**FINDING OF EMERGENCY**

**OF THE**

**DEPARTMENT OF INDUSTRIAL RELATIONS**

**DIVISION OF WORKERS’ COMPENSATION**

**REGARDING THE CALIFORNIA LABOR CODE**

**TITLE 8, CALIFORNIA CODE OF REGULATIONS**

**DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS**

**CHAPTER 1, DIVISION OF WORKERS’ COMPENSATION**

**Article 4, PRACTICE PARAMETERS**

**Section 46.3 QME Emergency Regulation in Response to COVID-19.**

Government Code Section 11346.1 requires a finding of emergency to include a written statement with the information required by paragraphs (2), (3), (4), (5) and (6) of subsection (a) of Section 11346.5 and a description of the specific facts showing the need for immediate action.

The Administrative Director of the Division of Workers’ Compensation (DWC) finds that the adoption of this regulation is necessary for the immediate preservation of the public peace, health and safety, or general welfare, as follows:

**FINDING OF EMERGENCY**

**Basis for the Finding of Emergency**

* The emergence of unexpected and unpredictable COVID-19 variants, such as the Delta and the burgeoning Omicron variants, is clearly demonstrating that the ongoing pandemic is not subsiding but remains a serious threat to public health therefore action is necessary to reduce exposure to the virus.
* Action is necessary in order to implement, on an emergency basis, the ability of physicians in California’s workers’ compensation system to continue to provide telehealth medical-legal evaluations during the COVID-19 medical crisis.
* Action is necessary in order to allow injured workers and physician flexibility with evaluation locations given various regional restrictions.

**Background**

* The DWC develops regulations to implement, interpret, and make specific the California Labor Code.
* Qualified Medical Evaluators (QMEs) provide medical-legal evaluations of injured workers to resolve medical issues in dispute between parties to a claim or litigation regarding workers’ compensation. These evaluations include a physical examination of the injured worker or specified periods of face-to-face time where the physician and injured worker are in the physical presence of each other. This in person face-to-face time may not be possible during the COVID-19 medical crisis.
* During the COVID-19 medical crisis the use of telehealth or telemedicine has been proposed as an effective means of providing continued healthcare and observing social distancing as well as limiting exposure to the virus.
* It is possible that certain qualified medical-legal evaluations can be performed effectively without the need of a physical examination. An emergency regulation is necessary to facilitate the performance of these evaluations.

**AUTHORITY AND REFERENCE**

The Administrative Director of the Division of Workers’ Compensation, pursuant to the authority vested in him by Labor Code sections 59, 111, 133, 139.2, 4603.5, 5307.3 and 5307, proposes to reestablish Subchapter 1 (Article 4) of Chapter 4.5, of Title 8 California Code of Regulations, and adopt section 46.3.

**INFORMATIVE DIGEST**

Summary of Existing Laws

**Labor Code section 139.2** is the enabling statute enacted to establish the Qualified Medical Evaluator Program in the California workers’ compensation system. Subsection (j)(1)(C)(2) empowers the Administrative Director to develop procedures to be followed by all physicians in evaluating the existence and extent of permanent impairment and limitations resulting from an injury. Subsection (j)(5)(A) directs the Administrative Director to establish minimum times for patient contact for any medical-legal evaluations that are not valued pursuant to Labor Code section 5307.6.

**Labor Code section 4628** is an anti-ghostwriting statue enacted to govern the responsibilities of a reporting physician and requirements for a medical-legal report. An examination of the injured worker is one of the requirements enumerated in this statute.

**Labor Code section 5307.6** is the enabling statute directing the Administrative Director to adopt and revise a fee schedule for medical-legal expenses. Subsection (a) mandates that the procedure codes and relative values used in producing fees shall recognize the amount of time spent by the physician in direct contact with the patient.

**TECHNICAL, THEORETICAL, OR EMPIRICAL STUDIES, REPORTS, OR DOCUMENTS RELIED UPON**

* California’s Current Safety Measures and What to do now. August 11, 2021. https://covid19.ca.gov/safely-reopening/#what-to-do-now
* Governor Gavin Newsom - EXECUTIVE ORDER N-16-21, September 27, 2021

<https://www.gov.ca.gov/wp-content/uploads/2021/09/9.27.21-Telehealth-EO.pdf>

* Governor Gavin Newsom - EXECUTIVE ORDER N-43-20, April 3, 2020

<https://www.gov.ca.gov/wp-content/uploads/2020/04/4.3.20-EO-N-43-20.pdf>

* Governor Gavin Newsom - EXECUTIVE ORDER N-33-20, March 19, 2020 <https://www.gov.ca.gov/wp-content/uploads/2020/03/EO-N-33-20-COVID-19-HEALTH-ORDER-03.19.2020-002.pdf>
* Centers for Disease Control, web link, “How to Protect Yourself” <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

**SUMMARY OF PROPOSED REGULATIONS**

The Administrative Director adopts an administrative regulation governing the provision of telehealth medical-legal evaluations and office location flexibility during the pendency of the COVID-19 medical crisis. This regulation implements, interprets, and makes specific Labor Code sections 139.2, 4628, and 5307.6 during the pendency of the COVID-19 medical crisis as follows:

**Section 46.3 QME Emergency Regulations in Response to COVID-19**

This new section sets forth the process that addresses the ongoing need for medical-legal evaluations and to prevent a backlog of medical-legal evaluations resulting from the stay-at-home order. This regulation will help injured workers and employers continue to move their workers’ compensation claims towards a resolution and avoid additional or undue delay.

1. **Subsection (a)** defines a telehealth medical-legal evaluation when injured worker and physician are not in the same physical space or site during the evaluation.
2. **Subsection (a)(1)** defines a telehealth medical-legal evaluation and establishes parameters for when a telehealth medical-legal evaluation can be performed if a physical examination is not necessary. These parameters include 1) there is a medical issue in dispute involving AOE/COE, termination of indemnity benefits, or appropriate work restrictions; 2) there is agreement to the evaluation by telehealth by all parties to the action; 3) telehealth evaluation is consistent with appropriate and ethical medical practices and 4) the physician attests that there is no need for a physical examination.
3. **Subsection (a)(2)** defines the scope of telehealth evaluations to be remote visits via video-conference, video-calling or similar technology that allows each party to see the other and have an audio connection. Provides that the evaluation must have the same standard of care as an in person examination.
4. **Subsection (b)(1)** allows the initial QME evaluation to take place at any office that is certified for qualified medical evaluations as long as there is agreement to this arrangement by all of the parties to the action.
5. **Subsection (b)(2)** provides for identification of office location when a telehealth evaluation occurs.

**DETERMINATION OF SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS**

Physicians who provide medical-legal evaluations will be able to provide services through use of telehealth in order to reduce exposure to COVID-19 during the pendency of the COVID-19 medical crisis.

The Department of Industrial Relations, Division of Workers’ Compensation, has made an initial determination that the adoption of this regulation will not have a significant, statewide adverse economic impact directly affecting business because it merely offers an option for telehealth and flexibility with office location evaluations. The Division of Workers’ Compensation has not considered proposed alternatives that would lessen any adverse economic impact on business and invites you to submit proposals. Submission may include the following considerations: (i) consolidation or simplification of reporting requirements for qualified medical evaluators; and (ii) the use of performance standards rather than telehealth.

**POLICY STATEMENT OVERVIEW**

The objective of the proposed emergency regulation is to implement the provision of telehealth medical-legal evaluations during the pendency of the COVID-19 medical crisis, and to clarify the interpretation of the relevant statutes and regulations by way of the proposed emergency regulation in a manner that allows for the above referenced actions.

**MATTERS PRESCRIBED BY STATUTE APPLICABLE TO THE AGENCY OR TO ANY SPECIFIC REGULATION OR CLASS OF REGULATIONS**

NONE

**MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS**

The Department of Industrial Relations, Division of Workers’ Compensation has determined that this proposed regulatory action would not impose a mandate on local agencies or school districts.

**FISCAL IMPACT STATEMENT**

A. Cost or Savings to any state agency: NONE

B. Cost to any local agency required to be reimbursed under Part 7 (commencing with Section 17500) of Division 4: NONE

C. Cost to any school district required to be reimbursed under Part 7 (commencing with Section 17500) of Division 4: NONE

D. Other nondiscretionary cost or savings imposed on local agencies: NONE

E. Cost or savings in federal funding to the state: NONE

**STATEMENT OF CONFIRMATION OF**

**MAILING OF FIVE-DAY EMERGENCY NOTICE**

(Title 1, CCR section 50(a)(5)(A))

The Division of Workers’ Compensation sent notice of the proposed emergency action to every person who has filed a request for notice of regulatory action at least five working days before submitting the emergency regulations to the Office of Administrative Law in accordance with the requirements of Government Code section 11346.1(a)(2).