

**State of California
Office of Administrative Law**

In re:
Division of Workers Compensation

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Regulatory Action:

Government Code Section 11349.3

Title 8, California Code of Regulations

OAL File No. 2014-0122-01 S

Adopt sections:

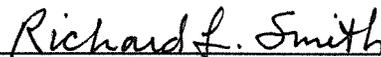
**Amend sections: 9780, 9780.1, 9783, 9783.1,
9785**

Repeal sections:

The Division of Workers Compensation proposed this rulemaking action to amend several title 8 regulations of the California Code of Regulations so that they conform with recent changes in the Labor Code that were made in SB 863 (Stats. 2012, c. 363). The proposed amendments change certain criteria that an employee must meet to pre-designate a personal physician or medical group for work-related injuries or illnesses to conform to SB 863. The amendments also interpret and clarify what is meant by "chiropractic visits" under Labor Code section 4604.5.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2014.

Date: 2/12/2014



Richard L. Smith
Senior Counsel

For: DEBRA M. CORNEZ
Director

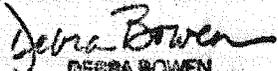
Original: Destie Overpeck
Copy: James Robbins

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2013-08 13-06	REGULATORY ACTION NUMBER 2014-0122-01 S	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only		2014 JAN 22 AM 9:06 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Department of Industrial Relations, Division of Workers' Compensation			AGENCY FILE NUMBER (if any)

ENDORSED FILED
IN THE OFFICE OF

2014 FEB 12 PM 3:23


 DESPA BOWEN
 SECRETARY OF STATE
A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2013, 342	PUBLICATION DATE 8-23-2013	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation - Personal Physicians	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND 9780, 9780.1, 9783, 9783.1, 9785 REPEAL
TITLE(S) 8	
3. TYPE OF FILING	
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))
	<input type="checkbox"/> File & Print
	<input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
	<input type="checkbox"/> Print Only
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)	
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State
<input type="checkbox"/> 5100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) July 1, 2014
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY	
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> State Fire Marshal
7. CONTACT PERSON James Robbins	TELEPHONE NUMBER (510) 286-0544
FAX NUMBER (Optional) (510) 286-0687	E-MAIL ADDRESS (Optional) jrobbins@dir.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy 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, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 1/21/14
TYPED NAME AND TITLE OF SIGNATORY Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation	

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ENDORSED APPROVED

FEB 12 2014

Office of Administrative Law