7, 2013  
Raquel Diego  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 825 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 800. Keny Rivera Pasadena, California
- 801. JESSICA RODRIGUEZ Baldwin Park, California
- 802. Ivana Sanchez Laguna Hills, California
- 804. Thiago Shields Duarte, California
- 804. Jenah Escobosa LA, California
- 805. Candy Estevez riverisde, California
- 806. dalya estevez Azusa, California
- 807. Rosalba Rosales Moreno Valley, California
- 808. diego lomeli Chula Vista, California
- 809. Sherry Estevez Moreno Valley, California
- 810. H. Raul Beguiristain Oakland, California
- 811. julie vazquez Chula Vista, California
- 812. Evangelina Ramos San Gabriel, California
- 813. Erika Prado El cajon, California
- 814. Selena Espinoza Santa Clarita, California
- 815. Debora R. Marchevsky Oakland, California
- 816. Yolanda Peddinani Plano, Texas
- 817. Crystal Gallegos Los Angeles, California
- 818. Daniel Beguiristain Oakland, California
- 819. Maria del Pilar Rodriguez Los Angeles, California
- 820. Anthony Rosales Moreno Valley, California
- 821. gabriela yanez san jose, California
- 822. Martha Estevez riverside, California
- 823. Robert Peters Tustin, California
- 825. Raquel DIEGO Whittier, California

August 7, 2013  
Kenny Rivera  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 805 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 776. Linda Weinberg Los Angeles, California
- 777. Graciela Real Riverside, California
- 778. Ana Juliao Reseda, California
- 779. William Faith Reseda, California
- 780. Gregory Besnak Sherman Oaks, California
- 781. Rafael Posadas Stockton, California
- 782. Juan Rufin West Covina, California
- 783. ADRIAN CURTO EL MONTE, California
- 784. May Dullavin El Monte, California
- 785. Alejandra Mijangos Corona, California
- 786. Marjorie Martinez Corona, California
- 787. Susana Sardas Sherman Oaks, California
- 788. Lance Dubyak Eastvale, California
- 789. Erica Dinkins Santa Barbara, California
- 790. Bryan Dinkins Santa Barbara, California
- 791. Douglas Montgomery Irvine, California
- 792. JENNIFFER BOUCHARD NOVATO, California
- 793. DAN GONZALEZ EL MONTE CA, California
- 794. Beatriz Campos El Monte, California
- 795. Luis Lujan sowney, California
- 796. Rita Navarro Chino, California
- 797. Priscilla Ponce Downey, California
- 798. irina vladimirsky San Gabriel, California
- 799. LIU LIU Temple City, California
- 800. Keny Rivera Pasadena, California

August 7, 2013  
Adrian Curto  
Change.org

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

P.D. I thought that you was our Government and, therefore, elected to defend California residents and tax payers at large against, for example, injustice.

August 8, 2013  
Alice Pambid  
Change.org

25 people recently add their names to California Interpreters's petition "[California WCAB Members and Governor Jerry Brown: WCAB please allow Interpreters payment without Liens or Independent Bill Review](#)". That means more than 500 people have signed on.

There are now 864 signatures on this petition. Read reasons why people are signing, and respond to California Interpreters by clicking here:

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Sincerely,

- 826. griselda esparza Fontana, California
- 827. Maria Cabrera Moreno Valley, California
- 828. Oscar Duran-Lopez South El Monte, California
- 829. Maria Peters Pacific Palisades, California
- 830. Monica Doval Escondido, California
- 831. OLGA STAROW GLENDALE, California
- 832. Viviana Esparza Fontana, California
- 833. Sergio Cusimano San Bernardino, California
- 834. Maria Reyes El Monte, California
- 835. beatriz boyker HACIENDA HEIGHTS, California
- 836. Leticia Pena Rancho Cucamonga, California
- 837. Joel Bloom Los Angeles, California
- 838. Kurt Frees Cincinnati, Ohio
- 839. Julia Bustillo Riverside, California
- 840. Dolores Betancourt Miami, Florida
- 841. Debbie Gomez Monrovia, California
- 843. Emanuel Quezada Stamford, Connecticut
- 843. DAVID RIVERA MORENO VALLEY, California
- 844. Enrique Benitez Riverside, California
- 845. Linda von Roishmandt Harbor City, California
- 846. Gabriela Hanson moreno valley, California
- 847. Chaz Parker Ontario, California
- 848. Krystian Gutierrez chino, California
- 849. sandra sarkissian moreno valley, California
- 850. Alice Pambid Sacramento,, California



**RECEIVED BY**

August 07, 2013

AUG 09 2013

Neil P. Sullivan,  
Assistant Secretary and Deputy Commissioner,  
Workers' Compensation Appeals Board  
P.O. Box 429459  
San Francisco, CA 94142-9459

**WORKERS' COMPENSATION  
APPEALS BOARD  
OFFICE OF THE COMMISSIONERS**

**RE: OPPOSITION TO PROPOSED CHANGES TO CALIFORNIA CODE OF REGULATIONS, TITLE 8, DIVISION 1, CHAPTER 4.5. DIVISION OF WORKERS' COMPENSATION SUBCHAPTER 1.9. RULES OF THE COURT ADMINISTRATOR & SUBCHAPTER 2. WORKERS' COMPENSATION APPEALS BOARD—RULES OF PRACTICE AND PROCEDURE**

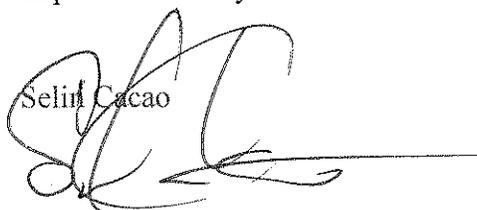
Dear Neil P. Sullivan:

I am writing in opposition to the above mentioned proposed changes. These changes seek to remedy a problem that does not exist and is an unnecessary regulation that will impact Certified Medical, Certified Legal, and Court Legal Interpreters across California and agencies such as ours. Our agency relies on the services of a multi-language certified interpreter base that help us provide the necessary services to improve medical treatment in workers compensation claims. These proposed changes only help the insurance carriers in the however they will have a negative impact affecting the injured worker, local communities and the state of California.

If passed, Certified Interpreters throughout the state will be put out of business as this will be financially devastating to all independent interpreters. These changes will have a negative impact on the effectiveness of all workers compensation procedures wherein injured workers are no longer fairly represented.

I respectfully request that you consider our opposition, and recall these proposed changes. I can assure you that the whole community of Certified Interpreters in California will be more than grateful in your doing so.

I have attached a copy of the on line petition which went up recently and it outlines who will be impacted and why.

Selina Cacao  


Master Mason  
Orange Grove Lodge 293

The proposed changes to the Workers Compensation Appeals Board rules of practice and procedure make it necessary to file a lien or submit to an independent bill review (IBR) for payment of services. This threatens Interpreter's livelihoods these changes will have the following negative effects in our industry:

1)The Limited English Proficient (LEP) or deaf injured worker will not be able to properly communicate his or her ailment to the doctor leading to a delay of treatment or improper diagnosis.2) Not having certified Interpreters at depositions, court appearances, med-legal examinations and treating appointments will create inadmissible evidence for the courts 3) Not using a professional interpreter will cost insurance carriers hundreds of thousands of dollars in law suits involving equal access. 4) Make it difficult for doctors and lawyers, who benefit by being able to understand the LEP injured worker to provide a better service thus saving time and money. 5) Violation of Civil Rights Act Title 6 which prohibits discrimination on the basis of race,color and national origin in programs and activities receiving adequate workers compensation assistance 6) The State of California, which will lose untold millions of tax dollars paid by interpreting agencies and interpreters. Whereas many of these insurance carriers are headquartered outside of California and pay NO state taxes. 7) Local agencies and interpreters will lose their jobs and will be forced to close their doors if this law passes.

PLEASE E-MAIL THE WCAB DIRECTLY AT [WCABRULES@DIR.CA.GOV](mailto:WCABRULES@DIR.CA.GOV) and tell them what you think, thank you for your support.

To:

WCAB, Board Members

Jerry Brown, Governor

WCAB Members, Frank M. Brass, Deidra E. Lowe, Alfonso J. Moresi, Marguerite Sweeney, Rick Dietrich, Carol Berman and Neil P. Sullivan. Please do not subject Interpreters to the draconian lien process or Independent Medical Review (IMR) or Independent Bill Review (IBR).

Sincerely,

### **Recent signatures**

- [JENNIFFER BOUCHARDNOVATO](#), CACALIFORNIA  
12m
- [Douglas MontgomeryIRVINE](#), CACALIFORNIA  
34m
- [Bryan Dinkins](#)SANTA BARBARA, CACALIFORNIA  
42m
- [Erica Dinkins](#)SANTA BARBARA, CACALIFORNIA  
43m

## News

1. Reached 750 signatures

## Supporters

- Monica AlmadaWOODLAND HILLS, CA
  - 7 days ago
  - Liked3

I am a Certified court interpreter. This law is a direct hit to a healthy area of the WCAB system that so far has protected the civil rights of human beings with language limitations, who deserve equal access to social benefits. The passing of this law is as egregious as if you were trying to eliminate the need for attorneys in legal proceedings. Certified interpreters are an imperative link in the chain of our workers comp system, as well as of our justice system. If broken, severe consequences will arise in all directions, hitting directly the injured workers, affecting the work of medical doctors, attorneys, and the livelihood of interpreters.

Who in his right mind would even conceive doing this to the people of California? This is the US. Equal access has to be indisputable!

- A SalgueroSAN FRANCISCO, CA
  - 9 days ago
  - Liked3

As a CMI and Legal Interpreter I have invested in my own professional growth, spending a lot of money from my own limited resources to educate myself and become a certified and qualified interpreter, therefore, passing this AB would be in detriment not only of the profession but as a civil servant who is working hard to sustain afloat in this difficult economy, it is unfair to the profession and to the entire population who needs our services to restrain our services in such fashion, especially knowing that as is our services continue to be undervalued by many. Thank you.

- Beatriz DaySAN DIEGO, CA
  - 1 day ago
  - Liked2

Allowing the modifications to the proposed amendments to WCAB Rules will leave the LSP totally at the mercy of the Insurance Companies

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- Juan CejaGROVER BEACH, CA

- 1 day ago
- Liked2

Economic hardship, continue providing services to injured workers, fair and equitable

- Gilbert CalhounSTUDIO CITY, CA

- 6 days ago
- Liked2

The \$350 fee for IBR can in many cases be more than an interpreter bill. Interpreting services are already facing severe financial pressures due to non-payment for even LC5811 services. It will encourage payers to improperly and unfairly discount interpreter bills, preventing interpreters from being fairly compensated. Also, this will potentially allow bill reviewers unfamiliar with interpreting services, codes and regulations to determine reasonableness of billing.