STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

PUBLIC HEARING

Monday, December 14, 2020
(Zoom Video Communications)

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I N D E X

MONDAY, DECEMBER 14, 2020

(10:00 a.m.)

MR. WEST: Good morning, everyone. My name is Winslow West. I'm an Industrial Relations Counsel for the Division of Workers' Compensation. Before we begin today's Zoom public hearing, I want to inform everyone that this is being recorded.

This is our latest conference call, Zoom public hearing, for the Medical-Legal Fee Schedule. The Division is proposing to make updates to the Medical-Legal Fee Schedule as contained in Title 8, California Code of Regulations, 9793, 9794 and 9795.

I'd like to take a moment to introduce the other DWC staff members on the line. I'm joined by George Parisotto, the DWC's Administrative Director, and Dr. Raymond Meister, the DWC's Executive Medical Director.

In addition, we have Nicole Richardson, the DWC's counsel; Maureen Gray, the Division's Regulations Coordinator and Vivian Prasad, the DWC's Education Coordinator. Our Hearing Reporters today are Olivia Lizarraga and Gordana Vidovic.

The purpose of this hearing is to receive comments on the proposed amendments to the regulations, and we welcome any comments you have about them. Please note we will not question, respond to or discuss anyone's comments. Although we

may ask for clarification or ask you to elaborate further on any points that you're presenting.

All of your comments, both given verbally here today and those submitted in writing, will be considered in determining what revisions, if any, we make to the proposed regulations.

If you would like to speak during this hearing, please send a chat to the announcer with your full name, the organization you are affiliated with, if any, and contact information.

If you are calling in for this meeting or are unable to send a chat, please e-mail to dwcrules@dir.ca.gov. In the e-mail, please include your information, and we will call on you in the order we receive your request. Please also include the words, "Request to speak" in the subject line of your e-mail.

If you are calling in, please include the last four digits of the telephone number you are using in your e-mail, so that we will be able to identify you.

Maureen Gray, DWC's Regulations Coordinator, is taking attendance. Please send an e-mail to dwcrules@dir.ca.gov or chat with Nicole Richardson with your full name, the organization you are affiliated with, if any, and contact information in case we need to provide you with any updates. We prefer an e-mail address. But if you don't have an e-mail

address, your phone number. In taking the attendance, we ask that you make sure your screen name properly reflects your actual first and last name. A screen name will not help us identify you for transcript purposes.

In the Zoom application if you raise your hand, you will not be called upon, and your hand will be lowered. Please restrict the subject of your comments to the proposed regulations. We ask that you limit your comments to three minutes. You will receive a message asking you to unmute yourself prior to your name being called. You must click on the unmute message in order to speak. Please wait to speak until you are called upon. Your time will begin after you are unmuted, and you are called upon. You will receive a one-minute warning when you have one minute left to speak. You will be muted after you have spoken for three minutes, and then the next person will be called.

I will call the names of those who have indicated they wish to speak today in the order received, and I apologize in advance if I mispronounce anyone's name.

All oral comments given today will be taken down by hearing reporters.

When everyone on the list has had a chance to make their public comments, I will check to see if anybody who has joined and wishes to speak or if anybody else has additional comments.

This hearing will continue for as long as there are people on the line who wish to comment on the proposed regulations, but it will close at 5:00 this afternoon.

If the hearing continues into the lunch hour, we will take at least an hour break. If there is time at the end of the succession of speakers, anyone who was cut off at the end of the three-minute mark will receive a chance to make additional comments. The additional comments will also be limited to three minutes.

Finally, all written comments can be submitted by FAX at the following number, (510) 286-0657 or to the following e-mail address, dwcrules@dir.ca.gov. Written comments submitted by FAX or e-mail will be accepted until midnight tomorrow, December 15th.

For those who do not wish to speak today but want to be notified of any subsequent changes or of the final adaptation of the Medical-Legal Fee --

(Interruption in proceedings. All participants are now in listen only mode.)

MS. RICHARDSON: Winslow, you have unmuted. Go back to when you announce that --

MR. WEST: Was I muted?

MS. RICHARDSON: Yes. Go back to -- go back to announcing how to do the written comment.

MR. WEST: All right. Written comments can be submitted

by FAX to the following number, (510) 286-0657 or to the following e-mail address, dwcrules@dir.ca.gov. Written comments submitted by FAX or by e-mail will be accepted until midnight tomorrow, December 15th.

For those who do not wish to speak today but want to be notified of any subsequent changes or of the final adaptation of the Medical-Legal Fee Schedule, please provide your complete name and e-mail address to the same address mentioned above, dwcrules@dir.ca.gov. Any notice of changes in the final notice of amendment to the Medical Fee Schedule will be sent to everyone who requests that information.

With that, let me look at our list and call the first speaker. All right. I see that Marshall Lewis, M.D., would like to speak. Also, Diane Worley would like to speak. We will start with Dr. Lewis.

MR. LEWIS: Good morning, everyone. I've reviewed the new proposed Fee Schedule. I have a couple of problems with it, and I'm just curious why we're changing the whole Fee Schedule that existed previously, and why not if you're worried about giving the doctors an increased Fee Schedule, why it just didn't increase what it already existed. I sent the letter dated December 7, 2020, regarding my feelings on this. And the question I have is who came up with the $3 a page for reading records because I'd like to know what the backup is on that. I never heard of anyone reading a page for $3 as a professional.

I took the Western Institute of Legal Medicine Course and certainly they get $650 an hour, the attorneys. So I don't know who would read pages for $3 a page. I think it's an inappropriate fee.

I have a young lady that works in Oaxaca, Mexico. She gets 6 cents a word -- 6 cents a word for reviewing, doing translation and a page usually has 100 words on it. It's $6 a page. That's in Oaxaca. And she could probably translate a lot faster than I can read a page. Sometimes a page takes you a long time to read. Sometimes it's got a lot of information on it, with attorneys, and sometimes I could spend 15, 20 minutes on a page and certainly medical literatures and records are difficult to read at times.

Also, I don't understand the fee of $500 for a missed appointment. If someone cancels an appointment eight days before instead of six days before, the fee -- there's no fee, or there is a fee of $500. $500 doesn't really cover expenses. Everyone's expenses in the State of California have gone up, and everyone is concerned about economics today. And we just had 660 companies leave California in the last year. And now major companies leaving Silicon Valley, like Oracle, and Hewlett-Packard are clearing out and Tesla has cleared out.

I don't understand this. These are doctors that are experienced in doing these reports. They should at least be paid an appropriate amount. And I certainly feel the $3 a

page -- and the other thing is 200 free pages of records. I mean how can you read 200 free pages of records unless you are just flipping the pages, if you have to actually read these pages and discuss them as part of the report which --

MS. RICHARDSON: One minute remaining.

MR. LEWIS: -- which gives you an appropriate report. You just can't read that fast, unless you're a speed reader, and you have to make notes on these and dictate into your report what you reviewed.

So I think that some of the fees that are being discussed here are totally inadequate. I just don't understand again the $3 a page for reviewing records and free pages after a certain amount. And, yeah, research. There is nothing in it about research. We certainly want to correlate the certain types of jobs, how they could be injured and whether or not there is a correlation with the industrial injuries.

And the other thing I just wanted to mention is medical records. The other points about medical records are, we don't get them in an adequate amount of time sometimes. Maybe the fee should be $10 a page so the companies send us the records on time, so we can review them. And if they don't put extra pages in it, they don't have to be reviewed. I get pages a lot of times on records that -- I make the appointment three, four months in advance and --

MS. ROBERTSON: Mr. Lewis --

MR. WEST: Dr. Lewis reached his three-minute mark. So we will now hear from Diane Worley from CAAA and after Diane Worley we will hear from Ashley Hoffman.

Diane Worley next.

MS. WORLEY: Good morning, everyone. Thank you for the opportunity to speak today. I'm Diane Worley, the Executive Director of California Applicants' Attorneys Association. We will be submitting written comments following the conclusion of the hearing today.

As everyone agrees, an update of the Medical-Legal Fee Schedule is long overdue. With the ongoing attrition and the number of QME's remaining in the workers' comp system willing to evaluate injured workers, it would be extremely shortsighted to fail to have any plan in this Fee Schedule to reward evaluators for doing complex work in the timely and thorough fashion.

All parties will be negatively impacted by an inadequate Fee Schedule, although injured workers will be impacted the most. One thing that we noticed in reviewing the recent proposal is nowhere is the unrepresented injured worker considered in this regulatory proposal. This proposal now includes significant burdens and requirements on the parties seeking an evaluation, which in many claims is an unrepresented injured worker.

Additionally, adequate QME, AME compensation is

critical to the ability to all parties to obtain substantial medical evidence required to prove a claim. With these issues in mind, there are three areas in the proposal that we will be providing testimony and written comments on that we consider to be extremely problematic.

First is in Section 9793, Definitions, Subsection G, with regard to follow-up medical-legal evaluations. This subsection has been amended to extend the time from nine months to 18 months in which an evaluation performed by a QME is to be considered a follow-up evaluation following the initial examination. Nowhere in all of the meetings that I have attended, hearings that I have attended, comment periods that I have been a part of, has there been any public comment that somehow there is a problem with the nine-month timeline in the existing regulations.

We perceive this change to be nothing more than a cost-cutting measure to satisfy the payors that they don't have to pay again for an initial comprehensive medical-legal examination until 18 months has passed. A lot can happen with regard to the change in an injured worker's medical condition in the 18 months, a lot.

We see no rationale or reason in the initial statement of reasons or in any of the history in this regulatory process for this change to be made. Therefore, we urge that the existing nine-month time period be maintained and

the period not be extended.

The second proposal is with regard to the same regulatory section, but Subsection N, and this is the --

MS. RICHARDSON: Diane, you've been muted.

MR. WEST: It appears that Ms. Worley has reached the end of her three minutes.

Now we will hear from Ashley Hoffman, to be followed by a phone-in caller Andrew Roberts whose phone number ends with 8090. 8090.

So we will start with Ashley Hoffman.

MS. HOFFMAN: Good morning, Ashley Hoffman on behalf of the California Chamber of Commerce. First, I want to appreciate the DWC efforts in this arena. However, we do take issue with the new Schedule. Specifically, we have -- we have, the employers, we have grave concerns about, you know, rolling out this new Schedule, without taking into thought other issues that currently plague the system, such as issues of duplicative records and what the agency plans to do as far as ensuring that QME's are producing high-quality reports.

With the proposed page per Fee Schedule, we have concerns, you know, about duplicative records, even if employers are taking the opportunity to de-duplicate out records, there's really no control or process in place to make sure there are not thousands of duplicative records produced on the other side, which we think could inflate record review

beyond the complexities of the case and cause disparate impact between similar cases.

So again, we appreciate the agency's work on this, but we would recommend, you know, making an increase to the current system as it is now, and address issues of quality and duplicative records before considering a rewrite, the entire Schedule. Thank you.

MR. WEST: Thank you for finishing in the allotted time. We will now hear from Andrew Roberts from ExamWorks, whose phone number ends with 8090, followed by Gabor Vari. Mr. Roberts, you're up.

MR. ROBERTS: Thank you, Mr. West, and thank you to the Division. Good morning, this is Andrew Roberts with ExamWorks. Again, good morning to the Division, to doctors, stakeholders, and all interested parties. I would like to read a brief statement this morning.

With the proposed Fee-Schedule change moving toward implementation, and after years of collaboration and hard work, we wanted to take this opportunity to say, thank you for giving ExamWorks the opportunity to meanfully partake in the process. As a leading entity and stakeholder, we value the working relationship we've developed with the Division, as well as the opportunity to work with other stakeholders and interested parties.

2020 certainly brought its share of challenges, so

we'd like to recognize the Division, physicians, and stakeholders for their continued commitment in seeing this through. We acknowledge the difficulties associated with change, and that different entities or physicians have different ideas as to what constitutes improvement.

As a multi-specialty group supporting a wide variety of physicians throughout the state, we have spoken with nearly all of them as to their thoughts and considerations. We have also spoken with other industry professionals, practice management groups, and leaders. For the past two years, a day hasn't gone by in which we did not discuss the Fee Schedule. As a result, we believe our prospective on the issue to be comprehensive and sound. ExamWorks believes the proposed Fee Schedule is a positive step in the right direction, and will serve as the foundation for further constructive reform.

With continued work and collaboration, we are confident in our ability to improve remaining areas in need. Most important, we must remain focused on a balanced and reasonable approach. ExamWorks has always taken a position of doing what is best for the system globally, and will continue to act as a positive catalyst, when possible.

As the new Fee Schedule is implemented and this multi-phase process continues, ExamWorks appreciates the opportunity to drive positive reform in its position as a stakeholder. Again, we recognize the Division, physicians, and

the numerous industry professionals dedicated to improving the system, and we certainly look forward to our continued work together. Thank you.

MR. WEST: Thank you.

Now we will hear from Gabor Vari, and I do not have any requests after Mr. Vari, so this will be a very short public hearing, if I don't receive requests to speak.

Mr. Vari, you are up.

MR. VARI: All right. Thank you very much, Mr. West. I appreciate the opportunity to speak. First, I'd like to say, thank you very much for the opportunity to participate, not only in this hearing, but also in prior stakeholder meetings. I appreciate all of DWC efforts to move the Fee Schedule forward in the right direction. CME has submitted written comments to DWC in addition to the comments I will be providing this morning.

CME is a large provider of QME practice management services throughout California. As mentioned by other speakers, we have spoken with our doctors about their concerns about this proposal and about the right path forward for the Fee Schedule.

In brief, I believe that overhauling the Fee Schedule from its current format to the proposed flat-fee-per-page format is a mistake. The current Fee Schedule accurately captures complexity through its structure, and I am not aware,

CME is not aware of any data suggesting that the new proposed Fee Schedule will accomplish our shared goal of providing quality for injured workers.

In fact, the concern is that by emphasizing the page count and converting to a flat-fee model, that we may contribute to a decrease in report quality by incentivizing speed. There is nothing in the new Fee Schedule that will incentivize quality. Payors and many providers across the board want a simple increase to the current Fee Schedule, which would minimize the chance for unintended consequence. CME appreciates the opportunity to contribute to this important process, as well as the next steps going forward. Thank you for your time.

MR. WEST: Thank you, Mr. Vari.

We received a request to speak from Steve Cattolica, from California Workers' Compensation Services.

UNIDENTIFIED SPEAKER: Mr. West --

MR. WEST: After Steve, we'll hear from Suresh Mahawar. Go ahead, Mr. Cattolica, sorry.

MR. CATTOLICA: No, that's okay. Thanks, Winslow. I appreciate the opportunity.

I echo the sentiment that, you know, the current Fee Schedule actually could be improved to the point where some of the issues that we spent now a number of years trying to solve, would abate. I, in fact -- CSIMS, in its original submission

to the Division back some years ago, made a similar comment in its White Paper discussions, how that can take place. Not withstanding, cost-of-living increase continues to be an issue. It has really been the cause, in some respects, for some of the issues that we have to tackle, and I would suggest the Division take a close look at 5307.6, which allows the Division -- the Administrative Director to adjust the Fee Schedule, the Med-Legal Fee Schedule, every time the OMFS, the Official Medical Fee Schedule, is amended. That gives him at least four or five opportunities every year to adjust the rate.

The second thing, and more importantly, is how the Division educates Maximus to review Independent Medical Review requests, and my suggestion is that rather than -- even though the Division has that responsibility, the Division implement a process, and if it need be, put in Regulation, put it into Regulation that the education process be done by a group of people, perhaps a representative from the QME and AME communities, as well as the Division's own staff and, perhaps, an attorney that's willing to help. It cannot be that Maximus only knows one interpretation of the Fee Schedule, nor the nuances that would cause them to, perhaps, look at both sides more appropriately.

Finally, with respect to the point with -- about records --

MS. RICHARDSON: One minute remaining.

MR. CATTOLICA: I apologize for taking longer. I will make sure that that comment is included in my written comments, as well.

MR. WEST: You still have one minute left.

MR. CATOLLICA: Oh, I do have a minute left; that's what she said.

MR. WEST: One-minute warning.

MR. CATTOLICA: Gosh, well, let me start over. No, that's not true.

I think there is a way that verification of records can be done. I note that you would need to take a look at Section 30 -- Regulation 35, which would expand outside the scope of the Med-Legal Fee Schedule. I think you can do that with an emergency Regulation that would allow cover sheets to be more substantial, carry more weight, if you will, and, perhaps, be the verification that a physician needs and the payor might need to eliminate at least some of the controversy with respect to what's billed for records on a per-page basis.

Going back to my original conversation or --

MR. WEST: I think that was the end of your time.

We will now hear from Suresh Mahawar, and that will be followed by comments from Jill Torres, followed by comments from Robert Markinson.

Mr. Mahawar, you are up now.

MR. MAHAWAR: Thank you for giving me the time.

You know, I see that the Fee Schedule kept in mind -- keeping in mind control the cost. And I believe that cost control is sometime necessary; however, I feel that physician has been targeted for very long time. So if there's a cost control, it should be statewide and nationwide. In that, you know, means, when we receive any payment, when we seek offering our services, we have to pay for the services of full market price.

I give you example that I have a septic system in my back, in my home, and I call one of the plumber -- came down, he charged me $275 an hour. And the reason so, because those kind of special services, you know, not everybody can perform. So and then when I had hired a legal service, I had to pay $650 an hour. So that's, you know, real challenge. And cost of living, everybody knows, in California you could buy 14 years ago, when the last payment was, is twice -- more than twice now.

So if you look at the Fee Schedule -- current Fee Schedule, it's probably within five to ten percent above the level of current level. So I see that as a -- really not a fair system. That's all I have to say.

MR. WEST: Thank you.

We will now hear from Jill Torres, followed by Dr. Robert Markinson.

Ms. Torres, you're up.

MS. TORRES: Thank you for the opportunity to speak here, and I appreciate everything the DWC is doing.

There a lot of issues that I have, but I would mostly like to speak about the records. I feel that the way the proposal is written now, it's placing an unfair burden on the QME with regard to records. If I receive a duplicate record, I need to look at each and every page of those records to determine whether they are, in fact, duplicate records, and that takes a great amount -- a great deal -- amount of time. Sorting through the records take -- takes time.

If I receive records two days before the QME report is due out, I don't believe that I should have the burden of having to include those records in my original report. I should be able to put those records and review them and issue a Supplemental Report. The way it is written now in the proposal, it appears that I would need to incorporate any records into my report that are received before the report goes out.

Truly, records should be received -- to give fairness to the injured worker, records should be -- have to be received within ten days before the evaluation, so that I would have time to review them before the evaluation, not after. I have no opportunity to question an injured worker about the records and any disparity that may exist after.

I believe strongly that the issues with the

attestation is a problem. If there's no attestation, there's no clarification on what I do. Do I not review those records, if there's no attestation made by the parties? There are other issues too, but I'm sure I'm running low on time at this point.

I also have problems with the unreimbursed supplemental --

MS. RICHARDSON: One minute remaining.

MS. TORRES: I also have a problem with the unreimbursed Supplemental Reports. I think that the issues need to be clarified with that. If I neglect to put in causation or apportionment, certainly I should have to issue a free Supplemental Report. But just because something -- the parties feel that I should have addressed something does not mean that I should have to issue a free Supplemental Report, or face possible disciplinary action. In my opinion, this is leaving open a lot of -- a lot of abuse and a lot of friction between parties. It should be the burden of the sending party to notify the QME that a report is intended to be request of a supplement -- of an unreimbursed Supplemental Report, and the reason behind the need for an unreimbursed Supplemental Report.

MR. WEST: Thank you. We will now hear from Dr. Robert Markinson, followed by Spencer Chelwick from Orthopaedic Medical Group of Santa Ana, followed by Joshua Pretsky.

Dr. Markinson, you have the floor.

MR. MARKINSON: Thanks very much. Can you hear me? Are

you able to hear me?

MR. WEST: Yes. We can hear you. We can hear you. Go ahead.

MR. MARKINSON: That is the spirit. Dr. Bob Markinson, 40 years of teaching on two faculties. I am a hand surgeon, and really enjoy bringing up young people. The problem is none of them are becoming hand surgery speciality AME's, QME's, consultants or treaters. I would say that in 40 years I had maybe one or two that have remained in California interested in doing med-legal evaluations, otherwise they have either departed the state, as many others are doing in an accelerated fashion consequent to shutdowns, in a setting of 50 percent decrease in nationwide physician income since the shutdowns occurred in mid-March, in addition to mass evacuation and/or retirement vis-a-vis physicians in California. I agree with Dr. Gabor Vari regarding his concerns about the Fee Schedule.

And furthermore, issues of complexity. When you do a complete hand examination, perhaps this patient would be illustrative. This will be 94-plus measurements, as always from neck to fingertips. That's profoundly complex. Every single little angle, sensibility in all the nerves, cervical, brachial plexus, all possible entrapment neuropathies, every possible tendinopathy. People who have no access to care for breast cancer now recurring, their lymphedema, following no deceptions. People with hypothyroidism. People with Vitamin D

deficiency; 10 percent increases in body mass index consequence to overeating during the shutdown. All of these factors are constellation of thoughts spell complexity to me. And there is no denying it. And when you have a reexamination, you often have a patient who may have worsening intercurrent back pain and other --

MS. RICHARDSON: One minute remaining.

MR. MARKINSON: -- other functionally limiting conditions. So if anything, complexity is increasing as we have a shrinking population of expert level, still in the trenches working medical professionals. So I would say we have to think very carefully about the past, present and potential future populations of med-legal evaluators who know what they're doing and, in my case, can put their knife behind it.

So it's a general, humble plea to really think very quickly about whether we want to rush into things because historically that's not worked out. Thank you.

MR. WEST: Thank you, Dr. Markinson. We will now hear from Spencer Chelwick, followed by Joshua Pretsky.

You are up, Spencer.

MS. CHELWICK: Hello. All in all, I would like to first thank you guys for the opportunity to speak today. I'm speaking on behalf of the Orthopaedic Medical Group of Santa Ana, West Coast Orthopaedics, and South Coast Orthopaedics. I have five main issues with the Fee Schedule as currently

written. First, this Fee Schedule lacks appropriate reimbursement for complex cases just as --

THE REPORTER: Ms. Spencer, this is the court reporter speaking. Can I please get your spelling of your last name?

MS. CHELWICK: Chelwick, C-h-e-l-w-i-c-k.

MS. REPORTER: -c-a-k?

MS. CHELWICK: C-h-e-l-w-i-c-k.

THE REPORTER: -c-k. Okay. Can you please start again because I need to get your information down, because then otherwise --

MS. CHELWICK: You got it.

THE REPORTER: Start over, please. Thank you.

MR. WEST: Can you start her three minutes now please, Timekeeper.

MS. CHELWICK: Thank you, guys. Okay. So thank you for letting me speak today. Point one, this Fee Schedule lacks appropriate reimbursement for complex cases. Just as an example in our orthopaedic practices, professional athletes require head to toe examinations, ratings of 18-plus body parts, apportionment between numerous teams, and various subsequent employers, as well. These examinations take excessive time and necessitate additional reimbursement as they often come with little to no medical records. Everything is kept by the teams, and we just have to evaluate the patient. So I just don't see medical records as a direct indicator of

complexity. I would suggest adding additional fees for complex apportionment analysis in excess of two injuries or two employers. An additional fee should be added for rating analysis in excess of three body parts. And this would apply, obviously, to other specialties. I'm just speaking from orthopaedic perspective.

The main points regarding medical records as someone mentioned before, I think it was Jill Torres, duplicate records. The only way to know if a record is duplicate is to actually review that record. So doctors need to be paid for their review of these records.

Further, the service of medical records. Records must be received before a patient is seen in the office in order to be included in a face-to-face evaluation report. It's unreasonable to expect records to arrive two days before the report is due and expect them to be included or face an unreimbursed supplemental. Which brings me to my third point regarding the unreimbursed supplemental. The current language as it stands is too vague. The only time this code is acceptable is when a doctor makes an error and needs to amend his initial reporting or if he leaves out a required portion of the report for no reason.

The -- this code must be limited to only when a physician is alleged to have violated 10682(b) without just cause. There must be exceptions for when a patient is not yet

permanent and stationary as certain issues simply cannot be addressed until a patient has reached MMI. There also must be exceptions when a physician is not provided with appropriate information in advance and cannot address certain portions. Just because something is requested to be addressed doesn't mean it is --

MS. RICHARDSON: One minute remaining.

MS. CHELWICK: So that code is obviously very concerning for the physicians that I work with.

Regarding ML202 reevaluation, it should be left at the current definition of within nine months. I don't understand where that change is being made. Doctors see many patients annually and cannot be expected to have a recall of 18-plus months on specific cases.

Finally, just to speak to the COLA increase. I know a lot of people have mentioned that, and I do think it should be written into the new Fee Schedule so that issues like this do not occur again and the fees continue to increase with regard to inflation, and things like that.

So thank you very much for letting me speak today.

MR. WEST: Thank you, Ms. Chelwick.

We will now hear from Joshua Pretsky, who seems to be the last speaker.

Mr. Pretsky, you're up.

MR. PRETSKY: Good morning and thanks for the opportunity

to offer some comments. I'm a psychiatry QME and AME in Southern California. I've been so for about 20 years. I'm a professor of psychiatry, clinical psychiatry at UCLA, and I'm a solo practitioner with a minimal office staff in the conduct of my QME evaluations and my work with injured workers. I'm also a member of CSIMS and greatly appreciative to all the work that CSIMS is doing in this regard. I'm particularly grateful to Drs. Rosenberg, Fineberg and Vari. Dr. Vari has, in our meetings has raised a number of issues regarding problems where the regulations don't address disputes adequately and dispute resolution, and I'm fully in support of those concerns that are brought forth by CSIMS.

I want to highlight four matters that come to mind that are particularly important, especially as a solo practitioner with limited administrative time and resources.

With regard to the record page counts, there needs to be -- I think the burden of the number of pages needs to be established by the insurer and the one providing the pages and not the doctor needing to count all the pages. There needs to be some dispute resolution around page counts since that's a real money per page at stake. And I reiterate Dr. Torres' concern that that if we're provided again with further records on a reevaluation that we be paid for all of those records provided at the time of that reevaluation, whether or not they do constitute duplicate records or not. There is no way to

establish whether they're duplicate records without doing so, and it takes time.

With regard to unreimbursed reports, I am concerned about being asked to address matters for --

MS. RICHARDSON: One minute remaining.

MR. PRETSKY: -- lack of reimbursement and that should be established. With regard to the follow-up time for 202, I agree. And certainly in psychiatry, a lot happens for a person and I think that nine months should be the standard for that. Eighteen months is just way too long. And it's very hard for me to recruit my residents into this work because of the fees and the lack of COLA. There's a problem here with a lack of QME's, a shortage, and I cannot invite my students into the field if they are not receiving adequate reimbursement for the current day and age. And I want to invite them in and mentor them, but this makes it nearly impossible.

Thank you very much for the opportunity to make my comments.

MR. WEST: Thank you, Dr. Pretsky.

We have a request to speak from Joseph Tichio, followed by a request to speak from Diane -- I will not attempt to pronounce your last name -- from COA, followed by Daniel Schainholz.

So, Dr. Tichio, you have the floor.

You have to unmute yourself, Dr. Tichio. He is listed

as Joe.

MS. PRASAD: Got it. Thank you.

MR. TICHIO: Okay. Is that better?

MR. WEST: We can hear you now, Dr. Tichio. Thank you.

MR. TICHIO: Okay. Thank you.

MS. REPORTER: Can I get a spelling, please?

MR. TICHIO: Yes. It's Tichio, T-i-c-h-i-o. Are we good?

MS. REPORTER: Yes. Thank you.

MR. TICHIO: Okay. Thanks. So, hi. I am Dr. Tichio. I'm speaking on behalf of the medical-legal experts, and I appreciate the efforts being made by the DWC to help improve the QME process and the Reimbursement Schedule. I think the proposed Schedule is a good step in the right direction, but there are some issues that could lead to friction between the providers and payors, and I want to bring up some concerns around the pages of record review and how that's going to be interpreted.

In regards to the declaration, I am not sure what would happen when there's a discrepancy between the number of pages provided for review and the number of pages on the declaration itself. And I would like to see a clearer way to resolve this potential dispute that's likely to occur. It's easy to see 4,000 pages may be received but by accident, maybe 400 pages are declared. And a nice, clear way to resolve that dispute, so it doesn't turn into a bigger issue, would be

helpful.

Also, in regards to reevaluation issues, what happens when duplicate records are sent for reeval or supplemental report. QME is supposed to spend the time indexing and cross-checking these records, but they're not really getting paid for that. The way it's worded, it seems that a payor could send 2,000 pages, with 500 duplicates, and this would be a lot of unpaid administrative work that the QME would be expected to perform. And I hope those two issues can be resolved as we move forward.

So that's it. I'll be brief. Thank you for the opportunity to provide feedback on the proposed regulations. I appreciate the work that's being put into this, and I hope my comments can be taken into consideration with any of the revisions to the regulations in the future. So thank you.

MR. WEST: Next up in the order is Diane from COA and Diane Weiss. Dr. Weiss, my apologies. Your request came in due to anomaly after Diane. So after Diane from COA, we will hear from Diane Weiss, M.D., and then Daniel Schainholz.

So, Diane, from COA, you have the floor. That's Diane, last name P-r-z-e-p-i-o.

MS. PRZEPIORSKI: Good morning, everyone. It's Diane Przepiorski. Just for the court reporter's sake, it's P-r-z-e-p-i-o-r-s-k-i.

I really appreciate the opportunity to make comments

on the Med-Legal Fee Schedule. As many of you know who were part of the DWC task force, it's been really almost a year since we concluded our discussions, and this proposal is largely the work of that task force. Many -- I have to remind everyone that we've been waiting a very long time for an update to the Med-Legal Fee Schedule, over 14 years. So COA is very much supportive of DWC's efforts to move forward with this flat rate proposal.

I think one thing we all know who have been involved in workers' comp arena for many years is that nothing is perfect. When we enact changes in the worker's comp system, and many of the issues that were discussed this morning will be ongoing discussions, I'm sure. Primarily around the duplicate records and the record review, to the one of you earlier speakers, the task force did assume that the more complex cases would have more medical records. If that is not -- ends up not being the case with professional athletes and things, I'm sure that the task force or the DWC would be open to revisiting that issue because there is no doubt the complex cases really need some thoughtful time and attention.

The fact that -- the task force did recommend that the records be sent to the evaluator 15 days prior to the evaluation. That did not make it in this last round of regulatory changes. We still do believe that that sets the stage for the evaluator, not only having the records ahead of

time, which is important, but knowing what issues need to be addressed. So --

MS. RICHARDSON: One minute remaining.

MS. PRZEPIORSKI: -- so for today --

Thank you.

-- we urge the division to move forward with the much needed update to the Med-Legal Fee Schedule. I don't think anyone can deny that there's a severe access in the system for the injured workers getting access to QME's and AME's, and we are committed. We're committed to the payors and others who have expressed concerns with the record review that we would be willing to work with them on the solution. So today, we urge the division to move forward, and we pledge to continue to work with everyone to resolve other issues.

Thank you very much.

MR. WEST: Thank you for your comments. We will now hear from Dr. Diane Weiss, followed by Dr. Daniel Schainholz.

Dr. Weiss, you're up.

MS. WEISS: Hi. I don't see myself, and I don't -- I unmuted. Are you hearing me?

MS. RICHARDSON: Yes, we are.

MS. WEISS: Great. Okay.

MR. WEST: We can see you, and we can hear you, so go right ahead.

MS. WEISS: I really do appreciate the need for all of the

work that's been done, and what the DWC has tried the best to update the Fee Schedule. I also appreciate the reality of human beings and frictions.

Medical-legal needs, in terms of complexity, I have been doing this for more than 30 years in the system, and the ROLDA and the Benson and the KITE that are demanded, as I can understand it in the system, to settle cases, they require a lot of thought.

And I'm a psychiatrist; sometimes there's no records, and often the records that are sent do not have relevance or do not contain information that's helpful. You have to talk to the patient, get the patient to be comfortable. It takes time to get the history. The history can be very involved with non-industrial as well as industrial issues.

So then there's the issue about working, doing administrative work, sorting pages, putting them in order, taking out duplicates. People -- everyone that has mentioned this is aware of the realities. A lot happens in nine months. Certainly, 18 months is too long. So I am requesting that more consideration be given to the needs of the system, that the time has to be paid for. And I would support the recommendations of CSIMS. Thanks for this opportunity.

MR. WEST: Thank you for your comment.

We will now hear from Dr. Daniel Schainholz, followed by Ron Perelman, followed by Louis Rosen.

Dr. Schainholz, you have the floor.

MR. SCHAINHOLZ: Good morning. Am I audible?

MS. RICHARDSON: Yes.

MR. WEST: We can hear you.

MR. SCHAINHOLZ: So my specific issue with the proposed flat-fee changes, is that it neither looks into the complexity of the case, nor the complexity of the report that needs to be written. The eye is, by far, the most complex organ in the body. There is no differentiation between, say, an eye injury, a nail injury to the eye, and common lower back pain. There is a -- or in the proposal, it is my understanding that there are rate multipliers provided for psychology and psychiatry, because of the additional time necessary for both the report preparation and time spent with the Applicant. This is at least as true for an Applicant with catastrophic vision loss, or for an Applicant who is feigning vision loss.

These are very complex cases, and a flat fee, in my opinion, would not lead to efficiency, but rather mediocrity. This is -- would cause damages to all parties. It causes damages to the Applicant, who receives an inaccurate W.P.I. rating because of the so-called added efficiency. It causes damages to the defendant, because the opportunity to identify occult disease or other causative factors is, essentially, eliminated by the need to rush through such an evaluation.

The RAND study looked -- the RAND study, the -- the

Medical-Legal RAND study in 2018, upon which these decisions appear to be based, was fundamentally flawed.

MS. RICHARDSON: One minute remaining.

MR. SCHAINHOLZ: First of all, it said there would be a generalized increase in the rates, but that's for the least complex cases and for those that are seen regularly. Eye cases tend to come at the very end of the process, and the judges are waiting, and the defendants are waiting, and the Applicants are waiting for a final determination.

So I implore the DWC to look at the possibility of providing an equitable rate modifier for ophthalmology. Thank you.

MR. WEST: Thank you, Dr. Schainholz.

We will now hear from Ron Perelman, followed by Louis Rosen.

MR. PERELMAN: Can you hear me?

MR. WEST: We can hear you.

MR. PERELMAN: Can you see me?

MR. WEST: Can't see you, but we can hear you.

MR. PERELMAN: Okay. Can you see me now?

MR. WEST: I can see you now. This is sounding like a telephone commercial. Go right ahead, Dr. Perelman.

MR. PERELMAN: What -- I want to thank the DWC for allowing me to speak. I've been doing this since about 1990, seeing medical-legal cases, and I still continue to do it, but

it's getting more and more difficult. A few years ago, because of all the problems with the complexity factors, the fraud, certain physicians being prosecuted, et cetera, we decided that complexity factors were just way too difficult, and we needed a simpler system. We had a meeting with Mr. Parisotto at the DW -- at the COA meeting about three years ago. We started discussing this. We came up with this idea of a flat rate, with a charge for medical records. And I still think that's the best way to go.

I understand there are problems, and some cases are more complex than others and, you know, that can be a problem. But, usually the complexity goes along with the medical records. I understand maybe in certain sports injuries, that maybe not be the case, but we've been into this for at least three years now, and we've been discussing this, and we need to move on this, because we're losing QME's like crazy. And it's just a very difficult situation, when you're worried about fraud and things like that, that try to continue doing what you're doing, so we need the system.

And the other thing we need is to be able to get the records in advance, along with the attestation showing us exactly what records are going to be reviewed because you can get a page count -- whatever the page value is. $3 is what's been decided -- and multiply that, and then add to that the basic fee, and you come out with a number that nobody can

dispute. It's right there in front of everybody --

MS. RICHARDSON: One minute remaining.

MR. PERELMAN: But that does take some work on the defense. I'm sorry?

MS. RICHARDSON: One minute remaining.

MR. PERELMAN: One minute.

That does take some work on the defense, to provide us with the records in advance and already marked up, so we know exactly what we are to review.

Now, will there be duplicates? Of course. You know, there are all these little problems I've heard everybody discuss, but we need to overcome them with enough time and with effort. But this is a starting point, and we do also need a COLA so this doesn't happen again. Our last raise was in 2006; and, really, that shouldn't happen. So please consider what we've already been doing for the last several years, and we need to move on this.

And the next question I would have is, if we do have emergency adaptation, when would this Fee Schedule start? Thank you.

MR. WEST: Thank you, Dr. Perelman.

We will now hear from Dr. Louis Rosen, who is currently the last scheduled speaker. Dr. Rosen, you have the floor.

MR. ROSEN: Hi there. I'll try to be brief.

I am a physician working in the field of physical medicine and rehabilitation for the past 35 years. However, I am a -- I am new to QME work, recruited over the past year. And it's something I've always wanted to do, and I have a chance now to do it in my career, so I'm kind of a newbie to this.

I am -- I have come to realize in the, say, maybe a dozen or 16 reports that I've done -- and that's about all I've done in the past few months -- I realize the complexity involved and the time involved to do a thorough, high-quality report. And I just urge everybody not to oversimplify this Medical-Legal Fee Schedule and not -- I'm alarmed at the idea of throwing out complexity factors completely, or that there won't be a COLA billed in. And, you know, I'm kind of a poster child for somebody questioning whether it's worth it to stay in this work, again, considering the amount of time I see that it does take to generate a good-quality report. And -- but again, I appreciate all the discussions that are going on. I hope level heads prevail and that we can come to some good agreement. Thank you.

MR. WEST: Thank you, Dr. Rosen.

We've received a request to speak from Dr. Jonathan Ng. I think he's listed as, "Jonathan." During Dr. Ng's comments, if there's anyone who felt they were cut off by the three minute time limit, please send a request -- a chat

request to me or to the e-mail address, and we will let you finish your comments for an additional three minutes, but only if you feel it's absolutely necessary.

Dr. Ng, you now have the floor.

MR. NG: Could you hear me?

MR. WEST: We can hear you. We can't see you, but we can hear you.

THE REPORTER: Can you please spell your last name.

MR. NG: "N" as in "Nancy. "G" as in "George."

THE REPORTER: N-G. Thank you.

MR. NG: So my name is Jonathan Ng. I've been doing this since 1981. I've seen a lot of changes, and I've been told that this is a done deal, so why even bother to say anything. But I'll give you my two cents' worth. I think the only fair way to pay people is, pay them by the hour. And I know this is a dead end, but I just want to say my piece.

I think, like any other profession, paying by the hour is a fair way to go, and it could be done in a very simple fashion. I think you get rid of all the complexity factors. People were playing games with that. I don't see why causation is that complex, because that's part of the game. I think review of literature is a waste of time with today's -- with the search engines that we have. It's just moronic to say "I will do research for more than two hours," so that factor should go. There's no reason to do research more than two

hours. If you do research more than that, you shouldn't be talking about it.

And in terms of how to verify the time, it's very simple: The face-to-face time could be verified by the -- by the Applicant. I mean, "How much time did Doctor spend with you?" And, you know, that should be at the end of the report.

And then in terms of review of medical record, this thing about $3 a page, some people are laughing, rolling on the floor, like me. I review 4,000 pages of record, and it might take me just two hours. And sometime 200 pages would take me hours to go through it, because it's so complicated. So this thing about $3 a page, it just doesn't make sense. And, you know, I still think the hourly rate could easily be enforced.

MS. RICHARDSON: One minute.

MR. NG: Any -- any dispute could easily be resolved by committee, by DWC, and several people look at it. It's not that hard to figure out how much time is spent. I've seen 100 pages, pages of review of record, which is merely copying, regurgitation of other people's record. That doesn't make sense. So I urge you to consider that again, because I think that's the only fair way to go. Give us an increase based on cost of living, and just move on with it. You could get this done tomorrow. Anyway, thank you for your time.

MR. WEST: Thank you, Dr. Ng. And thank you to everyone who has commented so far. I received the request from Diane

Worley to add to her comments, followed by a second request from Diane Weiss after her comments.

Diane Worley, you now have the floor.

MS. WORLEY: Thank you very much. I'm coming back with my tail between my legs because apparently I don't know how to pull my comments under three minutes. But just very briefly, I want to touch on a couple of things that no one else has. The record review sections, Subdivision N, provides that anyone who's providing records to the physician must provide the declaration under penalty of perjury with regard to the page count. The language in this -- this new language is fraught with frictional dispute consequences. What is an unrepresented injured worker going to do if they don't know about this section? They provide records, no report, because the doctor doesn't get paid?

One of the physicians testifying said what do we do if the declaration says it's 500 pages, but there's actually 1,500 pages. So I just think that this whole language should be thrown out. Right now physicians have to provide a declaration under, I believe, 9793.

I think the goal -- the goal of this proposal when it is finalized should be threefold. One is do not drive out existing QME's and don't -- make sure you attract new QME's. Because as other doctors have already testified, it's very hard to get new physicians to come into the system. It's not

attractive. The Fee Schedule is too low. And by increasing frictional costs and difficulties with doctors getting paid, you're going in the opposite direction.

The second thing is to go back to the table and look at this from the eyes of someone who doesn't have a legal, medical, or claims adjuster background and how are they going to navigate this. And I think that that is something that hasn't been factored into all of the discussions of the course in the last couple of years.

But thank you again for the extra time and appreciate this hearing. Thank you.

MR. WEST: Thank you, Ms. Worley.

Now we will hear from Dr. Weiss for her additional comments.

MS. WEISS: Dr. Ng, and excuse me if I'm mispronouncing his name, did capture I think what is really important. It would be quite appropriate to just pay everyone by the time that they spend. You cannot do a good report which is necessary for the system helping the injured worker, weeding out injured workers that should not be having their claim maintained. You really need to give people a fair shake, and you cannot know in advance from numbers of pages of records how complicated a particular case is until you really get into it. And, of course, you should be getting those pages in advance. And all of the comments made, but I think that Diane

Worley, what she just said is also really an issue because the people that I evaluate do not know anything about the system.

The idea is to be able to let the system move so the cases can be settled in the correct way, and you really need to spend the time on each individual case, what is being asked for, what is necessary in order to do that.

So again I do much appreciate the opportunity to be speaking. I think that to have the system improve and to allow people to stay in the system, not leave the system, or to join the system, this is what is required, an hourly rate.

MR. WEST: Thank you, Dr. Weiss.

We've received the request from Charles McDaniel to make a comment. We've also received a request from Marshall Lewis, and from Sanjay Agarwal.

We will start with Charles McDaniel. You now have the floor.

MR. MCDANIEL: Hi. Good morning, everybody. Thank you for making the time to allow us to make comments. I speak as a relatively new QME. I think I got my license in 2016. So a lot of people have raised points that I think are relevant to me -- that I'm not going to continue being a QME, if I face continued frustration.

And so, you know, overhauling the current Fee Schedule, I think you're going to just end up with a laundry list of new problems that you have to fix and other problems

that will take years and years to address. I think a number of people have raised all of the problems with the proposed flat-fee-per-page model. The current model that we've got already encapsulates complexity, and I just think that if we could adjust the rate to account for the number of years that have been since there's been a rate adjustment, that would probably be the wisest course.

I do want to make the comment that as people have -- or reinforce the comment that, as people have noted, that if there's too much friction in the system and it is not worthwhile to the clinicians, then people are no longer going to be QME's. And to the extent that efficiency and, you know, churning out fast reports is what's incentivized, then the doctors that want to provide benefit to all the parties in the system are not going to participate, because they're going to see that as undermining their ability to help people. So thank you for the opportunity to make comments.

MR. WEST: Thank you, Dr. Lewis. Dr. Marshall Lewis would like to make another comment, followed by Sanjay Agarwal.

Dr. Lewis, you now have the floor.

Forgive me, Dr. McDaniel, for calling you Dr. Lewis.

MR. LEWIS: That's okay, might be better looking.

This is Dr. Lewis: I just want to say, I've been doing this for about 30 years, maybe a little more, and I've enjoyed doing them. You know, the problem is, I think, if you

want to raise rates, you don't change the whole system. I mean, business people don't do that. They don't change everything around; they increase the rate, $300, $350 an hour. But to change the whole system around, you're just going to find a whole bunch of new quagmires that you're going to step into.

Number two, I think the physicians deserve 90 to 120 days' advanced notice, so they know if they want to keep doing them. Like the last doctor on said he doesn't think he wants to keep doing them. We're booking patients at the old rates. If the rates are felt to be unaffordable to a lot of doctors, they should at least have 90 to 120 days to know. And if cases are booked at the old rates, they should be paid at the old rates. And it's not fair to the doctor, not fair for any system, to all of a sudden change rates as of a certain date, and you don't get any advanced notification because people may want to cancel the bookings that they have, especially if they don't want to do them anymore. I think that's critical; you understand?

To me, the whole thing was pretty simple. If you want to increase rates, and you want to increase what someone gets, if I want to increase the salary on one of my employees -- and I carry a full office load, you know what I mean -- I just increase their rate per hour. It doesn't become a big complicated thing like change everything in the office,

including all the benefits and everything else. All right.

And I'm a little hands-on kind of guy. I mean, I do everything from start to finish. I have someone that counts pages. I have someone that types my reports in-house. You understand? I think companies like ExamWorks who got into, "No, everything's fine," I mean, they do a lot of stuff for the doctors. I mean, you know, my understanding of the law is, the doctor's supposed to review the records, not someone else. I don't know what ExamWorks does exactly, because I've never worked with them, but there are some companies that I believe may have some other individuals reviewing the records, you know. 76 years old, nothing surprises me anymore. But, I don't know if they do that or not, I'm just stating that these companies, these big companies --

MS. RICHARDSON: One minute remaining.

MR. LEWIS: -- obviously have different modus operandi on how they operate. But I do think it's important that you give the doctors advanced notice, 90 to 120 days, so they know if they want to keep booking cases or not. There's a shortage of QME's, and I think it might increase with this. There's no way to do this, I think, at $3. It's a ridiculous amount at $3 a page. I think the doctors also deserve backup, how we arrived at that figure of $3 a page, and what the backup was to make it change from nine months to 18 months, because that is a little crazy, to me. Thank you very much.

MR. WEST: Thank you, Dr. Lewis.

Before we move on to Sanjay Agarwal, I want to remind the people who are joining us by phone, if you want to make a comment, please send an e-mail to dwcrules@dir.ca.gov, and your request will be relayed to me.

Now we will hear from Sanjay Agarwal, who appears to be our last commentator today. Dr. Agarwal, you have the floor.

MR. AGARWAL: Good morning. Thank you, everyone, for giving us the opportunity be able to voice our feedback about the proposed Fee Schedule changes. I've had the opportunity to be a QME for about eight years, and I have enjoyed the process. I think it's a wonderful opportunity to learn a different side of the profession. And because of that, I've enjoyed my time immensely. After reviewing the proposed Fee Schedule, I do have some concerns.

I practice in the field of psychiatry, and psychiatry is a very different field because we don't focus on one body part. We typically focus on the brain and the mood. The issue with psychiatry, of course, is that everything affects the mood. It could be orthopedic injuries, neurological injuries, harassment, abuse, stress, so on and so forth. So every case is very different, even if they have the same diagnosis, say, depression. What leads that individual to become depressed and subsequently file a Workers' Compensation claim or whatnot can

vary substantially. So because of that, there's a lot of additional complexity to each case; that is, simply, we have no idea what we're walking into, when we see that Applicant.

Some cases are surprisingly easy, and some cases are much more complex than what we anticipated. And because of that, the amount of time that's necessary to actually do a full history of present illness and do a proper bio-psycho-social breakdown of the individual can also vary substantially. In the field of mental health, I mean, it's very -- to be -- I mean, it's impossible to have a one size fits all, because of how much information we have to collect. Because of that, I am opposed to the flat Fee Schedule, because it doesn't take that into account.

MS. RICHARDSON: One minute remaining.

MR. AGARWAL: The other piece, of course, is the records. And I believe Dr. Ng, if I'm pronouncing that correctly, said it exactly right. There's time where I get 1,000 pages, but, gosh, you know, I can review those pages in three hours. But then I can get 150 pages, and most of those pages are, say, depositions, dense mental-health records, and so on and so forth. And when I get those kind of records, they take a lot longer, because not only am I reviewing them in regards to length and complexity, but I'm also having to pick out exactly what all the potential factors are that could be affecting that individual's mood and have to write them down, and then I have

to cross-reference that with the Claimant, if I have the opportunity to review those records prior to actually even interviewing the individual. And this is all critical, when it comes down to apportionment, because we are expected to address every one of those factors.

MR. WEST: Thank you, Dr. Agarwal.

I don't appear to have any more people wishing to make a public comment. I'd like to thank everyone who has participated in this process from the very beginning, from the stakeholder meetings, up to making written comments or making public comments here today. If we do not have anyone else who wishes to make a verbal comment today, the time as I show it is 11:13, and we will now end this public hearing. It is now closed. Thank you all.

MS. RICHARDSON: Can we give a minute to -- let's give two minutes for people to, maybe, possibly consider.

(Pause in the proceeding).

MR. WEST: That would be fine. If you want to make a comment, either send a chat, or send a request to the e-mail box, and we will give you two minutes to make those requests.

MS. RICHARDSON: Yes, Dr. Agarwal did say he wanted to finish, and we will let him finish.

MR. AGARWAL: Actually, it won't take much time. It's probably another 30 to 40 seconds.

So again, I was simply speaking about the medical

records. Again, the 200 pages that are included in the flat fee, those 200 pages could take ten hours, just depending on the complexity of it. So again, there's just all of these variables that we are not aware of prior to taking the case in the situation where we are spending that much time habitually, but not being properly compensated for it. I am worried about the QME process going forward for all of us. That's it. Thank you.

MR. WEST: For those of you who are interested, I am still alive and vertical. Thank you for your concern. We do not have any further requests. I show one minute remaining on the two-minute warning. If you have anything that you would like to say, now is the time to send a message to that effect, either by chat, or to the e-mail box. It is now 11:15. We have received no further requests. Our two minutes are up, so I am now officially closing this public hearing. Thank you all for your participation.

(Whereupon the public hearing concluded at 11:15 a.m.)

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REPORTER'S CERTIFICATE

We, the undersigned Hearing Reporters for the State of California, do hereby certify:

That the foregoing transcript of proceedings was taken stenographically before and by us; was subsequently, with computer-aided transcription, produced under our direction and supervision; and that the foregoing is a full, true and correct transcript of our original shorthand notes.

We further certify that the proceedings, as transcribed, comprise an accurate transcript of the proceeding.

Signed and dated at Long Beach, California, this 21st day of December, 2020.

Gordana Vidovic

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