## State of California Office of Administrative Law

In re:

**Division of Workers' Compensation** 

**Regulatory Action:** 

Title 08, California Code of Regulations

Adopt sections:

Amend sections: 9793, 9794, 9795

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

**Government Code Section 11343.8** 

OAL Matter Number: 2021-0218-01

OAL Matter Type: File and Print Only (FP)

The Division of Worker's Compensation requests that the Office of Administrative Law file with the Secretary of State and print in the California Code of Regulations amendments to the Medical-Legal Fee Schedule. These amendments increase the relative value of payments made under the fee schedule, implement a new system based on flat fees for services provided, and eliminate the use of complexity factors and the majority of hourly billing under the Medical-Legal Fee Schedule. This action is exempt from the Administrative Procedure Act under Government Code 11340.9(g).

OAL filed this regulation(s) or order(s) of repeal with the Secretary of State, and will publish the regulation(s) or order(s) of repeal in the California Code of Regulations.

Date:

March 30, 2021

Anna Thomas

Attorney

For:

Kenneth J. Poque

Director

Original: George Parisotto, Administrative

Director

Copy:

Winslow West

STATE OF CALIFORNIA-OFFICE OF ADMINISTRATIVE LAW For use by Secretary of State only NOTICE PUBLICATION/REGI STD, 400 (REV, 10/2019) NOTICE FILE NUMBER 21-0218-01 OAL FILE **NUMBERS** Z-ENDORSED - FILED For use by Office of Administrative Law (OAL) only in the office of the Secretary of State 2021 FEB 18 A 10: 28 of the State of California MAR 3 0 2021 OFFICE OF ADMINISTRATIVE LAW 2:46 PM NOTICE REGULATIONS AGENCY WITH RULEMAKING AUTHORITY AGENCY FILE NUMBER (If any) Division of Workers' Compensation within Dept. of Industrial Relations None A. PUBLICATION OF NOTICE (Complete for publication in Notice Register) 1. SUBJECT OF NOTICE FIRST SECTION AFFECTED TITLE(S) 2. REQUESTED PUBLICATION DATE 3. NOTICE TYPE 4. AGENCY CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) Notice re Proposed Other Regulatory Action OAL USE NOTICE REGISTER NUMBER PUBLICATION DATE Approved as Approved as Disapproved/ ONLY Submitted B. SUBMISSION OF REGULATIONS (Complete when submitting regulations) 1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Workers' Compensation Medical-Legal Fee Schedule 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) ADOPT **SECTION(S) AFFECTED** (List all section number(s) AMEND individually. Attach 9793, 9794 & 9795 additional sheet if needed.) TITLE(S) REPEAL 8 3. TYPE OF FILING Regular Rulemaking (Gov. Certificate of Compliance: The agency officer named Emergency Readopt Changes Without Code §11346) below certifies that this agency complied with the (Gov. Code, §11346.1(h)) Regulatory Effect (Cal. provisions of Gov. Code §§11346.2-11347.3 either Resubmittal of disapproved Code Regs., title 1, §100) before the emergency regulation was adopted or or withdrawn nonemergency within the time period required by statute. filing (Gov. Code §§11349.3, File & Print Print Only 11349.4) Emergency (Gov. Code, Resubmittal of disapproved or withdrawn Other (Specify) Exempt-Gov't Code Sec. 11340.9 §11346.1(b)) emergency filing (Gov. Code, §11346.1) 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) Effective January 1, April 1, July 1, or Effective other April 1, 2021 §100 Changes Without Effective on filing with × (Specify) October 1 (Gov. Code §11343.4(a)) Secretary of State Regulatory Effect 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY Department of Finance (Form STD. 399) (SAM §6660) Fair Political Practices Commission State Fire Marshal Other (Specify) CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) Winslow West 510-286-7108 510-286-0687 wwest@dir.ca.gov 8. I certify that the attached copy of the regulation(s) is a true and correct copy For use by Office of Administrative Law (OAL) only of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, AUTHORIZED FOR FILING AND PRINTING or a designee of the head of the agency, and am authorized to make this certification. SIGNATURE OF AGENCY HEAD OR DESIGNEE George Parisotto Digitally signed by George Parisotto Date: 2021.02.17 09:30:29 -08'00' MAK 30 20121 February 16, 2021

Office of Administrative Law

TYPED NAME AND TITLE OF SIGNATORY

GEORGE P. PARISOTTO, Administrative Director