FINDING OF EMERGENCY
OF THE
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

REGARDING THE CALIFORNIA LABOR CODE
CALIFORNIA CODE OF REGULATIONS,
TITLE 8, ARTICLES 1, 2, 3, AND 10.5, OF CHAPTER 1
(QUALIFIED MEDICAL EVALUATORS)
AND SUBCHAPTER 1.6 OF CHAPTER 4.5
(DISABILITY EVALUATION UNIT)

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 Acting Administrative Director of the Division of Workers' Compensation finds that the adoption of these regulations 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

- On September 18, 2012, the Governor signed Senate Bill (SB) 863 (Chapter 363) which takes effect on January 1, 2013.

- SB 863 has created substantial changes in procedure regarding injured worker's medical treatment disputes. QMEs will no longer be asked to comment on specific medical treatment disputes as of January 1, 2013 for injuries occurring on or after that date, and as of July 1, 2013, for all dates of injury. All disagreements regarding the necessity or appropriateness of a particular treatment request will be addressed through IMR.

- Action is necessary in order to implement, on an emergency basis, the provisions of Labor Code sections 139.2, 4061, 4062, 4062.2, 4062.3, 4063, 4064, and 5502 and the repeal Labor Code section 4066.

- The regulations are mandated by Labor Code sections 133, 139.2 4061, 4062, 4062.2, 4062.3, 4063, 4064, and 5502. Labor Codes section 133 provides that "The Division of Workers' Compensation, including the administrative director and the appeals board, shall have power and jurisdiction to do all things necessary or convenient in the exercise of any power or jurisdiction conferred upon it under this code. Labor Code section 4062.2(c)

provides that "The administrative director may prescribe the form, the manner, or both, by which the parties shall conduct the selection [of panel Qualified Medical Evaluators]."

- There is insufficient time to go through the regular rulemaking process.
- The Division, recognizing the need for implementation of emergency regulations, held a pre-rule-making discussion on October 2, 2012 to obtain input from stakeholders.
- Thereafter, on December 4, 2012, the Division posted draft regulations on its public forum for public comment.
- The proposed emergency regulations will ensure that the independent medical review process is the sole process for resolving disputes regarding ongoing or continuing medical treatment issues. Pursuant to SB 863, the reasonableness and necessity of all medical treatment is the exclusive domain of the independent medical review (IMR) process. Agreed and Qualified Medical Evaluators will be prohibited from providing an opinion on any disputed medical treatment but will be allowed to provide opinions about whether the injured worker will need further medical care.
- The proposed emergency regulations will also ensure that there is a limitation of 10 QME offices for conducting comprehensive medical-legal evaluations.
- The proposed emergency regulations will also update forms and create new forms. The panel selection forms will be amended for injuries on or after January 1, 2013, providing a procedure and form to request a factual correction for an unrepresented panel QME. The QME will be required to complete the Physician's Return-to-Work & Voucher Report if the evaluator declares the injured worker permanent and stationary with partial permanent disability.
- Without these emergency regulations, an employee who is injured on or after January 1, 2013 will not have regulatory procedures that conform to SB 863's changes regarding QME's changed roles versus what issues will be handled by IMR (as the current regulations need to be amended).
- The emergency regulations will insure, for those having been injured on or after January 1, 2013, the delivery of quality medical care in the most efficient, effective manner possible.

Background

- The Division of Workers' Compensation develops regulations to implement, interpret, and make specific California Government and Labor Codes.
- SB 863 was signed into law by Governor Brown on September 18, 2012 to become effective January 1, 2013.

- The proposed regulations will ensure that the independent medical review process is the sole process for resolving disputes regarding ongoing or continuing medical treatment issues. The regulations also include implementing SB 863's limitation of 10 QME offices for conducting comprehensive medical-legal evaluations, eliminating the option for a chiropractor to provide a certificate of completion of a post-graduate specialty program to obtain a QME certificate, amending the panel selection forms 105 and 106 for injuries on or after Jan. 1, 2013, providing a procedure and form to request a factual correction for an unrepresented panel QME, requiring the QME to complete the Physician's Return-to-Work & Voucher Report if the evaluator declares the injured worker permanent and stationary, and prohibiting an Agreed Medical Evaluator (AME) or QME from providing an opinion on any disputed medical treatment but allowing opinions about whether the injured worker will need future medical care.

- The application for appointment as QME has been changed to make the form more user-friendly and reflects statutory changes which lowered the barrier for chiropractors to become QMEs and should cause an increase in the number of chiropractic QMEs.

AUTHORITY AND REFERENCE

The Acting Administrative Director of the Division of Workers' Compensation, pursuant to the authority vested in her by Labor Code Sections 53, 111, 122, 133, 139, 4060, 4061, 4061.5, 4062, 4062.1, 4062.2, 4062.3, 4062.5, 5307.3, 5307.4, and 5703.5, is proposing to adopt emergency regulations affecting Qualified Medical Evaluator Regulations and Permanent Disability Rating Determination. The emergency regulations propose to amend section 10160 and adopt section 10159 in Subchapter 1.6 of Chapter 4.5, of Title 8, California Code of Regulations and amend sections 1, 11, 11.5, 14, 17, 30, 31.2, 31.7, 33, 35, 35.5, 36, 38, 100, 105, and 106 and adopt section 37 in Articles 1, 2, 3, and 10.5 of Chapter 1, of Title 8, California Code of Regulations.

INFORMATIVE DIGEST

SB 863 changed the qualification requirements of QMEs for chiropractors. It limited the scope of medical-legal evaluations and eliminated the ability of QMEs and AMEs to decide disputed medical treatment issues. It also made procedural changes for obtaining panel QMEs in cases involving both unrepresented and represented employees

Summary of Existing Laws

Existing law established certain requirements relating to QMEs who evaluate medical-legal issues. SB863 modifies the requirements for chiropractors to become QMEs, and limits the number of locations from which QMEs may conduct evaluations. Labor Code section 139.2(b)(4)(a) previously provided an option to a chiropractor seeking to be certified as a QME to have completed a chiropractic postgraduate specialty program including a minimum of 300 hours taught by a school or college recognized by the administrative director, the Board of Chiropractic Examiners and the Council on Chiropractic Education. This requirement has been eliminated. Now, a chiropractor is required to have been certified in California workers' compensation evaluation by a provider recognized by the administrative director.

Labor Code section 139.2(h)(3)(B) required the administrative director or the medical director to select a panel of randomly selected QMEs who were within the "general geographic area of the employee's residence." Previously, there was no statutory limit to the number of offices from which a QME could practice. In order for a QME to maximize his or her chances of being put on any given panel, it became common for QMEs to operate from more than one office, and sometimes dozens or even hundreds of them. Labor Code section 139.2(h)(3)(B) adds a sentence stating, "An evaluator shall not conduct qualified medical evaluations at more than 10 offices."

Prior to SB 863, QMEs would address treatment disputes. SB 863 created an IMR process to resolve disputes regarding medical treatment: if an injured worker challenges a utilization review decision to deny or modify requests for treatment, he or she must request IMR to determine whether the requested medical treatment is reasonable and necessary. (The IMR process is the subject of another set of emergency regulations.)

Labor Code section 4061 was amended and an introduction was added stating, "This section shall not apply to the employee's dispute of a utilization review (UR) decision under Section 4610, nor to the employee's dispute of the medical provider network treating physician's diagnosis or treatment recommendations under Sections 4616.3 and 4616.4." Medical treatment disputes that are not resolved via UR under Labor Code section 4610 must be resolved by the new independent medical review process. Also, Labor Code section 4061 may not be used to resolve disputes over a Medical Provider Network doctor's diagnosis and treatment recommendations. Those should be resolved by the process for a second and third opinion, or ultimately IMR under Labor Code section 4616.3 and Labor Code section 4616.4.

SB 863 amended Labor Code section 4061(b) and Labor Code section 4061(c) which now state that objections "to a medical determination made by the treating physician concerning the existence or extent of permanent impairment and limitations or the need for *future* medical care" must be resolved pursuant to Labor Code section 4062.2 and Labor Code section 4062.1, respectively (emphasis added). Previously, Labor Code section 4061(b) and Labor Code section 4061(c) provided that the medical-legal procedures of Labor Code section 4062.2 and Labor Code section 4062.1 would be utilized for disputes regarding "the need for *continuing* medical care" (emphasis added).

Labor Code section 4062.2 was amended so that the parties may agree to an AME, "except as to issues to the independent medical review process established pursuant to Section 4610.5." Also, Labor Code section 4064(a) was amended and a sentence added stating, "Each comprehensive medical-legal evaluation shall address all contested medical issues arising from all injuries reported on one or more claim forms, except medical treatment recommendations, which are subject to utilization review as provided by Section 4610, and objections to utilization review determinations, which are subject to independent medical review as provided by Section 4610.5."

Labor Code section 139.2(h)(1) also is amended to limit the employee's choice of QMEs if the medical director does not timely assign a QME panel. Previously, if a QME panel was not timely assigned, the employee had the right to be evaluated by "any qualified medical evaluator of his or her choice." This free choice of QMEs was unrestricted. Labor Code section 139.2(h)(1) now provides that if the medical director does not timely issue a QME panel, the employee has the right to obtain a QME of his or her choice within a reasonable geographic area.

Labor Code section 4061(d) is amended, and former subsection (d) is moved to subsection (e). Labor Code section 4061(d)(1) now states, “Within 30 days of receipt of a report from a qualified medical evaluator who has evaluated an unrepresented employee, the unrepresented employee or the employer may each request one supplemental report seeking correction of factual errors in the report.” Labor Code section 4061(d)(1) restricts the conditions under which a supplemental report obtained from a medical-legal evaluator for issues covered by Labor Code section 4061 in unrepresented cases may be sought.

The statute specifies that either party may request a supplemental report within 30 days. Furthermore, the statute specifies that the supplemental report is limited to “seeking correction of factual errors in the report.”

Labor Code section 4061(d)(1) adds that a request for a supplemental report must be in writing and served on the opposing party at the time it is sent to the QME. Also, a request made by the employer must inform the employee of the availability of information and officers to assist him or her in responding to the request.

Labor Code section 4062.2 establishes the procedure for requesting a panel QME in cases involving represented employees.

Labor Code section 4062.2(b) eliminates the requirement that the parties must propose an AME before requesting a panel QME. Now, it states, “No earlier than the first working day that is at least 10 days after the date of mailing of a request for a medical evaluation pursuant to section 4060 or the first working day that is at least 10 days after the date of mailing of an objection pursuant to sections 4061 or 4062, either party may request the assignment of a three-member panel of qualified medical evaluators to conduct a comprehensive medical evaluation.”

Labor Code section 4062.2(b) includes a new requirement that a party must request a medical evaluation pursuant to Labor Code section 4060 more than 10 days before a request for a panel of QMEs. Labor Code section 4060 relates to cases in which there are disputes over the compensability of an injury; that is, when a case is denied, but has no requirement that the parties object to a treating doctor’s opinion or request an evaluation before requesting a panel QME.

Before SB 863, the parties could request a QME to resolve a disputed case without any prerequisite actions, other than to negotiate for an AME. Now, Labor Code section 4062.2(b) requires them to mail a request for an evaluation under Labor Code section 4060 more than 10 days before requesting a QME panel.

Also, Labor Code section 4062.2 provides that a QME may be requested at least 10 days after the “date of mailing of a request” under Labor Code section 4060 or objection pursuant to Labor Code section 4061 and Labor Code section 4062.

Labor Code section 4062.2(c) also amends the procedure and time limits for striking a doctor on receipt of a QME panel. The parties no longer are required to “confer and attempt to agree upon an agreed medical evaluator from the panel.” In addition, instead of striking a doctor 10 days after assignment, the parties now may strike one name from the panel “[w]ithin 10 days of assignment of the panel by the administrative director.”

Labor Code section 4062.2(c) states that if a party fails to exercise the right to strike a name from the panel within 10 days of assignment of the panel, the other party has the right to designate any remaining physician to serve as the panel QME. The administrative director is authorized to prescribe the form, the manner, or both, by which the parties must conduct the selection process.

Labor Code section 4062.2 no longer requires the parties to negotiate for an AME before requesting a panel QME. Nevertheless, Labor Code section 4062.2(f) states, "The parties may agree to an agreed medical evaluator at any time, except as to issues subject to the independent medical review process established pursuant to Section 4610.5." Labor Code section 4062.2(f) adds, "A panel shall not be requested pursuant to subdivision (b) on any issue that has been agreed to be submitted to or has been submitted to an agreed medical evaluator unless the agreement has been canceled by mutual written consent." If the parties have agreed to use an AME, a QME panel will not be assigned unless the agreement has been canceled by mutual written consent. This prevents a party from unilaterally canceling an AME agreement after it is made.

Labor Code section 4062.3, which relates to communications with QMEs and AMEs, has been amended. It establishes distinct rules for communication with AMEs and QMEs. It changes how the parties may communicate with AMEs. It also defines communications that may constitute ex parte communications with AMEs. Previously, the rules that applied to QMEs also applied to AMEs. Now, distinct provisions govern the information that may be provided to each, as well as the communications with each. The rules regarding communications with QMEs remain the same. Generally speaking, per Labor Code section 4062.3(b) and (e), all information a party proposes to send to a QME and all communications with a QME still must be served on the opposing party 20 days before it is provided to the QME.

The rules regarding communications with AMEs have been modified. Labor Code section 4062.3(c) still provides that the parties must agree on the information to be provided to an AME. But Labor Code section 4062.3(e) is amended so that communications with AMEs no longer must be served on the opposing party 20 days before the evaluation. Instead, a new subsection (f) was added. It states, "Communications with an agreed medical evaluator shall be in writing, and shall be served on the opposing party when sent to the agreed medical evaluator." The party simply must ensure that the communication is served concurrently on the opposing party when it is sent to the AME.

Labor Code section 4062.3(f) also states, "Oral or written communications with physician staff or, as applicable, with the agreed medical evaluator, relative to nonsubstantial matters such as the scheduling of appointments, missed appointments, the furnishing of records and reports, and the availability of the report, do not constitute ex parte communication in violation of this section unless the appeals board has made a specific finding of an impermissible ex parte communication." Ex parte communications about "operative proceedings" allowed a party to replace the evaluator.

Labor Code section 4062.3(f) makes a general statement that communications relating to the scheduling of appointments, missed appointments, the furnishing of records and reports and the availability of the report, do not constitute ex parte communications. It adds, however, that such statements are permissible "unless the appeals board has made a specific finding of an impermissible ex parte communication."

Labor Code section 4064(a) still requires the employer to pay for the costs of each reasonable and necessary medical-legal evaluation obtained pursuant to Labor Code section 4060, Labor Code section 4061 and Labor Code section 4062. It was amended to provide that each medical-legal evaluation must address all contested issues arising from all injuries reported on one or more claims forms except for issues subject to independent medical review. If more than one claim is filed, the new language requires a QME or AME to address all issues for all injuries claimed by an injured employee.

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

- WCIRB Evaluation of the Cost Impact of SB 863 Updated October 12, 2012.
- The California Commission of Health and Safety and Workers' Compensation Evaluating the QME Process: Is it Equitable and Efficient? Prepared by Frank Neuhauser, Institute for the Study of Societal Issues, University of California, Berkeley; September 2010.

Summary of Proposed Regulations

The Administrative Director amends administrative regulations governing Qualified Medical Evaluators.

Item 1 – Section 10159. Time Period for Issuing a Summary Rating Determination Pursuant to Labor Code § 4061(e).

- The administrative time frame to issue a summary rating determination is updated to allow for factual corrections.

Item 2 - Section 10160. Summary Rating Determinations, Comprehensive Medical Evaluation of Unrepresented Employee.

- Administrative procedures are updated all for factual corrections.

Item 3 - Section 1. Definitions

- This section provides definitions for key terms regarding qualified medical evaluators.
- "Request for factual correction" and "future medical care" are added to ensure that its meaning, as used in the regulations, will be clear to the regulated public.
- Outdated terms are deleted.

Item 4 - Section 11. Eligibility Requirements for Initial Appointment as a QME

- The section reflects Labor Code section 139.2(b)(4)(a)'s amended requirements for chiropractors to become QMEs. The option to complete a chiropractic postgraduate specialty program has been eliminated.

Item 5 - Section 11.5. Disability Evaluation Report Writing Course

- This section is amended to conform to changes to Labor Code section 4061(b) and (c) which now state that objections "to a medical determination made by the treating physician concerning the existence or extent of permanent impairment and limitations or the need for *future* medical care"; previously the statutes discussed "the need for *continuing* medical care." These changes reflect that future medical care issues must be resolved by the independent medical review (IMR) process.

- Outdated terms are deleted.

Item 6 - Section 14. Doctors of Chiropractic: Certification in Workers' Compensation Evaluation

- This section is amended to conform to changes to Labor Code section 4061(b) and (c) which now state that objections "to a medical determination made by the treating physician concerning the existence or extent of permanent impairment and limitations or the need for *future* medical care"; previously the statutes discussed "the need for *continuing* medical care." These changes reflect that continuing medical care issues must be resolved by the independent medical review (IMR) process.

Item 7 - Section 17. Fee Schedule for QME

- This section is amended to reflect the limitation of 10 QME offices for conducting comprehensive medical-legal evaluations.

Item 8 - Section 30. QME Panel Requests

- This section is amended to state that the party requesting a QME panel shall "attach a written objection indicating the identity of the primary treating physician, the date of the primary treating physician's report that is the subject of the objection and a description of the medical dispute that requires a comprehensive medical/legal report to resolve" instead of "identify the disputed issue."

- Subdivisions (d)(3) and (d)(4) are deleted.

Item 9 - Section 31.2. QME Office Locations.

- This section is renamed and provides that on January 1, 2013, a QME shall notify the Medical Director of the street address of the 10 or fewer office locations where the QME will conduct qualified medical evaluations.

- Between January 1, 2013 and July 1, 2013, an office location maintained by a QME shall not be substituted for or exchanged for a different office location, except upon a showing of good cause to the Medical Director. For purposes of this section the term "good cause" includes, but is not limited to natural disasters or other community catastrophes that interrupt the operation of the evaluator's business.

Item 10 - Section 31.7. Obtaining Additional QME Panel in a Different Specialty

- In represented cases, parties no longer need to attempt to agree upon an AME to obtain a subsequent panel. The parties can either obtain an order from a Workers' Compensation Judge or request a subsequent panel by written agreement request.

Item 11 - Section 33. Unavailability of QME

- Subdivision (h) is added to state that the Medical Director shall designate a QME to be unavailable if on or after January 1, 2013 the QME has not notified the Medical Director of the 10 or fewer office locations where qualified medical evaluations will be conducted.

Item 12 - Section 35. Exchange of Information and Ex Parte Communications

- Subdivision (a)(4) is amended to limit the subdivision to evaluations conducted on or before June 30, 2013, for dates of injury prior to January 1, 2013.

- Subdivision (b) clarifies that Labor Code section 4062.3(f) allows oral or written communications with an AME physician or the physician's staff relative to nonsubstantive matters such as the scheduling of appointments, missed appointments, the furnishing of records and reports, and the availability of the report, unless the appeals board has made a specific finding of an impermissible ex parte communication.

Item 13 - Section 35.5. Compliance by AMEs and QMEs with Administrative Director Evaluation and Reporting Guidelines

- Subdivision (c)(2) is added to provide that if the evaluator declares the injured worker permanent and stationary for all conditions and that the injury has caused permanent partial disability, the evaluator shall complete the Physician's Return-to-Work & Voucher Report (DWC-AD Form 10133.36) [this new form is part of the Supplemental Job Displacement Voucher emergency regulations] and serve it on the claims administrator together with the medical report.

- Subdivision (g)(1) is amended to limit the subdivision to evaluations performed on or before June 30, 2013, for dates of injury prior to January 1, 2013.

- Subdivision (g)(2) is added to state for any evaluation performed on or after July 1, 2013, pursuant to Labor Code Section 4061, and regardless of the date of injury, an Agreed Medical Evaluator or Qualified Medical Evaluator shall not provide an opinion on any disputed medical treatment issue, but shall provide an opinion about whether the injured worker will need future medical care to cure or relieve the effects of an industrial injury.

Item 14 - Section 36. Service of Comprehensive Medical-Legal Evaluation Reports by Medical Evaluators Including Reports Under Labor Code section 4061

- Administrative procedures are updated all for factual corrections.

Item 15 - Section 37. Request for Factual Correction of a Comprehensive Medical Report From a Panel QME.

- This section is added to provide a procedure to request a factual correction of a comprehensive medical-legal report from a panel QME. An unrepresented employee or

the claims administrator may request the factual correction of a comprehensive medical-legal report within 30 days of the receipt of a comprehensive medical report from a panel Qualified Medical Evaluator.

- A request for factual correction using the form in section 37(g) of title 8 of the California Code of Regulations shall be served on the panel Qualified Medical Evaluator who examined the injured worker, the party who did not file the request and the Disability Evaluation Unit office where the comprehensive medical-legal report was served. If the request for factual correction is served by the claims administrator, the injured worker shall have five (5) days after the service of the request for factual correction to respond to the corrections mentioned in the request. The injured workers' response shall be served on the panel Qualified Medical Evaluator and the claims administrator. The statute specifies that either party may request a supplemental report within 30 days.

- If the request for factual correction is filed by the injured worker the panel Qualified Medical Evaluator shall have ten days after service of the request to review the corrections requested in the form and determine if factual corrections are necessary to ensure the factual accuracy of the comprehensive medical-legal report. If the request for factual correction is filed by the claims administrator or by both parties, the time to review the request for correction shall be extended to 15 days after the service of the request for correction.

- At the end of the period for the panel QME to review the request for factual correction, the panel QME shall file a supplemental report with the DEU office where the original comprehensive medical-legal report was filed indicating whether the factual correction of the comprehensive medical-legal report is necessary to ensure the factual accuracy of the report and, where factual corrections are necessary, if the factual changes change the opinions of the panel QME stated in the report.

- The form is also provided in the section.

Item 16 - Section 38. Medical Evaluation Time Frames; Extensions for QMEs and AMEs

- Administrative procedures are updated all for factual corrections.

Item 17 – Section 100. The Application for Appointment as Qualified Medical Evaluator Form.

- This section is the form to apply for appointment as a QME. The form's formatting was changed to make the form more user-friendly.

Item 18 - Section 105. The Request for Qualified Medical Evaluator Panel - Unrepresented Form and Attachment to Form 105 (How to Request a QME If You Do Not Have an Attorney).

- This section is the form to request a QME Panel for unrepresented injured workers. Form 105a is added for injuries on or after January 1, 2013.

Item 19 - Section 106. The Request for Qualified Medical Evaluator Panel – Represented Form and Attachment to Form 106 (How to Request a QME in a Represented Case).

- This section is the form to request a QME Panel for represented injured workers. Form 106a is added for injuries on or after January 1, 2013.

Policy Statement Overview

The proposed emergency regulations ensure that the independent medical review (IMR) process is the sole process for resolving disputes regarding ongoing or continuing medical treatment issues. Such issues may not be referred to or decided by QMEs. QMEs are still required to address issues such as causation, temporary disability, permanent disability, appointment and future medical care but the reasonableness and necessity of all medical treatment is the exclusive domain of the IMR process.

The proposed emergency regulations amend the qualification requirements of QMEs who are chiropractors, limit the scope of medical-legal evaluations and make some procedural changes for obtaining panel QMEs. The regulations will also update forms and create new forms

DETERMINATION OF SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS

None. These regulations are amended to conform to the changes made by SB 863. However, QMEs will still issue reports to address causation determination and to evaluate an injured workers' permanent disability. The limit on the number of QME offices should encourage more physicians to become QMEs, as the limitation should make the panel selection process more equitable.

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 (attached Form 399)

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).