EDMUND G. BROWN, JR., GOVERNOR

OFFICE OF ADMINISTRATIVE LAW

California Regulatory Notice Register

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PROPOSED ACTION ON REGULATIONS

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Time-Dated Material

GENERAL PUBLIC INTEREST

PETITION DECISION

PROPOSITION 65

SUMMARY OF REGULATORY ACTIONS

The *California Regulatory Notice Register* is an official state publication of the Office of Administrative Law containing notices of proposed regulatory actions by state regulatory agencies to adopt, amend or repeal regulations contained in the California Code of Regulations. The effective period of a notice of proposed regulatory action by a state agency in the *California Regulatory Notice Register* shall not exceed one year [Government Code § 11346.4(b)]. It is suggested, therefore, that issues of the *California Regulatory Notice Register* be retained for a minimum of 18 months.

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PROPOSED ACTION ON REGULATIONS

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TITLE 2. FAIR POLITICAL PRACTICES COMMISSION

NOTICE IS HEREBY GIVEN that the Fair Political Practices Commission, pursuant to the authority vested in it by Sections 82011, 87303, and 87304 of the Government Code to review proposed conflict of interest codes, will review the proposed/amended conflict of interest codes of the following:

CONFLICT OF INTEREST CODES

AMENDMENT

STATE AGENCY: Legislative Analyst's Office
Department of Industrial Relations

A written comment period has been established commencing on **February 22, 2013** and closing on **April 8, 2013**. Written comments should be directed to the Fair Political Practices Commission, Attention Adrienne Tackley, 428 J Street, Suite 620, Sacramento, California 95814.

At the end of the 45–day comment period, the proposed conflict of interest code(s) will be submitted to the Commission's Executive Director for his review, unless any interested person or his or her duly authorized representative requests, no later than 15 days prior to the close of the written comment period, a public hearing before the full Commission. If a public hearing is requested, the proposed code(s) will be submitted to the Commission for review.

The Executive Director of the Commission will review the above–referenced conflict of interest code(s), proposed pursuant to Government Code Section 87300, which designate, pursuant to Government Code Section 87302, employees who must disclose certain investments, interests in real property and income.

The Executive Director of the Commission, upon his or its own motion or at the request of any interested person, will approve, or revise and approve, or return the proposed code(s) to the agency for revision and re–submission within 60 days without further notice.

Any interested person may present statements, arguments or comments, in writing to the Executive Director of the Commission, relative to review of the proposed conflict of interest code(s). Any written comments must be received no later than **April 8, 2013**. If a public hearing is to be held, oral comments may be presented to the Commission at the hearing.

COST TO LOCAL AGENCIES

There shall be no reimbursement for any new or increased costs to local government which may result from compliance with these codes because these are not new programs mandated on local agencies by the codes since the requirements described herein were mandated by the Political Reform Act of 1974. Therefore, they are not "costs mandated by the state" as defined in Government Code Section 17514.

EFFECT ON HOUSING COSTS AND BUSINESSES

Compliance with the codes has no potential effect on housing costs or on private persons, businesses or small businesses.

AUTHORITY

Government Code Sections 82011, 87303 and 87304 provide that the Fair Political Practices Commission as the code reviewing body for the above conflict of interest codes shall approve codes as submitted, revise the proposed code and approve it as revised, or return the proposed code for revision and re–submission.

REFERENCE

Government Code Sections 87300 and 87306 provide that agencies shall adopt and promulgate conflict of interest codes pursuant to the Political Reform Act and amend their codes when change is necessitated by changed circumstances.

CONTACT

Any inquiries concerning the proposed conflict of interest code(s) should be made to Adrienne Tackley, Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California 95814, telephone (916) 322–5660.

AVAILABILITY OF PROPOSED CONFLICT OF INTEREST CODES

Copies of the proposed conflict of interest codes may be obtained from the Commission offices or the respective agency. Requests for copies from the Commission should be made to Adrienne Tackley, Fair Political Practices Commission, 428 J Street, Suite 620, Sacramento, California 95814, telephone (916) 322–5660.

TITLE 3. DEPARTMENT OF FOOD AND AGRICULTURE

NOTICE IS HEREBY GIVEN that the Department of Food and Agriculture (Department) is proposing to take the action described in the Informative Digest. A public hearing is not scheduled for this proposal. A public hearing will be held if any interested person, or his or her duly authorized representative, submits a written request for a public hearing to the Department no later than 15 days prior to the close of the written comment period. Any person interested may present statements or arguments in writing relevant to the action proposed to the person designated in this Notice as the contact person beginning **February 22, 2013 and ending at 5 p.m. April 8, 2013**. Following the public hearing, if one is requested, or following the written comment period if no public hearing is requested, the Department, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by section 407, Food and Agricultural Code, and to implement, interpret or make specific sections 9166, 9561, 9562, 9570, 9574, 18551, 18663, 18721, 18722, 18727 and 18735, of said Code, the Department proposes to make changes to sections 1300 through 1300.4 of Article 1, and sections 1300.11 through 1300.15 of Article 2, of Chapter 7, Division 2, Title 3 of the California Code of Regulations as follows:

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW/BENEFITS

The Department proposes to amend sections 1300, 1300.1 and 1300.3, repeal sections 1300.2 and 1300.4, and amend sections 1300.11 through 1300.15 of Article 2, of Chapter 7, Division 2, Title 3 of the California Code of Regulations for the purpose of clarifying and updating existing practices and procedures within the regulations.

Existing law, section 9561 of the Food and Agricultural Code, authorizes the State Veterinarian of the Department to establish regulations to prevent or eradicate any condition that could cause risk to animals or the health and safety of the citizens of this State. Section 9562 further authorizes the State Veterinarian to quarantine or restrict the movement of animals or animal products to minimize the risk of an illness that could kill or seriously damage other animals or humans. Section 9570 authorizes the State Veterinarian to restrict the importation of animals, animal products, or other property from any state, territory, or foreign country should a quarantine be invoked pursuant to section 9562.

As these Code sections pertain to this proposal, the State Veterinarian may establish the requirements for importing diseased livestock into the State that could or may pose a significant risk to other animals or humans, including an introduction of harmful animal products into the human food chain. Diseased animals in this case include animals having a disease condition such as difficulty breathing or eye infections rather than animals having a contagious or infectious disease. Further, the State Veterinarian may establish procedures for the maintenance and movement of diseased animals within the State and their ultimate disposal including product uses.

The Department proposes to amend the article heading of Article 1 to better define the purpose of the article; amend section 1300 to update references to the Code of Federal Regulations; amend section 1300.1 (Permit for Transportation of Diseased Animal into California) to reflect current practices for diseased animals entering the State; repeal section 1300.2 (Verification of Shipments Under Permit) for organizational purposes; amend section 1300.3 (Violations) and repeal section 1300.4 (Revocation of Permit) for technical and organizational purposes. Additionally the Department, in Article 2, proposes to amend section 1300.11 (Receipt of Shipment), section 1300.12 (Sale or Disposal), section 1300.13 (Permit for Transfer or Sale of Livestock Manifesting Disease), section 1300.14 (Retention of Documents), and section 1300.15 (Violations) to establish clarity and conformity with current practices and for technical and organizational consistency.

Based on an initial evaluation, the Department does not believe that the proposed regulations are inconsistent or incompatible with existing state or federal regulations. The United State Department of Agriculture (USDA) maintains requirements for the interstate movement of diseased animals and poultry within the

Code of Federal Regulations at Title 9, Part 71.3. The Department's proposed regulations are supplementary to the federal interstate movement requirement.

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None.

Nondiscretionary Costs/Savings to Local Agencies: None.

Local Mandate: None.

Cost to Any Local Agency or School District for Which Government Code Sections 17500 et seq. Require Reimbursement: None.

Business Impact: The Department has made an initial determination that the proposed regulatory action will not have any significant statewide adverse economic impact directly affecting California businesses, including the ability of California businesses to compete with businesses in other states.

This initial determination is based on the fact that the proposed regulation does not impose new requirements on California or out of state livestock owners and handlers who import animals into the State that may have a diseased condition as specified. The intent of this proposal is to update and clarify existing regulations to current industry practices. The anticipated compliance requirements are as follows:

- Records: Section 1300.14 requires the maintenance of records for a minimum of two (2) years for animals manifesting disease which include any permits for movement, sale records, and records of disposal. The Department believes this requirement does not adversely affect businesses or small businesses engaged in livestock marketing in California. The Department believes the two–year requirement is necessary and is reasonable as any needed investigation into a livestock disease or food–related outbreak would require inquiry into records maintained up to, but no longer than, the period of two (2) years. This requirement is not anticipated to incur increased costs to businesses as record keeping is a standard business practice for persons marketing or maintaining livestock in California. The maintenance of records will assist the Department in ensuring only safe and wholesome products are maintained and marketed in California.

Impact on Jobs/New Businesses: The Department has determined that this regulatory proposal will not have any impact on the creation of jobs or businesses or the elimination of jobs or existing businesses or the expansion of businesses in California.

Cost Impacts on Representative Private Persons or Businesses: The Department is not aware of any cost impacts that a representative private person or businesses would necessarily incur in reasonable compliance with the proposed action.

This proposal does not impose new requirements on California or out of state livestock owners and handlers who import animals into the State that may have a diseased condition as specified. The intent of this proposal is to update and clarify existing regulations to current industry practices. The anticipated compliance requirements are as follows:

- Records: Section 1300.14 requires the maintenance of records for a minimum of two (2) years for animals manifesting disease which include any permits for movement, sale records, and records of disposal. The Department believes this requirement does not adversely affect businesses or small businesses engaged in livestock marketing in California. The Department believes the two–year requirement is necessary and is reasonable as any needed investigation into a livestock disease or food–related outbreak would require inquiry into records maintained up to, but no longer than, the period of two (2) years. This requirement is not anticipated to incur increased costs to businesses as record keeping is a standard business practice for persons marketing or maintaining livestock in California. The maintenance of records will assist the Department in ensuring only safe and wholesome products are maintained and marketed in California.

In making these determinations the Department has not considered alternatives that would lessen any adverse economic impact on businesses and invites the public to submit such proposals during the written comment period. Submissions may include the following considerations:

- The establishment of differing compliance or reporting requirements or timetables that take into account the resources available to businesses.
- The consolidation or simplification of compliance and reporting requirements for businesses.
- The use of performance standards rather than prescriptive standards.
- Exemption or partial exemption from the regulatory requirements for businesses.

Effect on Housing Costs: None.

RESULTS OF ECONOMIC IMPACT ASSESSMENT

The Department has made an initial determination that the proposed regulatory action would have no sig-

nificant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states. This initial determination is based on the fact that the proposed regulation does not impose new requirements on California or out of state livestock owners and handlers who import animals into the State that may have a diseased condition as specified. The intent of this proposal is to update, clarify and conform existing regulations to current industry practices.

As part of its Economic Impact Assessment, the Department has determined that its proposal will not affect the ability of California businesses to compete with other states by making it more costly to produce goods or services, that it will not create or eliminate jobs or occupations, and the proposal will not affect the ability of California businesses to compete with other states by making it more costly to produce goods or services. The Department's proposal does not impact multiple industries.

Benefits of the Proposed Regulation:

The purpose of the proposed regulatory change is to update existing regulations for the importation of diseased animals into California. The benefit of this change is to provide the public with clear, accurate information as to the requirements for the importation of diseased animals.

Benefits to the health and welfare of California residents, worker safety, and the State's environment include establishing requirements for importing diseased livestock into California could or may pose a significant risk to other animals or humans, including an introduction of harmful animal products into the human food chain. Further, this proposal allows the State Veterinarian to establish procedures for the maintenance and movement of diseased animals within the State and their ultimate disposal including product uses.

This proposal also requires the maintenance of livestock movement records for a minimum of two (2) years for animals manifesting disease. The Department believes requiring persons importing or moving diseased animals to maintain records is an additional benefit to the public because it enables the Department to investigate and subsequently trace potential sources of livestock disease or food–related outbreaks.

Small Businesses: The Department's proposal may affect small businesses; however the Department does not have nor does it maintain data to determine if any California livestock owners or handlers, or out of state livestock owners or handlers are "small businesses" as defined in Government Code Section 11342.610.

Occupations/Businesses Impacted: The Department has made an initial determination that this regulatory proposal will impact California livestock owners and handlers, and out of state livestock owners and handlers when moving diseased livestock into and within California. From January 1, 2011 through December 31, 2011, the public imported into California nearly 3.9 million "livestock" as defined by Food and Agricultural Code; of this number, the Department did not issue any permits as required by section 1300.1, however, some livestock may have entered the State with a permit issued by the USDA pursuant to section 1300. The Department does not maintain information to identify the number of separate owners represented by the number of livestock imported. Although the public importing livestock into California will be required to comply, the proposed regulation does not impose new requirements on these businesses; rather it updates and clarifies the practices and processes required.

Business Reporting Requirement: The regulation does not require a report, which shall apply to businesses.

Comparable Federal Regulations: The United State Department of Agriculture (USDA) maintains requirements for the interstate movement of diseased animals and poultry within the Code of Federal Regulations at Title 9, Part 71.3. The Department's proposed regulations are supplementary to the federal interstate movement requirement.

Documents Incorporated by Reference: None.

Documents Relied Upon in Preparing Regulations: Economic Impact Assessment.

CONSIDERATION OF ALTERNATIVES

The Department must determine that no reasonable alternative considered or that has otherwise been identified and brought to the attention of the Department would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed action or would be more cost–effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the hearing (if a hearing is requested) or during the written public comment period.

INITIAL STATEMENT OF REASONS AND INFORMATION

The Department has prepared an initial statement of reasons for the proposed action and has available all the information upon which the proposal is based.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations and of the initial statement of reasons, and all the

information upon which the proposal is based, may be obtained by contacting the persons named below or by accessing the Department of Food and Agriculture's website as indicated below in this Notice.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file, which is available for public inspection by contacting the persons named below. Any person may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact persons named below or by accessing the website listed below.

CONTACT PERSONS

Inquiries concerning the substance of the proposed regulations, or any written comments concerning this proposal are to be addressed to the following:

Anita Edmondson, BVM&S, MPVM, MRCVS
Department of Food and Agriculture
Animal Health Branch
Mailing: 1220 N Street
Sacramento, CA 95814
(916) 900–5038
E–mail: anita.edmondson@cdfa.ca.gov

The backup contact person is:

Thamarah Rodgers, Associate Analyst
Department of Food and Agriculture
Animal Health and Food Safety Services
Mailing: 1220 N Street
Sacramento, CA 95814
(916) 698–3276
E–mail: thamarah.rodgers@cdfa.ca.gov

Website Access: Materials regarding this proposal can be found by accessing the following Internet address: http://www.cdfa.ca.gov/ahfss/regulations.html.

TITLE 8. DIVISION OF WORKERS' COMPENSATION

NOTICE OF RULEMAKING AFTER EMERGENCY ADOPTION

Workers' Compensation — Independent Bill Review; Standardized Paper Billing and Payment; Electronic Billing and Payment

NOTICE IS HEREBY GIVEN that the Administrative Director of the Division of Workers' Compensation (hereinafter "Administrative Director"), pursuant to the authority vested in her by Labor Code sections 59, 133, 4603.5, and 5307.3, has adopted regulations on an emergency basis to implement the provisions of Labor Code sections 4603.2, 4603.3, 4603.4, 4603.6, and 4622, as amended or enacted by Senate Bill 863 (Chapter 363, stats. of 2012, effective January 1, 2013).

The regulations amend Article 5.5.0 of Chapter 4.5, Subchapter 1, of Title 8, California Code of Regulations, sections 9792.5.1 and 9792.5.3, and adopt Article 5.5.0 of Chapter 4.5, Subchapter 1, of Title 8, California Code of Regulations, sections 9792.5.4, 9792.5.5, 9792.5.6, 9792.5.7, 9792.5.8, 9792.5.9, 9792.5.10, 9792.5.11, 9792.5.12, 9792.5.13, 9792.5.14, and 9792.5.15. The regulations further amend Article 5.6 of Chapter 4.5, Subchapter 1, of Title 8, California Code of Regulations, sections 9793, 9794, and 9795. Together, the regulations implement, interpret, and make specific Labor Code sections 4603.2, 4603.3, 4603.4, 4603.6, and 4622. The regulations govern independent bill review, standardized paper billing and payment; and electronic billing and payment.

The emergency regulations listed below became effective on January 1, 2013, and will remain in effect for a period of 180 days from January 1, 2013. The purpose of this rulemaking is to adopt the emergency regulations on a permanent basis.

PROPOSED REGULATORY ACTION

Amend section 9792.5.1.	Medical Billing and Payment Guide; Electronic Medical Billing and Payment Companion Guide; Various Implementation Guides
Amend section 9792.5.3.	Medical Treatment Bill Payment Rules
Adopt section 9792.5.4.	Second Review and Independent Bill Review — Definitions
Adopt section 9792.5.5.	Second Review of Medical Treatment Bill or Medical–Legal Bill
Adopt section 9792.5.6.	Provider's Request for Second Bill Review — Form
Adopt section 9792.5.7.	Requesting Independent Bill Review
Adopt section 9792.5.8.	Request for Independent Bill Review Form
Adopt section 9792.5.9.	Initial Review and Assignment of Request for Independent Bill Review to IBRO
Adopt section 9792.5.10.	Independent Bill Review — Document Filing

Adopt section 9792.5.11.	Withdrawal of Independent Bill Review
Adopt section 9792.5.12.	Independent Bill Review — Consolidation or Separation of Requests
Adopt section 9792.5.13.	Independent Bill Review — Review
Adopt section 9792.5.14.	Independent Bill Review — Determination
Adopt section 9792.5.15.	Independent Bill Review — Implementation of Determination and Appeal
Amend section 9793.	Definitions
Amend section 9794.	Reimbursement of Medical–Legal Expenses
Amend section 9795.	Reasonable Level of Fees for Medical–Legal Expenses, Follow–up Supplemental and Comprehensive Medical–Legal Evaluations and Medical–Legal Testimony

TIME AND PLACE OF PUBLIC HEARING

A public hearing has been scheduled to permit all interested persons the opportunity to present statements or arguments, either orally or in writing, with respect to the subjects noted above. The hearing will be held at the following time and place:

Date: **April 9, 2013**

Time: **10:00 a.m. to 5:00 p.m., or until conclusion of business**

Place: **Elihu Harris State Office Building — Auditorium**
1515 Clay Street
Oakland, California 94612

The State Office Building and its Auditorium are accessible to persons with mobility impairments. Alternate formats, assistive listening systems, sign language interpreters, or other types of reasonable accommodation to facilitate effective communication for persons with disabilities, are available upon request. Please contact the State Wide Disability Accommodation Coordinator, Kathleen Estrada, at 1–866–681–1459 (toll free), or through the California Relay Service by dialing 711 or 1–800–735–2929 (TTY/English) or 1–800–855–3000 (TTY/Spanish) as soon as possible to request assistance.

Please note that public comment will begin promptly at 10:00 a.m. and will conclude when the last speaker has finished his or her presentation or 5:00 p.m., whichever is earlier. If public comment concludes before the noon recess, no afternoon session will be held.

The Acting Administrative Director requests, but does not require, that any persons who make oral comments at the hearing also provide a written copy of their comments. Equal weight will be accorded to oral comments and written materials.

WRITTEN COMMENT PERIOD

Any interested person, or his or her authorized representative, may submit written comments relevant to the proposed regulatory action to the Department of Industrial Relations, Division of Workers' Compensation. The written comment period closes at **5:00 p.m., on April 9, 2013**. The Division of Workers' Compensation will consider only comments received at the Division by that time. Equal weight will be accorded to comments presented at the hearing and to other written comments received by 5 p.m. on that date by the Division.

Submit written comments concerning the proposed regulations prior to the close of the public comment period to:

Maureen Gray
Regulations Coordinator
Division of Workers' Compensation, Legal Unit
P.O. Box 420603
San Francisco, CA 94142

Written comments may be submitted by facsimile transmission (FAX), addressed to the above–named contact person at (510) 286–0687. Written comments may also be sent electronically (via e–mail) using the following e–mail address: dwcrules@dir.ca.gov.

Unless submitted prior to or at the public hearing, Ms. Gray must receive all written comments no later than **5:00 p.m., on April 9, 2013**.

AUTHORITY AND REFERENCE

The Acting Administrative Director is undertaking this regulatory action pursuant to the authority vested in her by Labor Code sections 59, 133, 4603.5, and 5307.3. Reference is to Labor Code sections 4060, 4061, 4061.5, 4062, 4600, 4603.2, 4603.3, 4603.4, 4603.6, 4620, 4621, 4622, 4625, 4628, and 5307.6.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Labor Code section 4603.6, as enacted in SB 863, establishes an independent bill review (IBR) process, which is new to the California workers' compensation system. Previously, disputes over the appropriate amount of payment for a medical treatment bill or a

medical–legal bill were resolved through litigation before the WCAB.

Labor Code section 4603.2 sets forth the procedures and timelines for payment of a medical treatment bill. Bills for medical services rendered under Labor Code section 4600 are required to follow the mandates of this section. SB 863 first added subdivision (b)(1), which states the documents that are required to be submitted by named providers in order for a bill to be properly paid. The documents include an itemization of services provided and the charge for each service, a copy of all reports showing the services performed, the prescription or referral from the primary treating physician if the services were performed by a person other than the primary treating physician, and any evidence of authorization for the services that may have been received.

Labor Code section 4603.2(b)(2) now requires an employer or claims administrator to pay a medical treatment within 45 calendar days after receipt of a complete bill. An objection to the bill must be made within thirty (30) calendar days and must be accompanied by an explanation of review as described in new Labor Code section 4603.3. The explanation of review must contain:

- A statement of the items or procedures billed and the amounts requested by the provider to be paid.
- The amount paid.
- The basis for any adjustment, change or denial of the item or procedure billed.
- The additional information required to make a decision for an incomplete itemization;
- The reason for the denial of payment if it's not a fee dispute; and
- Information on whom to contact on behalf of the employer if a dispute arises over the payment of the billing, including information on how the provider should raise an objection regarding the item paid or disputed and how to obtain an independent review of the medical bill under Labor Code section 4603.6.

Labor Code section 4603.2(b)(4) was expressly added to preclude the duplicate submission of medical treatment bills. Duplicate submissions do not require additional notification or objection by the claims administration.

Subdivision (e) was added to section 4603.2 to establish a second bill review procedure that must be followed before initiating IBR. Under this new process, the provider must generally request a second review within 90 days of receiving the explanation of review that reduced or denied the payment sought in the initial bill. The request, on a form to be prescribed by the Administrative Director, must set for the reason and any additional information that would support the additional payment. Under subdivision (e)(3), the claims administrator must respond with a final written determination on each of the disputed items or amounts in dispute within 14 days of a request for second review. The payment of any balance not in dispute must be made within 21 days of receipt of the request for second review. The claims administrator will not be liable for any additional payments if the second review is not sought by the provider

Labor Code section 4622, the statute that sets forth the procedures and timelines for payment of a medical–legal bill, was amended by SB 863 to require that an explanation of review under Labor Code section 4603.3 be used to object to an initial bill. The bill also makes the second bill review procedure applicable to those bills as well as recourse to IBR under Labor Code section 4603.6 following the second review.

Labor Code section 4603.3 establishes the IBR process. If the only dispute between a provider and a claims administrator is the amount of payment and the second review that did not resolve the dispute, the provider may request IBR within 30 calendar days of service of the claims administrator's second review decision. If IBR is not requested, the bill will be deemed paid. If the dispute involves an issue other than the amount of payment, the time to commence IBR will not begin until that threshold issue is resolved.

IBR will be requested by the provider on a form prescribed by the Administrative Director. The request must include copies of the original billing itemization, any supporting documents that were furnished with the original billing, the explanation of review, the request for second review together with any supporting documentation submitted with that request, and the final written determination of the second review. The Administrative Director may require that the request be made electronically.

Subsection (c) of the new statute requires the provider to pay a fee when seeking review. The fee, which may vary depending on the number of items in the bill, must cover the reasonable estimated cost of IBR and administration of the program. If any additional payment is found owing from the claims administrator to the provider, the claims administrator must reimburse the provider for the fee in addition to the amount found owing.

Upon receipt of a request for IBR and the required fee, the Administrative Director, or the Administrative Director's designee, must assign the request to an independent bill reviewer within 30 days and notify the parties of the assignment. The reviewer may request additional documents from the parties if necessary. Within 60 days of assignment, the reviewer must make a written determination of any additional amounts to be paid to the provider and state the reasons for the determination. The determination, which shall be deemed an or-

der of the Administrative Director, must be sent to Administrative Director and provided to both the claims administrator and the provider.

Under Labor Code section 4603.6(f), an IBR determination may be appealed to the WCAB within 20 days after service of the determination. The determination is presumed to be correct and can only be overturned on the basis of fraud, conflict of interest, or mistake of fact.

The proposed regulations will provide the public with clear guidelines for the mandated IBR process and set forth the obligations that health care providers and claims administrators must meet in order for the process to work in an efficient and effective manner. The regulations will ensure that billing disputes in the workers' compensation system will be resolved by conflict–free billing and payment experts rather than the lengthy and costly process of litigation.

The described regulations were adopted as emergency regulations, effective January 1, 2013. This rulemaking would make the regulations permanent. Changes to the text of the regulations that have been made after the adoption of the emergency regulations are shown in italics. These proposed regulations implement, interpret, and make specific the above sections of the Labor Code and Government Code as follows:

Section 9792.5.1. Medical Billing and Payment Guide; Electronic Medical Billing and Payment Companion Guide; Various Implementation Guides.

- Based on Labor Code sections 4603.2 and 4603.4, subdivision (a) of the regulation is amended to revise the reference to the California Division of Workers' Compensation Medical Billing and Payment Guide to substitute "version 1.1" for "dated 2011." *Subdivision (c) incorporating by reference the guides, manuals and technical reports for paper and electronic billing is deleted in order to eliminate duplication.*
    - Medical Billing and Payment Guide (which is incorporated by reference) is amended.
        - The cover page is amended to delete the date "2011" and insert "Version 1.1".
        - The introduction page is amended to add Labor Code section 4603.3 as additional authority.
        - Based on Labor Code sections 4603.2 and 4603.4 Section One — Business Rules, 1.0 Standardized Billing/ Electronic Billing Definitions, subdivision (b) "Authorized medical treatment," is amended to refer to treatment that has been "provided or prescribed by the treating physician" instead of "provided or authorized by the treating physician."
        - Based on Labor Code sections 4603.3 and 4603.4 Section One — Business Rules, 1.0 Standardized Billing/ Electronic Billing Definitions, subdivision (m) is amended revise the definition of "explanation of review." Subdivision (p) is amended revise the definition of "itemization" of services. Subdivision (w) is amended to revise the definition of "supporting documentation."
        - Based on Labor Code section 4603.2 Section One — Business Rules, 2.0 Standardized Medical Treatment Billing Format, subdivision (a) is amended to allow a handwritten entry indicating a Request for Second Review. Subdivision (a)(4) is amended to make a technical correction in the reference to the National Council on Prescription Drug Programs paper WC/PC Universal Claim Form by deleting version "1.0 05/2008" (a prototype never put in production) and inserting version "1.1 –05/2009."
        - *Based on Labor Code section 4603.2 subdivision (b)(1), Section One — Business Rules, 3.0 Complete Bills, is amended to specify that an invoice or proof of documented paid costs is required supporting documentation for a bill when required by statute.* Also, subdivision (b)(11) is amended to expand the requirement to provide any evidence of authorization for services that may have been received so that the requirement applies to both paper and electronic, and applies to all providers, not just physicians.
        - Based on Labor Code section 4603.2 subdivision (b)(4), Section One — Business Rules, 5.0 Duplicate Bills, subdivision (a) is amended to prohibit the submission of a duplicate bill after an explanation of review has been provided. A cross reference to 6.0(b) is revised to reference sections 6.1 and 6.2 to conform to changes in Chapter 6. Also, a grammatical change is made.
        - Based on Labor Code sections 4603.2 and 4603.3, Section One — Business Rules, 6.0 Medical Treatment Billing

and Payment Requirements for Non–electronically Submitted Bills is amended to add introductory language and provide that a claims administrator is not required to respond to a duplicate bill if an explanation of review has already been issued on the original bill. Also, the title of 6.0 is changed to more accurately reflect the contents of the section. Sections 6.1 and 6.2 are added to carry out the provisions regarding timeliness of payment on original bills. Section 6.3 is amended to delete language that is no longer accurate or that is duplicative (lien information and the statement that contested charges can be challenged before the Workers' Compensation Appeals Board.) Section 6.3 is amended to carry out the statutory provisions regarding the explanation of review on original bills that are contested, denied or considered incomplete. Section 6.4 is added to specify the penalties for failure to pay or dispute treatment bills. Section 6.5 is added to specify the timeframes responding to a Request for Second Review and for issuance of payment of any balance not in dispute after the second review.

- Based on Labor Code sections 4603.2, 4603.3 and 4603.4, Section One — Business Rules, 7.0 Medical Treatment Billing and Payments Requirements for Electronically submitted Bills is amended. Section 7.1 Timeframes (b)(1) is amended change the language from "treatment provided or authorized by the treating physician" to "treatment provided or prescribed by the treating physician." Section 7.2 Penalty is amended to specify "30 days" rather than "30 working days" to conform to the statutory change. *Section 7.3 Electronic Bill Attachments is amended so that subdivision (b) states what is required to be on the body of the attachment or inscribed on the face of the attachment.* Section 7.4 is added to provide timeframes for issuing an explanation of review and payment in response to a Request for Second Review. The following sections are renumbered 7.5 and 7.6.
- *Based on Labor Code sections 4603.2, 4603.3 and 4603.4, a new Section 8.0 Request for Second Review of a Paper or Electronic Bill is added to set forth the timeframe for requesting the second review and cross reference to section 9792.5.4 and the Companion Guide which contain further provisions regarding second review.*
- *Based on Labor Code section 4603.2, Appendix A, Standard Paper Forms, 1.0 CMS 1500 is amended to adopt an updated 1500 Health Insurance Claim Form Reference Instruction manual (and change log), and to specify the dates of applicability of the old and new instruction manual. The section is also amended to specify who must use the CMS 1500 form.*
- Based on Labor Code section 4603.2, Appendix A, Standard Paper Forms, 1.1 Field Table CMS 1500, Field 10d, California Workers' Compensation Instruction is amended to specify that the W3 — Level 1 Appeal is a Request for Second Review. *Field 14 instruction is amended to revise the date to be entered for cumulative injury or occupational disease to conform to Labor Code section 5412.*
- *Based on Labor Code section 4603.2, Appendix A, Standard Paper Forms, 2.0 UB–04 is amended to adopt an updated Official UB–04 Data Specifications Manual and to specify the dates of applicability of the old and new manual. The section is also amended to specify who must use the UB–04 form.*
- 2.1 Field Table UB–04, Form Locator 18–28, the California Workers' Compensation Instruction is amended to specify that the W3 — Level 1 Appeal is a Request for Second Review. *Form locator 31–34a,b instruction is amended to revise the date to be entered for cumulative injury or occupational disease to conform to Labor Code section 5412.*
- *Based on Labor Code section 4603.2, Appendix A, Standard Paper Forms, section 3.0 National Council for Prescription Drug Programs (NCPDP) Workers' Compensation/Property &*

Casualty Universal Claim Form is amended to adopt an updated NCPDP Manual Claim Forms Reference Implementation Guide and to specify the dates of applicability of the old and new guide. The section is also amended to specify that pharmacies must use the NCPDP WC/PC claim form. Section 3.0 National Council for Prescription Drug Programs is amended to make a technical correction in the reference to the National Council on Prescription Drug Programs paper WC/PC Universal Claim Form by deleting version "1.0 05/2008" (a prototype never put in production) and inserting version "1.1 –05/2009." *The 3.1 Field Table NCPDP is amended to correct the heading to eliminate reference to the 2008 claim form. The Field 11 instruction is amended to revise the date to be entered for cumulative injury or occupational disease to conform to Labor Code section 5412. Multiple changes are made in the table to conform the field references and NCPDP crosswalk references to the NCPDP guide. A new Field 68 "Prescription Origin Code" is added to the chart to conform to the NCPDP WC/PC UCF version 1.1. Subsequent fields are renumbered.*

- *Based on Labor Code section 4603.2, Appendix A, Standard Paper Forms, 4.0 ADA 2006 is amended to adopt an updated American Dental Association coding/claim form manual and to specify the dates of applicability of the old and new manual. The section is also amended to specify who must use the ADA claim form.* 4.1 Field Table ADA 2006 is amended to specify that a Request for Second Review will be identified by entering the words "Request for Second Review" in Field 1. *Field 46 is amended to revise the date to be entered for cumulative injury or occupational disease to conform to Labor Code section 5412.*
- Based on Labor Code sections 4603.2, 4603.3 and 4603.4, Appendix B, Standard Explanation of Review is amended to specify that an explanation of review must be issued after review of an original bill and after conducting a second review. The language regarding Paper Explanation of Review is amended to clarify that the claims administrator must include relevant situational data elements. The section is also amended to specify that the claims administrator shall utilize additional narrative explanatory language where necessary to fully explain why the bill is adjusted, denied or considered incomplete.
- Based on Labor Code section 4603.2 Appendix B, Table 1.0 California DWC Bill Adjustment Reason Code/CARC/ RARC Matrix Crosswalk, Code M2 is amended to add "Request for Second Review" to the explanatory message as it currently refers to "Appeal/Reconsideration" which is equivalent to the Request for Second Review under the statutory amendments. "Request for Second Review" is added to message codes M5 and M6. *Amendments are made to Table 1.0 to add language to the "Issue" and "DWC Explanatory Message" columns for many of the DWC Bill Adjustment Reason Codes. The table is also amended to correct a RARC that has changed numbers and to correct RARC language. A conforming correction is also made to 2.0 Matrix List in CARC Order.*
- Based on Labor Code sections 4603.2 and 4603.3, Appendix B, Table 3.0 Data Item No. 8 and No. 9 are amended to conform the language regarding whom to contact regarding billing disputes. The Table 3.0 is amended to add a new required Data Item No. 54 to give information regarding provider remedies, including time limit and method to dispute payment and request second review, and time limit and method to request independent bill review.
- *Based on Labor Code sections 4603.2 and 4603.4, Section Two, Transmission Standards, is amended to add a new 2.5 Communication Requesting Claims Status and Response adopting the ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277) and errata.*

- *Throughout the document, the source to obtain the electronic transaction standards (other than pharmaceutical standard) is changed from the Data Interchange Standards Association to the Accredited Standards Committee (ASC) X12.*

- Based on Labor Code sections 4603.2 and 4603.4, subdivision (b) of the regulation is amended to revise the reference to the California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide to substitute "version 1.1" for "dated 2012."
  - Electronic Medical Billing and Payment Companion Guide (which is incorporated by reference) is amended.
    - The cover page is amended to delete the date "2012" and insert "Version 1.2" *(changed from Version 1.1)*.
    - *Throughout the document, the source to obtain the electronic transaction standards (other than pharmaceutical standard) is changed from the Data Interchange Standards Association to the Accredited Standards Committee (ASC) X12. Also, throughout the document changes are made in the identification of loops, segments, and data elements. For each of the chapters regarding ASC X12 standards language is added to clarify that the Companion Guide is an additional source of information but does not replace the ASC X12 Type 3 Technical Reports.*
    - *In the Preface, in the Documentation Change Control section, the table is amended to reference rulemaking documents and website as the source of information on the changes made to the document.*
    - *The list of Accredited Standards Committee (ASC X12) technical reports is amended to add the ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277) and errata. The 005010X212 is also added to the 2.2 summary list of national standard formats adopted for optional use and to 2.2.1 California Prescribed and Optional Formats where it is incorporated by reference into a new section "(5) Communication Requesting Claims Status and Response [Optional]".*
    - *In Chapter 2, section 2.4.1 language is added specifying that trading partners will exchange identification numbers to be reported based on the applicable transaction format requirements and superseded language is deleted. Section 2.4.4 is amended to clarify that in California workers' compensation billing the employee is identified by specified data elements and specifies how to submit the employee's identification number (social security number.) In 2.4.7 language is added that shows an example of how a PR–2 (primary treating physician's progress report) would be identified, using the ASC X12 report type code 09. Language is added in new sections 2.71, 2.72, and 2.73 for date sent/invoice date, date received, and paid date. In 2.8, duplicative language regarding code set utilization is deleted.*
    - Based on Labor Code section 4603.2, the heading of Chapter 2, Section 2.11 is amended to include the "Request for Second Review."
    - Based on Labor Code section 4603.2, Chapter 2, Section 2.11.1 Claim Resubmission Code the words "second review" are added to modify "request for reconsideration." *Section 2.11.1 is also amended to provide clearer instruction on how to submit the National Uniform Billing Committee condition codes.*
    - Based on Labor Code sections 4603.2 and 4603.4, Chapter 2, Section 2.11.2 is amended to specify the manner of indicating a duplicate bill in the electronic 005010X224 dental transmission. The duplicate bill transaction examples are corrected and the "Original Reference Number" is changed to "Payer Claim control Number." The section is amended to add language stating that the claims administrator is not required to respond to a duplicate bill if the 0050X221 has already issued on the original bill.
    - Section 2.11.4 is amended to insert the phrase "Request for Second Review" in the heading and in the description of the W3 — 1st Level Appeal. The phrase "Second Review" is added in several

places so that the regulation uses the term "Reconsideration/Second Review." The section is amended to delete language related to "subsequent reconsideration bill transactions."

- Based on Labor Code section 4603.2, Chapter 3, the table in Section 3.3.1 ASC X12N/005010X222 Health Care Claim: Professional (837) is amended for Loop 2300, the HI segment Condition Information by adding the "request for second review" to the California Workers' Compensation Instructions. *Chapter 3 is also amended to replace language in 3.2 Trading Partner Agreement with language more aligned with the IAIABC model companion guide. In Table 3.3.1 amendments are made to conform to the requirements of the ASC X12. Also, in Table 3.3.1 2300 DTP is amended to revise the date to be entered for cumulative injury or occupational disease to conform to Labor Code section 5412. Loop 2300 PWK06 is amended to provide clearer information regarding attachment control number. A new Loop 2300 K301 segment instruction is added to provide a jurisdiction state code in conformity with the IAIABC model. The Table is amended to provide 2300 HI instruction for request for second review of bill.*
- Based on Labor Code section 4603.2, Chapter 4, the table in Section 4.3.1 ASC X12N/005010X223 Health Care Claim: Institutional (837) is amended for Loop 2300, the HI segment Condition Information by adding the "request for second review" to the California Workers' Compensation Instructions. *In Table 4.3.1 amendments are made to conform to the requirements of the ASC X12. Also, in Table 4.3.1 Loop 2300 PWK06 segment is amended to provide clearer information regarding attachment control number. Loop 2300 H101 segment is amended to revise the date to be entered for cumulative injury or occupational disease to conform to Labor Code section 5412. A new Loop 2300 K301 segment instruction is added to provide a jurisdiction state code in conformity with the IAIABC model. The Table is amended to provide 2300 HI instruction for request for second review of bill.*
- *Chapter 5, Dental Claims is amended to conform to ASC X12 requirements including deletion of duplicative material. Loop 2300 DTP segment is amended to revise the date to be entered for cumulative injury or occupational disease to conform to Labor Code section 5412. A new Loop 2300 K301 segment instruction is added to provide a jurisdiction state code in conformity with the IAIABC model.*
- Based on Labor Code section 4603.2, Chapter 6, *Section 6.10 deletes duplicative language and adds clarifying language regarding the California workers' compensation instructions.* Section 6.11 is added to specify that the trading partner agreement may include business rules to establish a method for identifying pharmacy second review transmissions, or may use the DWC Form SBR–1.
- *Chapter 7 introductory language is added to explain the role of the Companion Guide, and superseded language is deleted. Section 7.4.1 Claim Adjustment Reason Codes 191, 214, 221, W1 is amended for accuracy and clarity, making additions and deletions to the language.* Based on Labor Code sections 4603.2, 4603.3 and 4603.6, Chapter 7, Section 7.6 Claim Level California Jurisdictional EOR Statement ID Qualifier is amended to delete language referring to seeking review of contested charges by filing a lien at the Workers' Compensation Appeals Board and to insert language referring to the process and timelines for making a request for second review or a request for independent bill review. *The Table 7.8.1 ASC X12N/005010X221 Health Care Claim Payment/Advice containing instructions for California workers' compensation application is amended to conform to ASC X 12 requirements.*
- *Chapter 9 introductory language is amended to clarify the cross reference.* Based on Labor Code sections 4603.2, 4603.3 and 4603.6, Chapter 9, Section

9.4.4 ASC X12N/005010X221 Health Care Claim Payment/Advice (835) is amended to identify the 835 as the explanation of review. Chapter 9, sections 9.2, 9.2.1, 9.3.1 are amended to change code qualifier "U" to "WQ" correct an error, as "U" indicates a rejection and "WQ" indicates acceptance for further bill processing. *Section 9.1 and 9.2 remove the word "clean" from the phrase "clean bill" used in the title of those sections. Section 9.2.1 "Claim Found" deletes language that is duplicative of the ASC X12 TR3. Sections 9.4.1, 9.4.2, and 9.4.3 regarding acknowledgments are deleted and replaced with new language. A new section 9.4.2 is added to provide clarification regarding use of the ASC X12N/005010X213 Request for Additional Information (277). A new section 9.4.4 is added to provide clarification regarding use of the ASC X12N/005010X213 Health Care Claim Status Request and Response (276/277).*

- Based on Labor Code sections 4603.2 and 4603.3, Appendix A Glossary of Terms is amended to modify the definition of "EOR" to include both paper and electronic forms of explanation of review. *Other changes are made to improve the accuracy of the glossary.*
- *Appendix B — Code Set References is deleted. Appendix D Security Rule is re–lettered as Appendix B.*

- Based on Labor Code section 4603.2, Subdivision (h) is amended to make a technical correction in the reference to the National Council on Prescription Drug Programs paper WC/PC Universal Claim Form by deleting version "1.0 05/2008" (a prototype never put into production) and inserting version "1.1 –05/2009."

Section 9792.5.3. Medical Treatment Bill Payment Rules.

- Based on Labor Code section 4603.3 which mandates the adoption of rules to require the issuance of an explanation of review upon payment, adjustment, or denial of a complete or incomplete medical bill, reference to Labor Code section 4603.3 is added to this section which governs payment and communication by a claims administrator.

Section 9792.5.4. Second Review and Independent Bill Review — Definitions.

- Based on the amendments to Labor Code sections 4603.2 and 4622, and the enactment of sections 4603.3 and 4603.6, this section provides definitions for key terms regarding the second bill review process and IBR. The definitions are added to ensure that the terms meaning, as used in the regulations, will be clear to the regulated public.

Section 9792.5.5. Second Review of Medical Treatment Bill or Medical–Legal Bill.

- This section sets for the procedures and timelines for the second bill review process, as it relates to medical treatment bills and medical legal bills for services rendered on or after January 1, 2013. Subdivision (b) provides the timeline for filing the request, which is based on 90 days from the date of service of the explanation of review or 90 days of the date of service of an order of the Workers' Compensation Appeal Board resolving any threshold issues that would preclude a provider's right to receive compensation for the submitted bill.
- Subdivision (c) addresses the manner in which a second bill review request can be made, which encompasses medical treatment billing on standardized forms, medical–legal billing, and electronic billing. The provider can use either the Request for Second Bill Review form, DWC Form SBR–1, set forth at section 9792.5.6, or the standardized or electronic bill as modified by the necessary code. For electronic pharmacy bills, the method to identify a request for second review may be addressed in the trading partner agreement.
- Subdivision (d) indicates the required contents of the second bill review request. The request, which is limited to the original dates of service and the same itemized services rendered as the original bill, must include; the date of the explanation of review and identifying information; the item and amount in dispute; the additional payment requested and the reason for the request; and any additional information that was either requested or in support of the request.
- Subdivision (f) provides the timeframe for the claims administrator to respond to the second bill review request with a final written determination and the consequences — a 15% increase — for a failure to pay any undisputed amounts.
- Subdivision (g) expressly provides that if a provider still contests the amount of payment following the second review, IBR may be sought to resolve the dispute.

Section 9792.5.6. Request for Second Review of Bill — Form.

- This section contains the form for requesting a second review of a medical treatment bill or a medical–legal bill. The form contains identifying information and those elements required by Labor Code section 4603.2(e).

Section 9792.5.7. Requesting Independent Bill Review.

- This section contains the procedure and timeframes for the IBR process. Subdivision (a) sets forth the scope of the billing dispute that can be determined by IBR. For a bill for medical treatment services, a dispute over the amount of payment billed by a single provider involving one injured employee, one claims administrator, one date of service, and one billing code under the applicable fee schedule adopted by the Administrative Director or, if applicable, under a contract for reimbursement rates under Labor Code section 5307.11 covering one range of effective dates. For a bill for medical–legal expenses, a dispute over the amount of payment billed by a single provider involving one injured employee, one claims administrator, and one medical–legal evaluation including supplemental reports based on that same evaluation.
- Subdivision (b) provides that a dispute subject to IBR is limited to the amount of payment owed to the provider under a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11. IBR shall not include a determination of reasonableness of a fee or the selection of an analogous billing code, unless allowed by an existing fee schedule.
- Subdivision (c) sets forth the timeline for a provider to request IBR. The deadline is generally 30 days from the date of service of the final written determination of the second bill review or the date of resolution of any threshold issue that would preclude a provider's right to receive compensation for medical treatment services provided in accordance with Labor Code section 4600 or for medical–legal expenses defined in Labor Code section 9720.
- Subdivision (d) sets forth the manner in which to request IBR, which can be either online through the Division's website, or by utilizing the Request for Independent Bill Review form, DWC Form IBR–1, located in section 9792.5.8. In addition to the form, the subdivision states that the fee of $335.00 must accompany the request.
- Subdivision (d) further lists the documents, mandated by Labor Code section 4603.6(b) that the provider must submit in order to conduct IBR. The provider may ask for the consolidation of two or more disputes that would constitute separate requests for IBR.
- Subdivision (f) provides that the provider shall serve all documents on the claims administrator. Any document that was previously provided to the claims administrator or originated from the claims administrator need not be served by the provider if a written description of the document.

Section 9792.5.8. Request for Independent Bill Review, DWC Form IBR–1.

- This section contains the form for requesting IBR. The form contains identifying information regarding the parties and identifying information regarding the billing dispute.

Section 9792.5.9. Initial Review and Assignment of Request for Independent Bill Review to IBRO.

- This section contains the procedure for identifying those IBR requests that are ineligible for review and assignment of those for which a determination shall issue.
- Subdivision (a) allows the Administrative Director to determine ineligible IBR requests based on the information contained in the request form. The Administrative Director shall consider timeliness, whether the fee was paid, or whether the treatment for which payment is sought was authorized, or whether the dispute is covered under an existing fee schedule.
- *Subdivision (a)(4) is amended to allow the Administrative Director to consider the date of service and whether a second bill review was completed. The provision in the emergency regulation effective January 1, 2013 allowing the Administrative Director to consider other, unspecified reasons has been deleted.*
- Should a request appear eligible, subdivision (b) requires the Administrative Director to notify the parties of the filing and allow the claims administrator to submit any documentation indicating that the provider's request is ineligible for IBR.
- Upon receipt of documents from the claims administrator, the Administrative Director shall issue a determination finding the request for IBR to be ineligible or else assign the request to an independent bill review organization (IBRO) for review. If the request is found ineligible, the provider will be reimbursed the amount of $270.00. The IBRO shall notify the parties of the assignment and assign the case to conflict–free bill

reviewer. If the bill reviewer is found to have prohibiting interest as set forth in Labor Code section 139.5(c), the dispute shall be reassigned to another bill reviewer.

Section 9792.5.10. Independent Bill Review — Document Filing.

- This section contains the procedure for the reviewer assigned by the IBRO to review the dispute to request additional documents from the parties. Subdivision (b) sets forth the timeframe in which the parties must provide and serve the requested documents (within 35 days of the request, if the request is made by mail, or 32 days of the request, if the request is made electronically).

Section 9792.5.11. Withdrawal of Independent Bill Review.

- This section contains the procedure for the provider to withdraw the request for IBR if, before a determination on the amount of payment owed, the provider and claims administrator settle their dispute regarding the amount of payment of the bill. If the provider and claims administrator settle their dispute, they shall make a written joint request for withdrawal and serve it on the independent bill reviewer.
- If a request for IBR is withdrawn, the provider shall not be reimbursed the fee provided with the initial request.

Section 9792.5.12. Independent Bill Review — Consolidation or Separation of Requests.

- An IBR request can either be consolidated with other requests for a single determination or separated — disaggregated — into multiple requests. This section contains the procedures for consolidation or disaggregation.
- Subdivision (b) provides definitions for key terms regarding IBR consolidation and disaggregation. The definitions are added to ensure that the terms meaning, as used in this section, will be clear to the regulated public. *Subdivision (b)(3) has been added to define "pattern and practice" as ongoing conduct by a claims administrator that is reasonably distinguishable from an isolated event.*
- Subdivision (c) provides that two or more IBR requests by a single provider may be aggregated if the Administrative Director or the IBRO determines that the requests involve common issues of law and fact or the delivery of similar or related services.
- Under subdivision (c)(1) IBR requests by a single provider involving multiple dates of medical treatment services may be consolidated and treated as one single IBR request if the requests involve one injured employee, one claims administrator, and one billing code under an applicable fee schedule adopted by the Administrative Director, or, if applicable, under a contract for reimbursement rates under Labor Code section 5307.11, and the total amount in dispute does not exceed $4,000.00.
- Under subdivision (c)(2), an IBR request by a single provider involving multiple billing codes under applicable fee schedules adopted by the Administrative Director or, if applicable, under a contract for reimbursement rates under Labor Code section 5307.11, may be consolidated with no limit on the total dollar amount in dispute and treated as one request if the request involves one injured employee, one claims administrator, and one date of medical treatment service.
- Under subdivision (c)(3), upon a showing of good cause and after consultation with the Administrative Director, the IBRO may allow the consolidation of IBR requests by a single provider that show a possible pattern and practice of underpayment by a claims administrator for specific billing codes. Such consolidation requests must involve multiple injured employees, one claim administrator, one billing code, one or multiple dates of service, and aggregated amounts in dispute up to $4,000.00 or individual amounts in dispute less than $50.00 each.
- If a request for IBR also requests consolidation, the provider, in addition to providing the filing fee, must specify all of the IBR requests sought to be consolidated with a description of how the requests involve common issues of law and fact or delivery of similar or related services.
- The decision to grant or deny consolidation shall be immediately communicated in writing by the IBRO.
- Conversely, under subdivision (f)(1) the IBRO may disaggregate into separate independent bill review requests a single request that does not meet the consolidation standards set forth in subdivision (c). For any IBR request subject to disaggregated, the same fee shall be charged for each additional IBR request as charged for one IBR request.
- Under subdivision (f)(2), if an IBR request is separated by the IBRO, the IBRO must immediately provide notice in writing to the provider and claims administrator stating the reasons for separation, and shall inform the Provider of the additional fee or fees required to

perform the independent bill review. The failure to provide the additional fee or fees shall subject the request to a determination of ineligibility.

Section 9792.5.13. Independent Bill Review — Review.

- This section provides the standards under which IBR is conducted to determine the additional amounts, if any that are to be paid to the provider. The bill reviewer must apply, as applicable, the Official Medical Fee Schedule (OMFS), found at California Code of Regulations, title 8, sections 9789.10 to 9792.5.3, the Medical–Legal Fee Schedule (M/L Fee Schedule), found at sections 9793–9795 and 9795.1 to 9795.4, or a contract for reimbursement rates under Labor Code section 5307.11.
- The bill reviewer must apply the OMFS, the M/L Fee Schedule, and, if applicable, the contract for reimbursement rates under Labor Code section 5307.11, as if the bill is being reviewed for the first time.

Section 9792.5.14. Independent Bill Review — Determination.

- This section implements Labor Code section 4603.6(e) and (f) by setting forth the manner in which an IBR decision is made. Under subdivision (a), the bill reviewer must, within 60 days of the assignment, issue a written determination, in plain language, if any additional amount of money is owed the provider under the IBR request. The determination shall state the reasons for the determination and the information received and relied upon in reaching the determination.
- Under subdivision (b), if any additional amount of money is found owed to the provider, the determination must order the claims administrator to reimburse the provider the amount of the filing fee in addition to any additional payments for services found owing.
- The determination, which is deemed to be the determination of the Administrative Director and be binding on all parties, must be served on the provider, the claims administrator and the Administrative Director.

Section 9792.5.15. Independent Bill Review — Implementation of Determination and Appeal.

- Subdivision (a) applies Labor Code section 4603.6(h)'s mandate as to how and when final IBR determinations are implemented; the claims administrator must pay additional amounts determined owed per the timely payment requirements set forth in Labor Code sections 4603.2 and 4603.4.
- *Subdivision (b) provides that an IBR determination may be appealed to the Workers' Compensation Appeals Board. Provisions in the emergency regulations effective January 1, 2013 regarding the WCAB's appeal procedures and scope of review regarding IBR determinations have been deleted from this section.*
- Subdivision (c) implements Labor Code section 4603.6(g) by providing the procedure for reassigning an IBR review should the WCAB reverse and remand the final IBR determination.

Section 9793. Definitions.

- This section of the Medical–Legal Expense regulations (commending at section 9790) is amended to provide definitions for key terms regarding comprehensive medical evaluations, the Independent Medical Review (IMR) process, the second bill review process, and IBR.
- Subdivision (e) is amended to conform to Labor Code section 4061 and 4062's mandate that disputes over the necessity of medical treatment will be decided by IMR under Labor Code sections 4610.5 and 4610.6. *The dates and conditions set forth in the subdivision under which a Qualified Medical Evaluator (QME) can conduct an evaluation of a disputed medical fact have been corrected to reflect the effective dates of IMR.*
- Subdivision (f) is added to include the definition of "explanation of review" as described in Labor Code section 4603.3.
- Re–lettered subdivision (m) is amended to allow for the factual correction procedure set forth in Labor Code section 4061(d).

Section 9794. Reimbursement of Medical–Legal Expenses.

- This section is amended to reflect the addition of the second bill review process for disputes regarding the amount of payment on a medical–legal bill.
- *Subdivision (c) provides that claims administrator must use an explanation of review when contesting all or any part of a bill for medical–legal expense. With the explanation of review the claims administrator must advise the provider that they may seek a second review by the claims administrator of the reduction of billing of the medical–legal expense. The explanation of review must also include statements that the second review process is a prerequisite to seeking independent bill review provided in Labor Code section 4603.6, and that the failure of a physician to seek a second review shall deem a bill satisfied and neither the employer nor the employee shall be liable for any additional payment.*

- *Subdivision (d), which has been added subsequent to the emergency regulations that were effective January 1, 2013, provides that if the provider disputes the amount of payment made by the claims administrator on a bill for medical–legal expenses following the receipt of an explanation of review, the provider must request a second bill review under section 9792.5.5. The following subsections have been re–lettered to accommodate this addition.*
- *Subdivision (e) provides that if after completion of the second review process the provider still contests the amount paid for the medical–legal expense, the provider must request IBR.*
- Under subdivision (f), if a claims administrator denies liability for the medical–legal expense for any reasons other than the amount to be paid pursuant to the Medical–Legal fee schedule, the denial shall set forth the legal, medical, or factual basis for the decision in the explanation of review which must also advise the physician of their right to file a written objection with the claims administrator. If the physician does not submit a written objection, then neither the employer nor the employee shall be liable for the amount of the expense that was denied.
- Under subdivision (g), if the claims administrator receives a written objection to the denial of the medical–legal expense, the claims administrator shall file a petition to review the denial of the medical–legal expense and a declaration of readiness to proceed with the WCAB.

Section 9795. Reasonable Level of Fees for Medical–Legal Expenses, Follow–up, Supplemental and Comprehensive Medical–Legal Evaluations and Medical–Legal Testimony.

- This section, which sets forth the billing codes for the Medical–Legal Fee Schedule, is amended to reflect Labor Code section 4061 and 4062's mandate that disputes over the necessity of medical treatment will be decided by IMR under Labor Code sections 4610.5 and 4610.6. *Correspondingly, the complexity factors under Code ML 103 have been amended to delete enhanced fees for addressing a discovered causation issue and the issue of medical monitoring following a toxic exposure. The dates and conditions set forth in the complexity factors under Code ML 103, under which a Qualified Medical Evaluator (QME) can conduct an evaluation of a disputed medical fact have been corrected to reflect the effective dates of IMR.*

Objective and Anticipated Benefits of the Proposed Regulations:

The objective of the proposed emergency regulations is to establish an independent bill review program, a system where disputes over the amount of payment made on a medical treatment bill or a bill for medical–legal expenses are ultimately made by conflict–free payment and billing experts applying fee schedules adopted by the Administrative Director of DWC. Unquantifiable benefits will result from the deterrence of frivolous disputes on the part of either providers or payers and from the swift resolution of legitimate billing disputes. Eventual savings for California employers from the reduction in lien litigation are estimated to be similar to the $106 million that the WCIRB attributed to the lien filing fee. (WCIRB Evaluation of the Cost Impact of Senate Bill No. 863, Updated October 12, 2012.) Local government employers will likely experience savings of approximately $15 million annually based on the reduction in lien litigation while the state may experience savings of approximately $4 million beginning Fiscal Year 2013–14 for the same reason.

Determination of Inconsistency/Incompatibility with Existing State Regulations:

The Acting Administrative Director has determined that this proposed regulation is not inconsistent or incompatible with existing regulations. After conducting a review for any regulations that would relate to or affect this area, the Acting Administrative Director has concluded that these are the only valid regulations that implement the statutory mandate to transfer the dispute resolution procedure for disputes over the amount of payment on a bill for medical treatment services or medical–legal expenses away from the now lengthy and costly WCAB lien procedures to an efficient review process before an independent bill reviewer assigned by the independent review organization designated by the Administrative Director.

Duplication of Labor Code Provisions:

The proposed regulations repeat or rephrase various provisions of Labor Code sections 4603.2, 4603.6, and 4622, as amended or added by Senate Bill 863. Duplication is necessary for the purpose of clarity in that statutes establish comprehensive and detailed procedures for the second bill review and independent bill review programs. Rather than simply delegating to the Division authority to establish such programs, the Labor Code provisions specify the documents that must be filed or submitted by the parties, the timelines for filing, the nature of the review that will be conducted, and the required elements in a decision. Since these programs are entirely new to workers' compensation in this state, duplication is beneficial so that affected parties can ana-

lyze and review program procedures and the timeframes for exercising statutory rights in one set of documents.

DISCLOSURES REGARDING THE PROPOSED REGULATORY ACTION

The Acting Administrative Director has made the following initial determinations:

- Mandate on local agencies and school districts: None.
- Cost or savings to any state agency: It is estimated that the proposed regulations will result in a savings of $4 million beginning Fiscal Year 2013–2014. The Division may also experience unquantifiable savings based on a reduced number of litigated cases before the WCAB involving medical billing disputes.
- Cost to any local agency or school district which must be reimbursed in accordance with Government Code sections 17500 through 17630: None.
- Other nondiscretionary cost or savings imposed on local agencies: It is estimated that the proposed regulations will result in a savings of $15 million annually for local government.
- Cost or savings in federal funding to the state: None.
- Cost impacts on a representative private person or business: Most of the affected businesses are medical providers — such as physicians — and for these businesses the annual ongoing costs to comply with the IBR regulations will be approximately $1,200 to $1,500 per year. The measurable increase in cost for medical providers will be partially offset by more rapid and accurate payment of accounts receivable, however those offsetting savings cannot be adequately estimated.
- Statewide adverse economic impact directly affecting businesses and individuals: Although the proposed action will directly affect businesses statewide, including small businesses, and individuals, the Acting Administrative Director concludes that the adverse economic impact, including the ability of California businesses to compete with business in the other states, will not be significant.
- Significant effect on housing costs: None.

Results of the Economic Impact Analysis/Assessment

The Acting Administrative Director concludes that it is (1) unlikely that the proposal will create any jobs within the State of California, outside of those created by the independent review organization, (2) unlikely that the proposal will eliminate any jobs within the State of California, (3) unlikely that the proposal will create any new businesses with the State of California, (4) unlikely that the proposal will eliminate any existing businesses with the State of California, and (5) unlikely that the proposal would cause the expansion of the business currently doing business within the State of California.

Benefits of the Proposed Action: The proposed regulations will create a more efficient, less costly way of resolving disputes over the amount of payment made on either a bill for medical treatment services or a bill for medical–legal expenses. Under the existing system, a medical provider in the workers' compensation system who objects to the payment made by a claims administrator on a medical bill had no recourse but to initiate litigation by filing a lien with the WCAB. The second bill review and IBR process set forth in the regulations will first allow the parties to resolve any differences that may have resulted through an error or initial lack of information. Then, should the provider still find the payment inadequate following the second review, the regulations would allow the provider to seek IMR, where a bias–free medical billing and payment expert, using fee schedules adopted by the Division, would issue a determination resolving the dispute. The regulations have been drafted to streamline the IBR process while allowing the parties due process. Based on lien litigation before the WCAB, it is estimated that California employers may save $106 million based on the expeditious and efficient IBR process.

Small Business Determination: The Acting Administrative Director has determined that the proposed regulations affect small business. Annual ongoing costs for small business to comply with the IBR regulations will be approximately $1,200 to $1,500 per year. Most of the affected small businesses are medical providers — such as physicians — with fewer than 100 employees. The measurable increase in cost for medical providers will be partially offset by more rapid and accurate payment of accounts

receivable, however those offsetting savings cannot be adequately estimated.

CONSIDERATION OF ALTERNATIVES

In accordance with Government Code section 11346.5(a)(13), the Acting Administrative Director must determine that no reasonable alternative considered or that has otherwise been identified and brought to the Acting Administrative Director's attention would be more effective in carrying out the purpose for which the actions are proposed, would be as effective and less burdensome to affected private persons than the proposed actions, or would be more cost–effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

The Acting Administrative Director invites interested persons to present reasonable alternatives to the proposed regulations at the scheduled hearing or during the written comment period.

PUBLIC DISCUSSIONS OF PROPOSED REGULATIONS

The text of the draft proposed regulations was made available for pre–regulatory public comment from December 3–7, 2012 through the Division's Internet website (the "DWC Forum").

AVAILABILITY OF INITIAL STATEMENT OF REASONS, TEXT OF PROPOSED REGULATIONS, RULEMAKING FILE AND DOCUMENTS SUPPORTING THE RULEMAKING FILE/INTERNET ACCESS

An Initial Statement of Reasons and the text of the proposed regulations in plain English have been prepared and are available from the contact person named in this notice. The entire rulemaking file will be made available for inspection and copying at the address indicated below.

As of the date of this Notice, the rulemaking file consists of the Notice, the Initial Statement of Reasons, proposed text of the regulations, pre–rulemaking comments and the Economic Impact Statement (Form STD 399). Also included are studies and documents relied upon in drafting the proposed regulations, and documents incorporated by reference.

In addition, the Notice, Initial Statement of Reasons, and proposed text of the regulations being proposed may be accessed and downloaded from the Division's website at www.dir.ca.gov. To access them, click on the "Proposed Regulations — Rulemaking" link and scroll down the list of rulemaking proceedings to find the Independent Medical Review link.

Any interested person may inspect a copy or direct questions about the proposed regulations and any supplemental information contained in the rulemaking file. The rulemaking file will be available for inspection at the Department of Industrial Relations, Division of Workers' Compensation, 1515 Clay Street, 17th Floor, Oakland, California 94612, between 9:00 a.m. and 4:30 p.m., Monday through Friday. Copies of the proposed regulations, Initial Statement of Reasons and any information contained in the rulemaking file may be requested in writing to the contact person.

CONTACT PERSON FOR GENERAL QUESTIONS

Non–substantive inquiries concerning this action, such as requests to be added to the mailing list for rulemaking notices, requests for copies of the text of the proposed regulations, the Initial Statement of Reasons, and any supplemental information contained in the rulemaking file may be requested in writing at the same address. The contact person is:

Maureen Gray
Regulations Coordinator
Department of Industrial Relations
Division of Workers' Compensation
P.O. Box 420603
San Francisco, CA 94142
E–mail: mgray@dir.ca.gov

The telephone number of the contact person is (510) 286–7100.

CONTACT PERSON FOR SUBSTANTIVE QUESTIONS

In the event the contact person above is unavailable, or for questions regarding the substance of the proposed regulations, inquiries should be directed to:

George Parisotto
Division of Workers' Compensation
P.O. Box 420603
San Francisco, CA 94142
E–mail: gparisotto@dir.ca.gov

The telephone number of this contact person is (510) 286–7100.

FORMAT OF REGULATORY TEXT.

Text of Emergency Regulations Effective January 1, 2013:

Deletions from the original codified regulatory text made by the emergency regulatory text effective Janu-

ary 1, 2013, are indicated by single strike–through, thus: ~~delated language~~.

Additions to the original codified regulatory text made by the emergency regulatory text effective January 1, 2013, are indicated by single underlining, thus: added language.

Additional Proposed Text Noticed for 45–Day Comment Period:

Additions to the original codified regulatory text and emergency regulatory text noticed for the 45–day comment period are indicated by double underlining: added language.

Newly proposed deletions from the original codified regulatory text and emergency regulatory text noticed for the 45–day comment period are indicated by double strike–through: ~~deleted language~~ or ~~deleted language~~.

AVAILABILITY OF CHANGES FOLLOWING PUBLIC HEARING

If the Acting Administrative Director makes changes to the proposed regulations as a result of the public hearing and public comment received, the modified text with changes clearly shown will be made available for public comment for at least 15 days prior to the date on which the regulations are adopted.

AVAILABILITY OF THE FINAL STATEMENT OF REASONS

Upon its completion, the final Statement of Reasons will be available and copies may be requested from the contact person named in this notice or may be accessed on the Division's website at www.dir.ca.gov.

AUTOMATIC MAILING

A copy of this Notice, the Initial Statement of Reasons, and the text of the regulations, will automatically be sent to those interested persons on the Acting Administrative Director's mailing list.

If adopted, the regulations as amended will appear in California Code of Regulations, title 8, commencing with section 9792.5.1. The text of the final regulations also may be available through the website of the Office of Administrative Law at www.oal.ca.gov.

TITLE 10. DEPARTMENT OF INSURANCE

REG–2013–00003
February 4, 2013

NOTICE OF PROPOSED ACTION AND NOTICE OF PUBLIC HEARING REGARDING LOW COST AUTOMOBILE INSURANCE RATES

SUBJECT OF HEARING

California Insurance Commissioner Dave Jones will hold a public hearing to consider an adjustment to rates for the California Low Cost Automobile Insurance program.

Insurance Code Section 11629.72(c) provides that, annually, the California Automobile Assigned Risk Plan ("CAARP") shall submit to the Commissioner a proposed Low Cost Automobile rate and surcharge schedule for approval. Accordingly, CAARP submitted its 2013 rate recommendation, proposing an overall average rate increase of 1.5%. The Commissioner will consider the current rates and CAARP's rate proposal and hereby invites public input regarding CAARP's proposal. Premium rates are specified in the program's Plan of Operations, approved by the Commissioner. California Code of Regulations, Title 10, Chapter 5, Section 2498.6 references this plan.

AUTHORITY TO ADOPT RATES AND REFERENCE

Authority for the promulgation of rates is vested in the Insurance Commissioner pursuant to California Insurance Code Sections 11620, 11624, 11629.7, 11629.72, and 11629.79. Premium rates are referenced in Section 27 and Exhibit E of the Program's Plan of Operations. The proposed regulation implements, interprets, and makes specific Insurance Code sections 11629.72 and 11629.79. Government Code Section 11340.9(g) applies to this proceeding.

HEARING DATE AND LOCATION

Notice is hereby given that a public hearing will be held to permit all interested persons the opportunity to present statements or arguments, orally or in writing, with respect to the proposed rates at the following date, time, and place:

Date and Time:	**April 25, 2013** **10:00 a.m.**
Location:	**45 Fremont Street** **22nd Floor Hearing Room** **San Francisco, California 94105**

ACCESS TO HEARING ROOM

The facilities to be used for the public hearing are accessible to persons with mobility impairments. Persons with sight or hearing impairments are requested to notify the contact person (listed below) for this hearing in order to make special arrangements, if necessary.

WRITTEN AND/OR ORAL COMMENTS: AGENCY CONTACT PERSON

All persons are invited to submit written comments to the Insurance Commissioner on the proposed rates prior to the public comment deadline. Comments should be addressed to the contact person for this proceeding:

Michael Riordan, Staff Attorney
California Department of Insurance
Legal Division
45 Fremont Street, 21st Floor
San Francisco, CA 94105
riordanm@insurance.ca.gov
Telephone: (415) 538–4226
Facsimile: (415) 904–5490

The backup agency contact person for this proceeding will be:

Summer Volkmer, Staff Attorney
California Department of Insurance
Legal Division
45 Fremont Street, 21st Floor
San Francisco, CA 94105
volkmers@insurance.ca.gov
Telephone: (415) 538–4169

All persons are invited to present oral and/or written testimony at the scheduled public hearing.

DEADLINE FOR WRITTEN COMMENTS

All written materials, unless submitted at the hearing, must be received by the Insurance Commissioner at the address listed above no later than 5:00 p.m. on April 25, 2013. Any written materials received after that time will not be considered. Written comments may also be submitted to the contact person by e–mail and facsimile transmission. Written comments shall be submitted by one method only.

ADVOCACY OR WITNESS FEES

Pursuant to *California Automobile Assigned Risk Plan v. Garamendi* (1991) 232 Cal.App.3d 904, persons or groups representing the interest of consumers may be entitled to reasonable advocacy fees, witness fees, and other reasonable expenses, in accordance with the provisions of California Code of Regulations, Title 10, Sections 2662.1–2662.6 in connection with their participation in this matter. Interested persons must submit a Petition to Participate, as specified in California Code of Regulations, Title 10, Section 2661.4. The Petition to Participate must be submitted to the Commissioner at the Office of the Public Advisor at the following address:

California Department of Insurance
Office of the Public Advisor
300 Spring Street 12th Floor
Los Angeles, CA 90013
Telephone: (213) 346–6635

A copy of the Petition to Participate must also be submitted to the contact person for this hearing (listed above). For further information, please contact the Office of the Public Advisor.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

California Insurance Code Sections 11629.7 through 11629.85 establish, within the California Automobile Assigned Risk Plan, established under Section 11620 of the Insurance Code, a statewide Low Cost Automobile Insurance Program.

Because the program is established and administered through the California Automobile Assigned Risk Plan ("CAARP"), CAARP procedures are applied where appropriate and consistent with the low cost automobile insurance statutes. Insurance Code Sections 11620 and 11624 require the Commissioner to hold a public hearing before amending assigned risk plan rates.

Section 11629.7 of the Insurance Code requires that, after a public hearing, the Commissioner shall approve or issue a reasonable plan for the equitable apportionment, among insurers, of eligible consumers. The plan also contains rules and rates. This plan, approved by the Commissioner, is referenced in Title 10, Section 2498.6 of the California Code of Regulations.

Under the program, the low–cost auto policy satisfies financial responsibility laws and provides coverage of $10,000 for liability for bodily injury or death to one person, subject to a cumulative limit of $20,000 for all persons in one accident, and $3,000 for liability for damage to property. In addition to eligibility and other requirements, the statute sets forth the annual premium rates. In certain cases, surcharges are added to the base rate. The statute also provides procedures for adjusting the rates.

Insurance Code Section 11629.72(c) provides that, annually, CAARP shall submit to the Commissioner a proposed rate and surcharge for approval. Accordingly,

CAARP has submitted a proposal to maintain current rates for the liability policy and optional coverages and further proposes to maintain the 25 percent surcharge rate. Further details appear in the application on file with the Commissioner, which is available for review as set forth below.

COMPARABLE FEDERAL LAW

There are no comparable existing federal regulations or statutes.

LOCAL MANDATE DETERMINATION

The Insurance Commissioner has initially determined that the proposal will not result in any new program mandates on local agencies or school districts.

COST OR SAVINGS TO STATE OR LOCAL AGENCIES/SCHOOL DISTRICTS/ FEDERAL FUNDING

The Insurance Commissioner has initially determined that the proposal will not result in any cost or significant savings to any state agency or to any local agency or school district for which Part 7 (commencing with Section 17500) of Division 4 of the Government Code would require reimbursement, or in other nondiscretionary costs or savings to local agencies. Nor will the proposal affect federal funding to the state.

SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT ON BUSINESSES AND THE ABILITY OF CALIFORNIA BUSINESSES TO COMPETE

Because the proposal involves rates for private passenger automobiles, the Insurance Commissioner has initially determined that the proposal will not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states. This proposal will have no effect on the creation or elimination of jobs in California, the creation of new businesses, the elimination of existing businesses in California, or the expansion of businesses in California.

COST IMPACT ON PRIVATE PERSONS OR ENTITIES

The Insurance Commissioner has initially determined that the proposal will not impact businesses, but will have a potential cost impact on private persons directly affected.

IMPACT ON HOUSING COSTS

The Insurance Commissioner has initially determined that the proposal will not affect housing costs.

EFFECT ON SMALL BUSINESSES

The Insurance Commissioner has initially determined that the proposal will have minimal, if any, effect on small businesses and invites comments.

SPECIFIC TECHNOLOGIES OR EQUIPMENT

The proposal would not mandate the use of specific technologies or equipment.

ALTERNATIVES

The Insurance Commissioner must determine that no reasonable alternative considered by the agency, or that has otherwise been identified and brought to the attention of the agency, would be more effective in carrying out the purpose for which the action is proposed or would be as effective as and less burdensome to affected private persons than the proposed action.

The agency invites interested persons to present statements or arguments with respect to the proposed rate, or other alternatives, at the scheduled hearing or during the written comment period.

PLAIN ENGLISH

The rate application describing the proposal is in plain English. However, the application itself is based on technical actuarial principles.

TEXT AND INITIAL STATEMENT OF REASONS

The Department has prepared an Initial Statement of Reasons addressing the rate proposal, in addition to the Informative Digest included in this notice. The Initial Statement of Reasons, the text of regulations, and all the information upon which this proposal is based are available for inspection or copying, and will be provided at

no charge upon request to a contact person listed above. Further details of CAARP's rate application are on file with the Commissioner and available for review as set forth below.

QUESTIONS REGARDING REGULATIONS/ACCESS TO RULEMAKING FILE

Any interested person may inspect a copy of the proposed rate application. **By prior appointment,** CAARP's Low Cost Automobile rate application is available for inspection at the public viewing rooms at 45 Fremont Street, 22nd Floor, San Francisco, California 94105 by calling (415) 538–4300, and at the Ronald Reagan State Building, 300 South Spring Street, Los Angeles, CA 90013 by calling (213) 346–6707 between the hours of 9:00 a.m. and 4:30 p.m. Monday through Friday. Interested persons may direct questions about the proposed rate application, the statement of reasons, and any supplemental information contained in the rulemaking file by contacting the contact person listed above. **By prior appointment,** the rulemaking file is available for inspection at 45 Fremont, 21st Floor, San Francisco, California 94105 between the hours of 9:00 a.m. and 4:30 p.m. Monday through Friday.

AVAILABILITY OF MODIFIED TEXT OF REGULATION

In response to public comment, the Commissioner may determine that changes to the proposal are appropriate. If those changes are sufficiently related to the original text that the public had adequate notice of the proposal, as amended, copies of the amended text will be sent to all persons who testified or presented comments at the public hearing or submitted written comments during the comment period, and to anyone who requested information regarding the proposal. Thereafter, the Commissioner will accept written comments, arguments, evidence and testimony, concerning the changes only, for a period of at least 15 days prior to adoption.

FINAL STATEMENT OF REASONS

Once prepared, the Final Statement of Reasons will he made available through the contact persons listed above.

AUTOMATIC MAILING

A copy of this Notice, including the Informative Digest, is being sent to all persons on the Insurance Commissioner's mailing list.

AVAILABILITY OF DOCUMENTS ON THE INTERNET

Documents concerning this proceeding are available on the Department's website. To access them, go to http://www.insurance.ca.gov. On the right–hand column of the page, click the drop–down menu under the heading 'For insurers.' In this section, scroll down until you see the subheading 'Regulations.' Below this subheading, click on the 'Proposed Regulations' link and then click on the 'Search for Proposed Regulations' link. When the 'Search or Browse for Documents for Proposed Regulations' screen appears, you may choose to find the documents either by conducting a search or by browsing for them by name.

To search, enter "REG–2012–00022" (the Department's regulation file number for these regulations) in the 'Search for' field. Alternatively, search using as your search term the California Insurance Code number of a code section that the regulations implement (for instance, "11624"), or search by keyword ("low cost," for example). Then, click on the 'Submit' button to display links to the various filing documents. To browse, click on the 'Browse All Regulations' button near the bottom of the screen. A list of the names of regulations for which documents are posted will appear. Find in the list the 'Statistical Plan Enforcement Remedies' link, and click it. Links to the documents associated with these regulations will then be displayed.

TITLE 14. FISH AND GAME COMMISSION

NOTICE IS HEREBY GIVEN that the Fish and Game Commission (Commission), pursuant to the authority vested by sections 200, 202, 205, 215, 220, 240, 315 and 316.5 of the Fish and Game Code and to implement, interpret or make specific sections 200, 202, 205, 206, 215 and 316.5 of said Code, proposes to amend subsection (b)(91.1) of Section 7.50, Title 14, California Code of Regulations, relating to Klamath River sport fishing.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

The Klamath River System, which consists of the Klamath River and Trinity River Basins, is managed through a cooperative system of State, Federal, and

Tribal management agencies. Salmonid regulations are designed to meet natural and hatchery escapement needs for salmonid stocks, while providing equitable harvest opportunities for ocean recreational, ocean commercial, river recreational and Tribal fisheries.

The Pacific Fishery Management Council (PFMC) is responsible for adopting recommendations for the management of recreational and commercial ocean salmon fisheries in the Exclusive Economic Zone (three to 200 miles offshore) off the coasts of Washington, Oregon, and California. When approved by the Secretary of Commerce, these recommendations are implemented as ocean salmon fishing regulations by the National Marine Fisheries Service (NMFS).

Commission adopts regulations for the ocean salmon recreational (inside three miles) and the Klamath River System recreational fisheries which are consistent with federal fishery management goals.

Klamath River Fall–Run Chinook

Klamath River fall–run Chinook salmon (KRFC) harvest allocations and natural spawning escapement goals are established by the PFMC. The KRFC harvest allocation between Tribal and non–Tribal fisheries is based on court decisions and allocation agreements between the various fishery representatives.

The 2013 KRFC in–river recreational fishery allocation recommended by the PFMC is currently unknown. All proposed closures for adult KRFC are designed to ensure sufficient spawning escapement in the Klamath Basin and equitably distribute harvest while operating within annual allocations.

Klamath River Spring–Run Chinook

The Klamath River System also supports Klamath River spring–run Chinook salmon (KRSC). Naturally produced KRSC are both temporally and spatially separated from KRFC in most cases.

Presently, KRSC stocks are not managed or allocated by the PFMC. The in–river recreational fishery is managed by general basin seasons, daily bag limit, and possession limit regulations.

KRFC Allocation Management

The 2012 allocation for the Klamath River System recreational harvest was 67,600 adult KRFC. Preseason stock projections of 2013 adult KRFC abundance will not be available from the PFMC until March 2013. The 2013 Klamath Basin allocation will be recommended by the PFMC in April 2013 and presented to the Commission for adoption prior to its April 2013 meeting.

For public notice requirements, the Department of Fish and Wildlife (Department) recommends the Commission consider an allocation range of 0–67,600 adult KRFC in the Klamath River Basin for the river recreational fishery.

Current Recreational Fishery Management

The KRFC in–river recreational harvest allocation is divided into geographic areas and harvest is monitored under real time sub–quota management. KRSC in–river recreational harvest is managed by general season, daily bag limit, and possession limit regulations.

The daily bag and possession limits apply to both stocks within the same sub–area and time period.

Proposed Changes

The Department is proposing the following changes to current regulations: No changes are proposed for the general (KRSC) opening and closing season dates.

KRFC Season, Bag Limit, and Possession Limit

For public notice requirements, a range of KRFC bag and possession limits is proposed until the 2013 basin quota is adopted. As in previous years, no retention of adult KRFC salmon is proposed for the following areas, once the sub quota has been met.

The proposed open seasons and range of bag limits for KRFC salmon stocks are as follows:

1. Klamath River — August 15 to December 31
2. Trinity River — September 1 to December 31
3. Bag Limit — [0–4] Chinook salmon — of which no more than [0–4] fish over 22 inches total length until sub quota is met, then 0 fish over 22 inches total length.

The possession limit is proposed as a range of [0–12] Chinook salmon of which [0–12] over 22 inches total length may be retained when the take of salmon over 22 inches total length is allowed.

A non–substantive change is made to subsection 7.50(b)(91.1)(B)1. to reflect the renaming of the Department of Fish and Game as the Department of Fish and Wildlife.

Benefits of the Proposed Regulations

The benefits of the proposed regulations are in conformance with Federal law, sustainable management of Klamath River Basin salmon resources, and promotion of businesses that rely on recreational salmon fishing in the Klamath River Basin.

The proposed regulations are neither inconsistent nor incompatible with existing State regulations. No other State agency has the authority to promulgate sport fishing regulations.

NOTICE IS GIVEN that any person interested may present statements, orally or in writing, relevant to this action at a hearing to be held in the Mount Shasta Hatchery Museum, 3 North Old Stage Road, Mount Shasta, California, on Wednesday, March 6, 2013 at 8:30 a.m., or as soon thereafter as the matter may be heard.

NOTICE IS ALSO GIVEN that any person interested may present statements, orally or in writing, relevant to this action at a hearing to be held in the Flamingo Conference Resort & Spa, 2777 Fourth Street, Santa

Rosa, California, on Wednesday, April 17, 2013 at 8:30 a.m., or as soon thereafter as the matter may be heard. It is requested, but not required, that written comments be submitted on or before April 7, 2013 at the address given below, or by fax at (916) 653–5040, or by e–mail to FGC@fgc.ca.gov. Written comments mailed, faxed or e–mailed to the Commission office, must be received before 12:00 p.m. on April 15, 2013. All comments must be received no later than April 17, 2013, at the hearing in Santa Rosa, CA. If you would like copies of any modifications to this proposal, please include your name and mailing address.

The regulations as proposed in strikeout–underline format, as well as an initial statement of reasons, including environmental considerations and all information upon which the proposal is based (rulemaking file), are on file and available for public review from the agency representative, Sonke Mastrup, Executive Director, Fish and Game Commission, 1416 Ninth Street, Box 944209, Sacramento, California 94244–2090, phone (916) 653–4899. Please direct requests for the above–mentioned documents and inquiries concerning the regulatory process to Sonke Mastrup or Sherrie Fonbuena at the preceding address or phone number. **Mr. Neil Manji, Manager, Northern Region, Department of Fish and Wildlife, telephone (530) 225–2374, has been designated to respond to questions on the substance of the proposed regulations.** Copies of the Initial Statement of Reasons, including the regulatory language, may be obtained from the address above. Notice of the proposed action shall be posted on the Fish and Game Commission website at http://www.fgc.ca.gov.

Availability of Modified Text

If the regulations adopted by the Commission differ from but are sufficiently related to the action proposed, they will be available to the public for at least 15 days prior to the date of adoption. Circumstances beyond the control of the Commission (e.g., timing of Federal regulation adoption, timing of resource data collection, timelines do not allow, etc.) or changes made to be responsive to public recommendation and comments during the regulatory process may preclude full compliance with the 15–day comment period, and the Commission will exercise its powers under Section 202 of the Fish and Game Code. Regulations adopted pursuant to this section are not subject to the time periods for adoption, amendment or repeal of regulations prescribed in Sections 11343.4, 11346.4 and 11346.8 of the Government Code. Any person interested may obtain a copy of said regulations prior to the date of adoption by contacting the agency representative named herein.

If the regulatory proposal is adopted, the final statement of reasons may be obtained from the address above when it has been received from the agency program staff.

Impact of Regulatory Action/Results of the Economic Impact Analysis

The potential for significant statewide adverse economic impacts that might result from the proposed regulatory action has been assessed, and the following initial determinations relative to the required statutory categories have been made:

(a) Significant Statewide Adverse Economic Impact Directly Affecting Business, Including the Ability of California Businesses to Compete with Businesses in Other States:

The proposed action will not have a significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. The proposed regulations are projected to have unknown negligible impact on the net revenues to businesses servicing sport fishermen. This is not likely to affect the ability of California businesses to compete with businesses in other states. The preservation of Klamath River salmon stocks is necessary for the success of lower and upper Klamath River Basin businesses which provide goods and services related to fishing. The proposed changes are necessary for the continued preservation of the resource and therefore the prevention of adverse economic impacts.

(b) Impact on the Creation or Elimination of Jobs Within the State, the Creation of New Businesses or the Elimination of Existing Businesses, or the Expansion of Businesses in California; Benefits of the Regulation to the Health and Welfare of California Residents, Worker Safety, and the State's Environment:

The Commission does not anticipate any significant impacts on the creation or elimination of jobs, the creation of new business, the elimination of existing businesses or the expansion of businesses in California. The proposed regulations range from no salmon fishing on adult Chinook salmon (>22 inches) in 2013 to a normal Klamath River Basin salmon season; therefore, the potential employment impacts range from 0 to 47 jobs. However, due to the fact that sport fishing for Chinook salmon will be allowed for grilse fall Chinook salmon, any adverse impacts to businesses would be less severe than under a complete closure of fishing. The impacted businesses are generally small businesses employing few individuals and, like all small businesses, are subject to failure for a variety

of causes. Additionally, the long–term intent of the proposed action is to increase sustainability in fishable salmon stocks and, subsequently, the promotion and long–term viability of these same small businesses.

The Commission anticipates benefits to the environment by the sustainable management of California's salmon resources.

The Commission anticipates benefits to the health and welfare of California residents. Providing opportunities for a salmon sport fishery encourages consumption of a nutritious food.

The Commission does not anticipate any benefits to worker safety.

(c) Cost Impacts on a Representative Private Person or Business:

The Commission is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

(d) Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None.

(e) Nondiscretionary Costs/Savings to Local Agencies: None.

(f) Programs Mandated on Local Agencies or School Districts: None.

(g) Costs Imposed on any Local Agency or School District that is Required to be Reimbursed Under Part 7 (commencing with Section 17500) of Division 4, Government Code: None.

(h) Effect on Housing Costs: None.

Effect on Small Business

It has been determined that the adoption of these regulations may affect small business. The Commission has drafted the regulations in Plain English pursuant to Government Code sections 11342.580 and 11346.2(a)(1).

Consideration of Alternatives

The Commission must determine that no reasonable alternative considered by the Commission, or that has otherwise been identified and brought to the attention of the Commission, would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost–effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

TITLE 17. CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE

Chapter 9, Sections 100900–100904

Date:	**February 22, 2013**
Deadline for Submission of Written Comment:	**April 8, 2013 — 5:00 p.m.**
Public Hearing Date:	**None Scheduled**

Subject Matter of Proposed Amendments: hiPSC Bank

Sections Affected: The proposed regulatory action adopts Chapter 9, Sections 100900, 100901, 100902, 100903 and 100904 of Title 17 of the California Code of Regulations.

Authority: Article XXXV of the California Constitution and Health and Safety Code Section 125290.40, subdivision (j).

Reference: Section 125290.30, Health and Safety Code.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

The California Institute for Regenerative Medicine ("Institute" or "CIRM") was established in 2005 after the passage in 2004 of Proposition 71 (the "Act"), the California Stem Cell Research and Cures Initiative. The statewide ballot measure established a new state agency to make grants and provide loans for stem cell research, research facilities and other vital research opportunities. The Independent Citizens' Oversight Committee ("ICOC") is the 29–member governing board for the Institute. The ICOC members are public officials, appointed on the basis of their experience earned in California's leading public universities, non–profit academic and research institutions, patient advocacy groups and the biotechnology industry. The Act charges the ICOC with developing standards and criteria to make grant awards and developing standards and criteria for proper oversight of awards. (§ 125290.50.) To that end, CIRM has adopted rules regarding Intellectual Property, standards governing medical research, and revenue sharing requirements.

On December 8, 2011, CIRM's Governing Board ("ICOC") approved a concept plan for deriving and banking a comprehensive collection of disease–specific human–induced pluripotent stem cells (hiPSC). This effort will be funded through three separate Requests For Application (RFA) at a total cost of up to $30 mil-

lion. These lines will serve as valuable tools in drug discovery and will be available to researchers worldwide. The Tissue Collection RFA No. 12–02 will fund clinicians and other scientists to identify, recruit and consent sufficient numbers of affected individuals within a disease population so as to effectively represent the disease's manifestations. Tissues will be collected and appropriate clinical, medical or diagnostic information, will be obtained to enable informed discovery of disease–related phenotypes and drug development activities using hiPSC–based models. These tissue samples will be provided (without charge) to the recipient of the CIRM hiPSC Derivation Award (RFA No. 12–03) for the production of the hiPSC lines. Once derived, characterized and released, the lines will be deposited in the CIRM hiPSC bank funded under RFA No. 12–04.

Under CIRM's current regulatory framework, awards are made in the form of a grant or a loan. If they are grants, CIRM's Intellectual Property and Revenue Sharing Regulations for For–Profit and Non–Profit Entities ("IP regulations") apply (as do other CIRM regulations such as the Grants Administration Policy). If they are in the form of a loan, then CIRM's Loan Administration Policy applies in addition to all provisions of the Intellectual Regulations, excluding Section 100608. The IP Regulations were drafted to address conventional drug discovery activities and did not contemplate creation of a comprehensive repository of cell lines intended for broad distribution. As a result, the IP Regulations contain a number of provisions which are either not applicable or worse could impede the success of the hiPSC bank. For instance, IP Regulations permit the exclusive licensing of CIRM funded inventions and technology. This would be counterproductive to the goals of the hiPSC repository which are predicated on wide–spread access. Similarly the IP Regulations include provisions relating to revenue sharing. However, these regulations would have no practical effect for RFA Numbers 12–02 and 12–03 as the grantees under these awards are not entitled to charge a fee for the materials they transfer pursuant to the award. With respect to the repository, it is important to have flexibility to negotiate in a Deposit Agreement any terms for revenue sharing, as the primary objective is to ensure that the cell lines are made available at low cost while at the same time ensuring the repository is self–sustaining. Provisions in the IP Regulations that warrant inclusion, such as the requirement relating to acknowledgment of CIRM in publications resulting from use of the cell lines, will be included in the proposed regulations.

As a result, CIRM proposes a series of regulations to clarify which existing CIRM policies will apply to recipients of the cell bank awards, and what policies shall apply only to cell bank RFA awardees. The proposed regulations will provide the following:

1) Grantees will be exempt from the IP Regulations. These regulations are not consistent with the objectives of this initiative and if applied could actually be counter–productive.
2) Ownership of the hiPSC Lines: Although the lines will be deposited in the repository, CIRM will be the actual owner of these cell lines. This permits CIRM to have complete control of this valuable resource and is consistent with the practice of NIH's Center for Regenerative Medicine that is also creating a repository for iPSC lines and derived materials. (Note: under the existing IP Regulations the Grantee would own the lines).
3) Revenue Sharing and Pricing: As neither the awardee of the tissue generation RFA nor the awardee(s) of the derivation RFA will be permitted to sell the materials they create with CIRM funding, there will be no revenue sharing regulations which apply to them. The repository will be permitted to charge a reasonable fee for the lines. However, to ensure the repository can become self–sustaining by the end of the project term, application of current revenue–sharing provisions in the IP Regulations would likely be counter–productive. The Deposit Agreement between CIRM and the grantee of the repository RFA will set forth agreed–to terms relating to revenue sharing and pricing.
4) Publication: Researchers using lines from the CIRM funded repository will be required to acknowledge CIRM's funding.
5) Awardees will be subject to existing CIRM policies governing grants administration and medical and ethical standards.

Specific Benefits: Pursuant to Gov. Code § 11346.5(a)(3)(C), CIRM states that these regulations implement a plan for deriving and banking a comprehensive collection of disease–specific human–induced pluripotent stem cells (hiPSC). These lines will serve as valuable tools in drug discovery and will be available to researchers worldwide, and in so doing will advance research that will lead to therapies and cures for patients in California, benefitting both the state and its population.

Existing State Regulations: Pursuant to Gov. Code § 11346.5(a)(3)(D), CIRM finds that the proposed regulations are not inconsistent or incompatible with existing state regulations. While CIRM has promulgated regulations generally concerning intellectual property for CIRM–funded research, such regulations were not

intended to reach the cell banking and derivation programs recently created by CIRM.

DISCLOSURES REGARDING THE PROPOSED AMENDMENTS

CIRM has made the following initial determinations:

Mandate on local agencies and school districts:

None.

Submittal of Comments:

Any interested party may present comments in writing about the proposed amendments to the agency contact person named in this notice. Written comments must be received no later than 5:00 p.m. on April 8, 2013. Comments regarding this proposed action may also be transmitted via e–mail to cellbank@cirm.ca.gov or by facsimile transmission to (415) 396–9141.

Public Hearing:

At this time, no public hearing has been scheduled concerning the proposed regulations. If any interested person or the person's representative requests a public hearing, he or she must do so in writing no later than March 25, 2013.

Effect on Small Business:

CIRM has determined that the proposed amendment will have no impact on small businesses. The regulation implements conditions on awarding and administering grants for stem cell research. This research is conducted almost exclusively by large public and private nonprofit institutions. As such, the amendments to the regulation are not expected to adversely impact small business as defined in Government Code Section 11342.610.

Impact on Local Agencies or School Districts:

CIRM has determined that the proposed amendments do not impose a mandate on local agencies or school districts, nor do they require reimbursement by the state pursuant to Part 7 (commencing with Section 17500) of Division 4 of the Government Code because the amendments do not constitute a "new program or higher level of service of an existing program" within the meaning of Section 6 of Article XIII of the California Constitution. CIRM has also determined that no nondiscretionary costs or savings to local agencies or school districts will result from the proposed amendments.

Costs or Savings to State Agencies:

CIRM has determined that no savings or increased costs to any agency will result from the proposed amendments.

Effect on Federal Funding to the State:

CIRM has determined that no costs or savings in federal funding to the state will result from the proposed amendments.

Effect on Housing Costs:

CIRM has determined that the proposed amendments will have no effect on housing costs.

Significant Statewide Adverse Economic Impact Directly Affecting Businesses:

CIRM has made an initial determination that the proposed amendments will not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California Businesses to compete with businesses in other states.

Cost Impacts on Representative Private Persons or Businesses:

CIRM has made an initial determination that the adoption of these amendments will not have a significant cost impact on representative private persons or businesses. CIRM is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed amendments.

Results of Economic Impact Analysis:

The above analysis is based on that fact that the proposed regulations do not impose new requirements on existing business operations or functions of other agencies or individuals, but implement standards for seeking and using state grant funds for scientific research. In most cases, such grants include funds to cover overhead and other indirect costs of the research, including most compliance activities. While CIRM has made an initial determination that it is unlikely the proposed regulations will directly impact the creation or elimination of jobs in the immediate term, the creation of new businesses or the elimination of existing businesses, or the expansion of businesses currently doing business within the State of California, funding and facilitating research activities within the state improves the general business climate and encourages the creation and maintenance of well–paying jobs in the longer term. This in turn has a positive effect on tax receipts for the state. Moreover, the proposed regulations ensure the cell bank, and the research using lines kept by the bank, will thrive, which in turn will benefit the research leading to therapies and cures for Californians suffering from chronic illness and injury.

Consideration of Alternatives:

In accordance with Government Code Section 11346.5, subdivision (a)(13), CIRM must determine that no reasonable alternative it considered, or that has otherwise been identified and brought to its attention, would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons or would be more cost–effective to affected private persons and equally effective in implementing the statutory policy or other provision of the law than the proposal

described in this Notice. CIRM invites interested persons to present statements or arguments with respect to alternatives to the proposed amendments at the scheduled hearing or during the written comment period.

Availability of Statement of Reasons and Text of Proposed Regulations:

CIRM has prepared an Initial Statement of Reasons, and has available the express terms of the proposed amendments, all of the information upon which the amendments are based, and a rulemaking file. A copy of the Initial Statement of Reasons and the proposed text of the regulation may be obtained from the agency contact person named in this notice. The information upon which CIRM relied in preparing this proposal and the rulemaking file are available for review at the address specified below.

Availability of Changed or Modified Text:

After holding the hearing and considering all timely and relevant comments, CIRM may adopt the proposed amendments substantially as described in this notice. If CIRM makes modifications that are sufficiently related to the originally proposed text of the amendments, it will make the modified text (with the changes clearly indicated) available to the public for at least 15 days before it adopts the regulations as amended. Requests for the modified text should be addressed to the agency contact person named in this notice. CIRM will accept written comments on any changes for 15 days after the modified text is made available.

Agency Contact:

Written comments about the proposed regulatory action; requests for a copy of the Initial Statements of Reasons and the proposed text of the amendments; and inquiries regarding the rulemaking file may be directed to:

Amy Cheung
210 King Street
San Francisco, CA 94107
(415) 396–9100

Questions on the substance of the proposed regulatory action may be directed to:

C. Scott Tocher
Counsel to the Chair,
Independent Citizens Oversight Committee
California Institute for Regenerative Medicine
(415) 396–9110

The Notice of Proposed Regulatory Amendment, the Initial Statement of Reasons and any attachments, and the proposed text of the amendments and existing regulation are also available on CIRM's website, www.cirm.ca.gov.

Availability of Final Statement of Reasons:

Following its preparation, a copy of the Final Statement of Reasons mandated by Government Code Section 11346.9, subdivision (a), may be obtained from the contact person named above.

TITLE 22. DEPARTMENT OF PUBLIC HEALTH

ACTION: Notice of Proposed Rulemaking
Title 22, California Code of Regulations

SUBJECT: Tuberculosis (TB) Screening Testing
(DPH 10–013)

PUBLIC PROCEEDINGS: Notice is hereby given that the California Department of Public Health will conduct written proceedings during which time any interested person or such person's duly authorized representative may present statements, arguments or contentions (all of which are hereinafter referred to as comments) relevant to the action described in this notice.

WRITTEN COMMENT PERIOD: Any written comments pertaining to these regulations, regardless of the method of transmittal, must be received by the Office of Regulations by 5 p.m. April 08, 2013, which is hereby designated as the close of the written comment period. Comments received after this date will not be considered timely. Persons wishing to use the California Relay Service may do so at no cost by dialing 711.

Written comments may be submitted as follows:

1. By email to: regulations@cdph.ca.gov. It is requested that email transmission of comments, particularly those with attachments, contain the regulation package identifier "DPH–10–013" in the subject line to facilitate timely identification and review of the comment; or
2. By fax transmission: (916) 440–5747; or
3. By mail to: Office of Regulations, California Department of Public Health, MS 0507, P.O. Box 997377, Sacramento, CA 95899–7377; or hand–delivered to: 1616 Capitol Avenue, Sacramento, CA 95814. It is requested but not required that written comments sent by mail or hand–delivered be submitted in triplicate.

All comments, including email or fax transmissions, should include the author's name and U.S. Postal Service mailing address in order for the Department to provide copies of any notices for proposed changes to the regulation text on which additional comments may be solicited.

HEARING: No hearing has been scheduled; however, any interested person or his or her duly authorized representative may request in writing, no later than 15 days prior to the close of the written comment period, a public hearing pursuant to Government Code Section

11346.8. For individuals with disabilities, should a public hearing be scheduled, the Department will provide assistive services such as sign–language interpretation, real–time captioning, note takers, reading or writing assistance, and conversion of written public hearing materials into Braille, large print, audiocassette, or computer disk. Note: The range of assistive services available may be limited if requests are received less than ten business days prior to a public hearing.

To request such services or copies of materials in an alternate format, please write to Dawn Basciano, Office of Regulations, MS 0507, P.O. Box 997377, Sacramento, CA 95899–7377, or call (916) 440–7367, or use the California Relay Service by dialing 711.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Summary of Proposed Regulations

The purpose of the proposed regulations is to implement AB 1323 (DeSaulnier, Chapter 24, Statutes 2007) by removing restrictions for use of a specific TB screening test and to allow the use of newer approved TB screening tests in licensed health care facilities. Approved tests currently include both the traditional TB skin test and newer TB blood tests now on the market. The regulatory changes will authorize use of any test for TB infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the Federal Drug Administration (FDA) in regulation sections which previously specified use of the TB skin test. Additionally, the regulatory changes will update X–ray requirements, in areas of the regulations where an X–ray of specified dimension is required for persons whose TB screening test result is positive, to reflect the use of new X–ray technology by eliminating the image size requirement.

The proposed amendments apply to regulations for the following provider types licensed by L&C and programs administered by L&C: General Acute Care Hospitals, Acute Psychiatric Hospitals, Certified Nurse Assistant Program, Skilled Nursing Facilities, Intermediate Care Facilities, Home Health Agencies, Primary Care Clinics, Psychology Clinics, Intermediate Care Facilities for the Developmentally Disabled, Intermediate Care Facilities/Developmentally Disabled–Habilitative, Adult Day Health Centers, Chemical Dependency Recovery Hospitals, and Correctional Treatment Centers.

Policy Statement Overview

Tuberculosis (TB) is a serious communicable disease and remains a significant public health threat. HSC Sections 1226.1 and 121362 currently require certain practice measures, including TB screening tests of persons in certain occupational groups such as healthcare workers. These laws provide authority and guidance for the state's overall TB control program.

Problem Statement: To remove restrictions for specific TB screening tests, and allow the use of newer approved TB screening tests in licensed health care facilities. AB 1323 (DeSaulnier, Chapter 24, Statutes 2007) amended HSC section 1226.1 relating to tuberculin testing of persons working in licensed primary care clinics, and HSC Section 121362, relating to tuberculin test results and reporting cases of active TB disease to the public health authority by health care providers and persons in charge of a health facility. The statutory change allows the use of TB blood tests and TB skin tests (TST) in health care facility screening programs. The statute authorizes use of the results of any test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the Federal Drug Administration (FDA).

Objectives (Goal): Objectives of the proposed regulatory amendments are to:

- Implement AB 1323 (DeSaulnier, Chapter 24, Statutes 2007) by removing the specific requirement for use of the TST in health care facilities licensed by CDPH, L&C. The regulatory changes implement the initiative's amendments to Health and Safety Code HSC Section1226.1 by removing the restriction for sole use of the TST for screening testing of persons in primary care clinics, and are consistent with the TB screening test specifications of HSC Section 121362.
- Provide for ongoing implementation by health care facilities of newer technologies in TB screening testing by incorporating in the regulations the use of FDA approved tests.
- Provide for consistency in adopting use of any TB screening tests in health care facility TB screening programs by incorporating in the regulations CDC recommendations for use of the FDA approved tests.
- The TB skin test result measurement requirement will be deleted so that a "positive result" to any approved TB screening test will require the prescriptive follow–up actions of the regulation, not solely skin testing positive result.
- Update the TB screening requirement for the chest X–ray size measurement by eliminating specification of the size of the X–ray image. This will allow for digital radiographic imaging.

Benefits: Anticipated benefits for this proposed regulatory action are:

- To protect the public health by having facilities use only FDA–approved TB screening tests which also are recommended in the CDC which, in the recommendations provides TB screening test usage recommendations, including names of recommended tests, guidance for test selection, interpretation of test results as positive or negative, and for recording test results.
- To save time and paperwork which can be directed to other activities related to the health of the public. Facilities will no longer need to apply to L&C to use newer TB screening tests that also meet the specifications of the statute.
- To allow for newer X–ray formats commonly used in the health care industry by eliminating X–ray size specificity in the regulation.

TB control continues to be an important target of infectious disease control efforts with California reporting the most TB cases of any state, 21% of the nation's total.

Goals for TB screening programs are to find and treat those who have become infected by breathing in TB bacteria, so they do not develop active TB. This is especially important in health care facilities and community settings. The value of the total statewide benefits of updating the TB screening requirements in licensed health care facilities is not possible to determine, but it has the potential of being a significant tool in the implementation of the overall TB control program by health care facilities.

Purpose and Authority

Pursuant to sections 131051 and 131052 of the Health and Safety Code (HSC), the California Department of Public Health (CDPH), formerly the California Department of Health Services (CDHS) has authority over health facilities defined in HSC Section 1250, and primary care clinics and psychology clinics defined in HSC Section 1204 and 1204.1. CDPH also has authority over certified nursing assistant (CNA) training programs defined in HSC Sections 1337.1, adult day health centers defined in HSC Section 1570.7, and home health agencies defined in HSC Section 1727. HSC Section 131056 directs the CDPH to commence and oversee all proper and necessary actions and proceedings for, among other things, protecting and preserving the public health. Pursuant to this authority and under the leadership of the CDPH, the Licensing and Certification Program (L&C) oversees the provision of medical care in community settings and facilities, and protects the health and safety of individuals in licensed health facilities.

HSC Sections 1225, 1275, 1337.3, 1580, 1734, and 100275, and 131200 grant the CDPH the authority to adopt, amend, or repeal regulations necessary or proper to carry out its duties and responsibilities, in accordance with the Administrative Procedure Act (APA) governing California rulemaking law and authorized by Government Code, Chapter 3.5, beginning with Section 11340. Accordingly, L&C has adopted regulations to implement, interpret and/or make specific state statutes governing licensing of health care facilities. The regulations are codified in the California Code of Regulations (CCR) Title 22, commencing with Section 70001.

AUTHORITY & REFERENCE CITATIONS

The Department is proposing to amend the regulation sections identified under the authority provided in sections 1225, 1267.7, 1275, 1275.2, 1338.3, 1734, 100275, 121357, and 131200, Health and Safety Code. This proposal implements, interprets and makes specific sections 1200, 1204.1, 1226, 1226.1, 1250, 1250.3, 1254, 1275.2, 1276, 1315, 1316, 1316.5, 1337.3, 1337.6, 1580, 1727, 1727.5, 1734, 121362, 131050, 131051, and 131052, Health and Safety Code.

The Authority and Reference citations for these sections will be amended to update the statutes providing rulemaking authority and to add specific statutes being implemented, interpreted or made specific in this regulatory action including amendments which reflect the reorganization of the Department of Health Services into the California Department of Health Care Services and the California Department of Public Health.

EVALUATION AS TO WHETHER THE PROPOSED REGULATIONS ARE INCONSISTENT OR INCOMPATIBLE WITH EXISTING STATE REGULATIONS

The Department evaluated this proposal as to whether the proposed regulations are inconsistent or incompatible with existing state regulations. This evaluation included a review of the Department's existing general regulations and those regulations specific to implementation of TB screening testing. An internet search of other state agency regulations was also performed and it was determined that the proposed regulations do not conflict and in fact, are in alignment with, occupational safety and health requirements of Division of Occupational Safety and Health (known as Cal/OSHA) at CCR Title 8, Section 5199 which apply to TB screening testing requirements in health care settings. Therefore, the Department has determined that this proposal, if

adopted, would not be inconsistent or incompatible with existing state regulations.

THIS REGULATION PACKAGE PROPOSES THE AMENDMENT OF:

Subsection 70723(b)(1), the phrase "tuberculin skin test using the Mantoux method using a 5 Tuberculin Unit dose of PPD tuberculin stabilized with Tween 80, the result of which is read and recorded in millimeters of induration" is replaced with "test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" to allow each facility to choose from a broader range of approved TB tests. The term "film" is replaced with "X–ray" to be consistent with existing regulations that use "X–ray," and has the same meaning. The phrase "A skin test" is replaced with, "If a person has a previously documented positive tuberculosis test result, a test for tuberculosis infection" and "on a person with a documented positive reaction to PPD" is deleted since this is only relevant to a single type of TB test. These changes allow the sentence to read correctly while still providing for evaluation if there is a positive TB test result.

Subsection 70723(b)(2), the term "skin" is replaced with "tuberculosis" to allow each facility to choose which method to use out of a broader range of approved TB tests.

Subsection 70723(b)(3), the phrase "for tuberculosis" is deleted and the term "skin" is replaced with "tuberculosis" test as part of the annual TB testing of individuals with a previously negative TB test to allow each facility to choose from a broader range of approved TB tests. The terms "tuberculin skin" are replaced with "tuberculosis" and the term "reaction" is replaced with "tuberculosis test result," a more general term that is appropriate to a variety of types of TB tests. This clarifies the direction on what to do if there is a negative and then a subsequent positive result.

Subsection 71523(b), the term "skin" is deleted and the phrase "using Purified Protein Derivatives intermediate strength" is replaced with "infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" to allow each facility to choose the test application out of the broader range of approved TB tests. The word "A" is added at the beginning of the sentence starting with "Positive" and the capital "P" is changed to a lower–case "p" as a technical change to make a grammatically correct and complete sentence. The words "reaction to" are replaced with the words "result from," which removes the specific reference to a skin test reaction and replaces it with a more general term to reference any screening test results. The word "skin" is replaced by "tuberculosis" test to remove the specification for a skin test and still include the provision for the chest X–ray following any positive TB screening test. The phrase "35.56 cm x 43.18 cm (14″ x17″)" is removed as the size of the X–ray is not relevant to visualization of images using current X–ray technology. The specification of the X–ray image is not needed.

Subsection 71835(f)(1)(B), the phrase "purified protein derivative, intermediate strength intradermal skin" is deleted before "test" and "infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after the word "tuberculosis" to allow each facility to choose the test application out of the broader range of approved TB screening tests. The word "reaction" is replaced by "test result," which removes the specific reference to a skin test reaction and replaces it with a more general term to reference any screening test results.

Subsection 72535(b), the phrase "purified protein derivative intermediate strength intradermal skin" is deleted and the phrase test for tuberculosis "infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is inserted after "tuberculosis." This change will allow each facility to choose the test application out of the broader range of approved TB screening tests. The phrase "reaction to a" and the term "skin" are deleted as this language is specific to the TB skin test and the term "result" is inserted after "test" to read "had a positive tuberculosis test result" and the sentence references the results of any approved TB screening test. The word "A" is added at the beginning of the sentence starting with "Positive" and the capital "P" is changed to a lower–case "p" as a technical change to make the sentence grammatically correct. The phrase "reaction to the skin test" is amended to read "tuberculosis test result" so that this sentence references the results of any approved TB screening test. The phrase "35.56 cm x 43.18 cm (14″ x 17″)" is deleted as the size of the X–ray is not relevant to visualization of images using current X–ray technology. The specification of the X–ray image is not needed.

Subsection 73525(b), the phrase "purified protein derivative intermediate strength intradermal skin" is deleted before "test" and "infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after the word "tuberculosis." This amendment allows each facility a choice of approved TB tests. The word "A" is added at the beginning of the sentence starting with "Positive" and the capital "P" is changed to a lower–case "p" as a technical

change to make a grammatically correct and complete sentence. The term "reaction to the skin test" is changed to read "result from the tuberculosis test." The changed text is consistent with the broader choice of approved tests. The phrase "35.56 cm x 43.18 cm (14″ x 17″)" is removed as the size of the X–ray is not relevant to visualization of images using current X–ray technology. The specification of the X–ray size image is not needed.

Subsection 74723(c)(4), the phrase "the 5 TU (Tuberculin Units) Protein Purified Derivative (PPD) tuberculin skin test" is deleted and replaced with "a test for tuberculosis infection that is recommended by the Federal Centers for Disease Control and Prevention (CDC) and licensed by the Federal Food and Drug Administration (FDA)." This amendment allows each facility choice of approved TB tests.

Subsection 74723(c)(4)(A), the word "tuberculosis" is added to clarify the "test" that is being referred to.

Subsection 74723(c)(4)(B), the term "tuberculin skin" is replaced with "tuberculosis" to clarify the term "test" and to reflect the broader range of TB tests being allowed for use. The term "tuberculin testing program" is replaced with the term "tuberculosis screening testing" to clarify the individually administered test versus the screening process that each employee shall comply with.

Subsection 75051(b), the phrase "purified protein derivative intermediate strength intradermal skin" is deleted and the phrase "infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after "tuberculosis" as part of the requirement for health examination of persons working in clinics. This will allow each facility to choose which method to use out of a broader range of approved TB tests. This implements HSC section 1226.1(a)(2) (Amended by AB 1323, Statutes 2007, Chapter 24). The word "A" is added at the beginning of the sentence starting with "Positive" and the capital "P" is changed to a lower–case "p" as a technical change to make a grammatically correct and complete sentence. The words "reaction to" are replaced by "result from," and the term "skin" is replaced by "tuberculosis." This removes the specific reference to a skin test reaction so that the requirement applies to any TB screening test result. The subsection is also amended to reflect current X–ray Imaging technology since the specific X–ray size requirement is not relevant to visualization of images using current X–ray technology. The phrase "35.56 cm x 43.18 cm (14″ x 17″)" is deleted.

Subsection 75335(a), the phrase "tuberculosis screening test consisting of a purified protein derivative intermediate strength intradermal skin" is deleted and the phrase "for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after "test" to allow each facility to choose the test application out of the broader range of approved TB tests. The word "skin" is deleted and replaced with the word "tuberculosis" to clarify the word following "test" and provide indication of the broader range of approved TB tests.

Subsection 76539(a), the word "ay" is corrected to "any." This is a spelling correction.

Subsection 76539(b), the phrase "purified protein derivative intermediate strength intradermal skin" is deleted and the phrase "infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after the phrase "test for tuberculosis" to allow each facility to choose the test application out of the broader range of approved TB tests. The word "A" is added at the beginning of the sentence starting with "Positive" and the capital "P" is changed to a lower–case "p" as a technical change to make the sentence grammatically correct. The phrase "reaction to" is replaced by "result from." The term "skin" is replaced by "tuberculosis". This removes the specific reference to a skin test reaction so that the requirement applies to any TB screening test result. The phrase "35.56 cm x 43.18 cm (14″ x 17″)" is removed as the size of the X–ray is not relevant to the visualization of images using current X–ray technology. The specification of the X–ray image is not needed.

Subsection 76874(b), the phrase "purified protein derivative intermediate strength intradermal skin" is deleted and the phrase "for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after the word "test" to allow each facility to choose the test application out of the broader range of approved tests. The word "reaction" is replaced by "result," and the term "skin" is replaced by "tuberculosis" as the term "test" reflects the broader range of TB tests allowed for use.

Subsection 76919(b), the phrase "purified protein derivative intermediate strength intradermal skin" is deleted and the phrase "for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after the word "test" to acknowledge the broader range of testing methods that are acceptable. The word "reaction" is replaced by "result," and the term "skin" is replaced by "tuberculosis" as the term "test" reflects the broader range of TB tests allowed for use.

Subsection 78429(b)(2)(A), the phrase "purified protein derivative intermediate strength" is deleted and the phrase "for tuberculosis infection that is recommended

by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after the word "test" to allow each facility to choose the test application out of the broader range of approved TB tests.

Subsection 79331(b), the word "skin" is deleted so that the requirement is not specific to the TB skin test. The phrase "using purified protein derivatives, intermediate strength" is replaced with the phrase "infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" after the word "tuberculosis" to allow each facility to choose the test application out of the broader range of approved TB tests. The word "A" is added at the beginning of the sentence and the capitalization in the word "Positive" is removed as a technical change to make a grammatically correct and complete sentence. The phrase "reaction to" is replaced with "result from." The word "skin" is replaced by "tuberculosis." This removes the specific reference to a skin test reaction so that the requirement also applies to any TB screening test result. The phrase "35.56 cm x 43.18 cm (14″ x 17″)" is removed as the size of the X–ray is not relevant to production of images using current X–ray technology. The specification of the X–ray image is not needed.

Subsection 79781(d)(2)(D)(1), the phrase "policies and procedures shall be reviewed and revised per Subsection 79779(b), and" is added after "These" in order to ensure the facility keeps policies and procedures updated to reflect current standards and practices for the patient care committee established within a correctional treatment center. The word "1990" is deleted because it is not the most current date of CDC recommendations. This change eliminates the specific reference to the "1990" outdated CDC recommendations. The phrase "and Prevention (CDC)" is added after "Centers for Disease Control" to provide the complete name of the organization which is also recognized by the initials "CDC."

Subsection 79781(d)(2)(D)(2), the term "documenting" is added after "maintaining" to clarify that a function of the infection control committee in the control and prevention of infection, including tuberculosis in the facility, is to ensure documentation of evidence of diagnosis, such as screening examination results, when the number of infections in the facility are reported to the infection control committee. The phrase "Mantoux and tuberculin skin" is deleted and the phrase "for tuberculosis infection are recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" is added after the term "tests". The phrase "recorded in millimeters of induration" is deleted as it applies solely to TB skin tests.

Subsection 79795(b), the phrase "tuberculin skin test using the Mantoux method using 5 Tuberculin Unit dose of Purified Protein Derivative (PPD) stabilized with Tween 80, the result of which is read and recorded in millimeters of induration" is replaced with "test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)" to allow each facility to choose which method to use out of a broader range of TB tests. The subsection is also amended to change the word "film" to "X–ray" for consistent use of terms with other regulations. The phrase "A tuberculin skin test" is replaced with "If a person has a previously documented positive tuberculosis test result, a test for tuberculosis infection" to clarify what to do when there is a previously positive test result. The phrase "on a person with a documented positive reaction to PPD" is deleted as this phrase refers only to the TB skin test and is not consistent with the other revisions to this section.

Subsection 79795(b)(1), the term "skin" is replaced with "tuberculosis" to allow each facility to choose which method to use out of a broader range of approved TB tests.

Subsection 79795(b)(2), the word "skin" is deleted to modify the phrase to say "An annual test for tuberculosis" to allow for the broader scope of approved TB testing. The term "tuberculin skin" is replaced with "tuberculosis" — a more general term that is appropriate to a variety of types of TB tests. The word "skin" is deleted to modify the phrase to say "a previously documented negative tuberculosis test" to allow for the broader scope of approved TB testing. The term "reaction" is replaced with "tuberculosis test result," a more general term that is appropriate to a variety of types of TB tests. This clarifies the direction on what to do if there is a negative and then a subsequent positive result.

Subsection 79805(a)(3), the phrase "Mantoux tuberculin skin" is deleted and the phrase "for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA)," is inserted after "test" to allow each facility to choose which method to use out of a broader range of TB tests. The term "reaction" is replaced with "result," a more general term that is appropriate to a variety of types of TB tests. The phrase "the Mantoux tuberculin skin" is replaced with "a tuberculosis." The term "the result" is added before "recorded" and the phrase "in millimeters of induration" is deleted after "recorded" to allow for results from a broader range of testing techniques. The sentence "The result of the tuberculosis test shall be reported as recommended in current guidelines of the Centers for Disease Control and Prevention regarding tuberculosis testing" is added to ensure that the results

from different types of TB tests are reported in accordance with current CDC recommendations for each particular test.

FORMS INCORPORATED BY REFERENCE

N/A.

MANDATED BY FEDERAL LAW OR REGULATIONS

N/A.

OTHER STATUTORY REQUIREMENTS

N/A.

LOCAL MANDATE

The Department has determined that the regulations would not impose a mandate on local agencies or school districts, nor are there any costs for which reimbursement is required by Part 7 (commencing with Section 17500) of Division 4 of the Government Code.

FISCAL IMPACT ESTIMATE

A. FISCAL IMPACT ON LOCAL GOVERNMENT: None.

B. FISCAL IMPACT ON STATE GOVERNMENT: None.

C. FISCAL IMPACTS ON FEDERAL FUNDING OF STATE PROGRAMS: None.

D. FISCAL IMPACT ON PRIVATE PERSONS OR BUSINESSES DIRECTLY AFFECTED: None.

E. MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS: None.

F. OTHER NON–DISCRETIONARY COST OR SAVINGS IMPOSED UPON LOCAL AGENCIES: None.

G. EFFECT ON SMALL BUSINESSES: None.

HOUSING COSTS

The Department has determined that the regulations will have no impact on housing costs.

SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS, INCLUDING ABILITY TO COMPETE

The Department has made an initial determination that the regulations would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

RESULTS OF THE ECONOMIC IMPACT ANALYSIS

The Department has made the determination that these regulations would not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California business to compete with businesses in other states. The proposed regulations would not significantly affect:

1. The creation or elimination of jobs within the State of California.
2. The creation of new businesses or the elimination of existing businesses within the State of California.
3. The expansion of businesses currently doing business within the State of California.

The regulation supports the health and welfare of California residents and worker safety by updating regulations which currently specify the use of a TB skin test to also allow the use of newer TB screening tests. This regulation will allow more flexibility in the choice of TB screening tests.

COST IMPACTS ON REPRESENTATIVE PERSON OR BUSINESS

The agency is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action. The regulatory change does not impose new restrictions or new requirements. Healthcare facilities licensed by the Department and governed by these regulations would not incur additional costs to comply with the regulation. Faculties may continue to use the previously required TST, or may choose to implement use of approved blood tests in screening for tuberculosis, as required by the current regulations.

BUSINESS REPORT

None.

ALTERNATIVES STATEMENT

The Department has determined that no reasonable alternative considered by the Department or that has otherwise been identified and brought to the attention of the Department would be more effective in carrying out the purpose for which the action is proposed, or would be more cost–effective to affected private persons and

equally effective in implementing the statutory policy or other provision of law.

CONTACT PERSON

Inquiries regarding the substance of the proposed regulations described in this notice may be directed to Cheryl Gordon of the Center for Health Care Quality, at (916) 552–8734.

All other inquiries concerning the action described in this notice may be directed to Dawn Basciano of the Office of Regulations, at (916) 440–7367, or to Alana McKinzie at (916) 440–7689, the designated backup contact person.

In any inquiries or written comments, please identify the action by using the Department regulation package identifier, DPH–10–006: Fluoroscopy Permit Requirements for Physician Assistants.

AVAILABILITY OF STATEMENT OF REASONS, TEXT OF PROPOSED REGULATIONS, AND RULEMAKING FILE

The Department has prepared and has available for public review an initial statement of reasons for the proposed regulations, all the information upon which the proposed regulations are based, and the text of the proposed regulations. The Office of Regulations, 1616 Capitol Avenue, Sacramento, CA 95814, will be the location of public records, including reports, documentation, and other material related to the proposed regulations (rulemaking file).

In order to request that a copy of this public notice, the regulation text, and the initial statement of reasons or alternate formats for these documents be mailed to you, please call (916) 440–7367 (or the California Relay Service at 711), send an email to regulations@cdph.ca.gov, or write to the Office of Regulations at the address previously noted. Upon specific request, these documents will be made available in Braille, large print, audiocassette, or computer disk.

AVAILABILITY OF CHANGED OR MODIFIED TEXT

The full text of any regulation which is changed or modified from the express terms of the proposed action will be made available by the Department's Office of Regulations at least 15 days prior to the date on which the Department adopts, amends, or repeals the resulting regulation.

AVAILABILITY OF FINAL STATEMENT OF REASONS

A copy of the final statement of reasons (when prepared) will be available upon request from the Office of Regulations.

AVAILABILITY OF DOCUMENTS ON THE INTERNET

Materials regarding the action described in this notice (including this public notice, the regulation text, and the initial statement of reasons) that are available via the Internet may be accessed at www.cdph.ca.gov by clicking on these links, in the following order: Decisions Pending and Opportunity for Public Participation > Regulations > Proposed.

TITLE 24. BUILDING STANDARDS COMMISSION

NOTICE OF PROPOSED ACTION TO BUILDING STANDARDS OF THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT REGARDING THE CALIFORNIA BUILDING CODE CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2, CHAPTER 12

Hospitals — Cardiac Catheterization Laboratory

Notice is hereby given that the California Building Standards Commission (CBSC) on behalf of Office of Statewide Health Planning and Development (OSHPD) proposes to adopt, approve, codify, and publish changes to building standards contained in the California Code of Regulations (CCR), Title 24, Part 2. OSHPD is proposing building standards related to cardiac catheterization laboratory space in a non–hospital building.

PUBLIC COMMENT PERIOD
(Government Code Section 11346.5(a)(17))

A public hearing has not been scheduled; however, written comments will be accepted from **February 22, 2013, until 5:00 p.m. on April 8, 2013**. Please address your comments to:

California Building Standards Commission
2525 Natomas Park Drive, Suite 130
Sacramento, CA 95833
Attention: Jim McGowan, Executive Director

Written Comments may also be faxed to (916) 263–0959 or E–mailed to CBSC@dgs.ca.gov.

Pursuant to Government Code Section 11346.5(a)(17), any interested person or his or her duly authorized representative may request, no later than 15 days prior to the close of the written comment period, that a public hearing be held.

POST–HEARING MODIFICATIONS TO THE TEXT OF THE REGULATIONS

Following the public comment period, the CBSC may adopt the proposed building standards substantially as proposed in this notice or with modifications that are sufficiently related to the original proposed text and notice of proposed changes. If modifications are made, the full text of the proposed modifications, clearly indicated, will be made available to the public for at least 15 days prior to the date on which the CBSC adopts, amends, or repeals the regulation(s). CBSC will accept written comments on the modified building standards during the 15–day period.

NOTE: To be notified of any modifications, you must submit written/oral comments or request that you be notified of any modifications.

AUTHORITY AND REFERENCE

The California Building Standards Commission proposes to adopt these building standards under the authority granted by Health and Safety Code Section 18937. The purpose of these building standards is to implement, interpret, and make specific the provisions of Health and Safety Code Section 1255. The Office of Statewide Health Planning and Development is proposing this regulatory action based on Health and Safety Code Section 1255.

INFORMATIVE DIGEST

Summary of Existing Laws

Health and Safety Code 1255 provides that cardiac catheterization laboratory services must be provided in a hospital building where cardiac surgical services are also provided. This statute also provides an exception to this requirement by allowing two general acute care hospitals to expand their cardiac catheterization services to a non–hospital building that is connected to the hospital building by an enclosed passageway. OSHPD is authorized to promulgate emergency regulations for cardiac catheterization laboratory service space requirements in the non–hospital buildings of the two hospitals. The emergency regulations must be adopted by February 28, 2013.

Summary of Existing Regulations

Existing building standards provide requirements for cardiac catheterization service space that is located within a hospital building where cardiac surgical services are provided.

Summary of Effect

The proposed regulations will apply to only two general acute care hospitals that want to provide cardiac catheterization laboratory services in a non–hospital building that is connected to their hospital building by an enclosed passageway accessible to patients and staff. The proposed building standards provide minimum requirements for cardiac catheterization laboratory service space in the non–hospital building.

Comparable Federal Statute or Regulations

There are no federal statutes or regulations that are comparable to these proposed regulations.

Policy Statement Overview

These proposed building standards implement statute enacted by AB 491 (Chapter 772, Statutes of 2012).

Evaluation of consistency

The proposed regulations are not inconsistent or incompatible with existing state regulations.

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

There are no other matters to identify.

MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS

OSHPD has determined that the proposed regulatory action would not impose a mandate on local agencies or school districts.

ESTIMATE OF COST OR SAVINGS

A. Cost or Savings to any state agency: **No.**
B. Cost to any local agency required to be reimbursed under Part 7 (commencing with Section 17500) of Division 4: **No.**
C. Cost to any school district required to be reimbursed under Part 7 (commencing with Section 17500) of Division 4: **No.**
D. Other nondiscretionary cost or savings imposed on local agencies: **No.**
E. Cost or savings in federal funding to the state: **No.**

INITIAL DETERMINATION OF NO SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT ON BUSINESSES

OSHPD has made an initial determination that the adoption of these regulations will not have a significant statewide adverse economic impact on businesses, including the ability of California businesses to compete with business in other states.

DECLARATION OF EVIDENCE

OSHPD has not relied on any other facts, evidence, documents, testimony or other evidence to make its initial determination of no statewide adverse economic impact.

FINDING OF NECESSITY FOR THE PUBLIC'S HEALTH, SAFETY, OR WELFARE

OSHPD has made an assessment of the proposed code changes and has determined that these changes do not require a report.

COST IMPACT ON REPRESENTATIVE PRIVATE PERSON OR BUSINESS

OSHPD is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

ASSESSMENT OF EFFECT OF REGULATIONS UPON JOBS AND BUSINESS EXPANSION, ELIMINATION OR CREATION

OSHPD has assessed whether or not and to what extent this proposal will affect the following:

@ **The creation or elimination of jobs within the State of California.**

These regulations will not affect the creation or elimination of jobs within the state.

@ **The creation of new businesses or the elimination of existing businesses within the State of California.**

These regulations will not affect the creation of new businesses or elimination of existing business in the state.

@ **The expansion of businesses currently doing business with the State of California.**

These regulations will not affect the expansion of businesses currently doing business in the state.

@ **The benefits of the regulation to the health and welfare of California residents, worker safety, and the state's environment.**

These regulations will provide minimum building standards which will provide protection of public health and safety.

INITIAL DETERMINATION OF SIGNIFICANT EFFECT ON HOUSING COSTS

OSHPD has made an initial determination that this proposal would not have a significant effect on housing costs.

CONSIDERATION OF ALTERNATIVES

OSHPD must determine that no reasonable alternative considered by the state agency or that has otherwise been identified and brought to the attention of the agency would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost–effective to affected private persons and equally effective in implementing the statutory policy or other provisions of law.

AVAILABILITY OF RULEMAKING DOCUMENTS
(Government Code Section 11346.5(a)(20),
(Government Code Section 11346.5(a)(19))

All of the information upon which the proposed regulations are based is contained in the rulemaking file, which is available for public review, by contacting the person named below. This notice, the express terms and initial statement of reasons can be accessed from the California Building Standards Commission website:

http://www.bsc.ca.gov/

Interested parties may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or at the California Building Standards Commission website.

CBSC CONTACT PERSON FOR PROCEDURAL AND ADMINISTRATIVE QUESTIONS

General questions regarding procedural and administrative issues should be addressed to:

Mia Marvelli or backup person
Michael L. Nearman, Deputy Executive Director
2525 Natomas Park Drive, Suite 130
Sacramento, CA 95833

Telephone No.: (916) 263–0916
Facsimile No.: (916) 263–0959

PROPOSING STATE AGENCY CONTACT PERSON FOR SUBSTANTIVE AND/OR TECHNICAL QUESTIONS ON THE PROPOSED CHANGES TO BUILDING STANDARDS

Specific questions regarding the substantive and/or technical aspects of the proposed changes to the building standards should be addressed to:

Glenn S.A. Gall, Supervisor,
Building Standards Unit
Office of Statewide Health Planning
and Development
Facilities Development Division
400 R Street, Suite 200
Sacramento, CA 95811

regsunit@oshpd.ca.gov

(916) 440–8300
FAX (916) 324–9188

TITLE 27. CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

Unified Program Electronic Reporting Regulations

45–Day Public Notice and Comment Period

NOTICE IS HEREBY GIVEN that the California Environmental Protection Agency (Cal/EPA) proposes to amend California Code of Regulations, title 27, division 1, subdivision 4, chapter 1, sections 15100–15620 and the Data Dictionary elements (CCR Title 27, Division 3, Subdivision 1, Chapter 1–5). These proposed regulations are administrative in nature and do not impose any new reporting requirements. These proposed Unified Program Electronic Reporting regulations simply remove any references to the submission of paper documents or forms and provide for the reporting of required data electronically.

PUBLIC HEARING AND WRITTEN COMMENT PERIOD

A written comment period has been established beginning February 22, 2013, and closing on April 8, 2013. Cal/EPA will hold a public hearing on the proposed regulations on April 8, 2013, at 1:30 p.m. in the Cal/EPA headquarters building, Sierra Hearing Room, 2nd Floor, 1001 "I" Street, Sacramento, California, at which time any person may present statements or arguments orally or in writing, relevant to this proposal. Please submit written comments to the contact person listed at the end of this notice. Written comments submitted no later than 5:00 p.m. on April 8, 2013, will be considered. Representatives of Cal/EPA will preside at the hearing. Anyone who wishes to speak needs to register before the hearing. Pre–hearing registration will be conducted at the location of the hearing from 8:30 a.m. to 9:00 a.m. Registered persons will be heard in the order of registration. Other persons wishing to speak at the hearing will be given an opportunity to do so after the registered persons have been heard. Due to enhanced security precautions at the Cal/EPA headquarters building, all visitors are required to sign in and obtain a visitor badge prior to attending any meeting. Sign–in and badge issuance occur in the Visitor and Environmental Services Center located just inside and to the left of the building's public entrance. Visitors may be asked to show valid picture identification, which can be a current driver's license, military identification card, or state or federal identification card. Depending on the size and number of meetings scheduled on any given day, the security check–in could take from three (3) to fifteen (15) minutes. Please allow adequate time to sign in before being directed to the public hearing. If you have special accommodations or language needs, please contact Farida Islam, Environmental Scientist, Unified Program, Cal/EPA, at (916) 322–2155 or by e–mail at farida.islam@calepa.ca.gov by March 22, 2013. TTY/TDD users may dial 711 for the Relay Service. Speech–to–Speech services are available by calling (800) 735–0373 or via TTY at (800) 735–0193.

AUTHORITY AND REFERENCE

The Secretary of Cal/EPA makes these amendments under the authority granted by Health and Safety Code section 25404, subdivisions (b), (c), (d), and (e); section 25404.6, subdivision (c); and Government Code section 16.5(c). These sections require the Secretary to adopt regulations that would implement, interpret or make specific Health and Safety Code chapter 6.11 for the Unified Program.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Existing Law

Chapter 6.11, division 20, of the Health and Safety Code section 25404 et seq. created the Unified Hazardous Waste and Hazardous Materials Management Regulation Program (Unified Program). The regulations to implement this program are located in Title 27 of the California Code of Regulations. The Unified Program is a merger of the administration of the six previously existing programs specified in Health and Safety Code section 25404 (c) and in section 15100 et seq. of Title 27 of the California Code of Regulations. The six program elements and related laws are:

1. Hazardous Materials Release Response Plans and Inventory — Health and Safety Code division 20, article 1, section 15500 et seq.; and Title 19 of the California Code of Regulations, sections 2620–2734, also known as the 'Business Plan' or 'hazardous materials inventory' programs.
2. California Accidental Release Prevention (CalARP) Program — Health and Safety Code division 20, article 2, section 15531 et seq.; and Title 19 of the California Code of Regulations, sections 2735.1–2785.1.
3. Underground Storage Tank Program — Health and Safety Code division 20, chapter 6.7, section 25280 et seq.; and Title 23 of the California Code of Regulations, section 2620 et seq.
4. Aboveground Storage Petroleum Act (APSA) Program — Health and Safety Code division 20, chapter 6.67, section 25270 et seq.; and by reference federal regulations in Part 112 of Title 40 of the Code of Federal Regulations.
5. Hazardous Waste Generator and Hazardous Waste Onsite Treatment Program — Health and Safety Code division 20, chapter 6.5; and Title 22 of the California Code of Regulations, division 4.5.
6. Hazardous Materials Management Plan and Hazardous Materials Inventory Statement requirements — California Fire Code chapter 27, sections 2701.5.1 and 2701.5.2.

The provisions of AB 2286 (statutes of 2008), Section 25404(e) of the Health and Safety Code, required the Secretary for Environmental Protection to establish standards applicable to CUPAs, participating agencies, state agencies, and businesses specifying the data to be collected and submitted by unified program agencies in administering the Unified Program. The initial adoption of the Unified Program regulations in Title 27 and subsequent amendments established these reporting requirements.

The provisions of AB 2286 (statutes of 2008) required, no later than January 1, 2010, the Secretary to establish a statewide information management system capable of receiving all data collected by the unified program agencies and reported by regulated businesses. Section 25404(e) also requires that no later than three years after the statewide information management system is established, each CUPA, PA, and regulated business shall report program data electronically. These regulation changes provide for this transition from a paper system to a statewide electronic data management system.

Policy Statement Overview

No new provisions are implemented in these regulations. Reporting requirements and standards have been established in existing state law. The proposed Unified Program Electronic Reporting regulations remove any references to the submission of paper documents or forms and provide for the reporting of required data electronically.

Proposed Regulations

The proposed Unified Program Electronic Reporting regulations remove any references to the submission of paper documents or forms and provide for the reporting of required data electronically. It also includes proposed changes in the data dictionary elements to make the transition to electronic submission more practical and aligned with national standards.

Consistency/Compatibility Evaluation

The proposed Unified Program Electronic Reporting regulations are consistent and compatible with existing state regulations.

Benefits Anticipated by the Proposed Amendments

Cal/EPA anticipates that the proposed amendments to the regulations will benefit the protection of public health and safety, worker safety, or the environment. The regulations will provide emergency response agencies with instant electronic access to unified program information needed to mitigate environmental hazards. Emergency response personnel may use the most recently reported information to mitigate environmental hazards more safely and effectively.

California Environmental Quality Act (CEQA) Compliance

Cal/EPA has found this rulemaking is not subject to CEQA because it is a ministerial project.

Peer Review

Under the provisions of Health and Safety Code section 57004, peer review is not required because the proposed regulations do not establish a regulatory level,

standard or other requirement subject to scientific peer review.

Business Report

Cal/EPA has determined that this rulemaking will not require businesses to write a new report, as defined by Government Code section 11346.3(c).

FISCAL IMPACT ESTIMATES

Mandates on Local Agencies and School Districts: Cal/EPA has made a preliminary determination that adoption of these regulations will create no new local mandates.

Estimate of Potential Cost or Savings to Local Agencies Subject to Reimbursement: Cal/EPA has made a preliminary determination that adoption of these regulations will not impose a local mandate or result in costs subject to reimbursement pursuant to Government Code part 7, division 4, section 17500 et seq., or other non–discretionary costs to local agencies.

Cost or Savings to Any State Agency: Cal/EPA has made a preliminary determination that the proposed regulations will have no net impact on state revenue or costs.

Cost or Savings in Federal Funding to the State: Cal/EPA has made a preliminary determination that the proposed regulations will have no impact on federal revenue or costs.

Effect on Housing Costs: Cal/EPA has made an initial determination that there will be no impact on housing costs.

Cost Impacts on Representative Private Persons or Businesses: Cal/EPA is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

Significant Statewide Adverse Economic Impact on Businesses: Cal/EPA has made an initial determination that the proposed regulations will not have a significant statewide adverse economic impact directly affecting businesses, including the ability to compete with businesses in other states.

Results of the Economic Impact Analysis

(A) Creation or elimination of jobs within California — Cal/EPA has made a preliminary determination that no jobs will be created or eliminated in California as a result of the proposed regulations.

(B) Creation of new businesses or the elimination of existing businesses within California — Cal/EPA has made a preliminary determination that no businesses will be created or eliminated in California as a result of the proposed regulations.

(C) Expansion of businesses currently doing business in California — Cal/EPA has made a preliminary determination that no businesses in California will be expanded as a result of the proposed regulations.

(D) Cal/EPA anticipates that the proposed amendments to the regulations will benefit the protection of public health and safety, worker safety, or the environment. The regulations will provide emergency response agencies with instant electronic access to unified program information needed to mitigate environmental hazards. Emergency response personnel may use the most recently reported information to mitigate environmental hazards more safely and effectively.

Effect on Small Businesses: Cal/EPA has determined that provisions of this rulemaking will have no effect on small businesses. The proposed regulations create no significant impacts and do not impose any prescriptive standards or reporting requirements. The proposed regulations do not change any prior reporting requirement from the businesses, they only ensure the consistency with electronic reporting. There will be no effect on small businesses due to the proposed regulations.

CONSIDERATION OF ALTERNATIVES

Cal/EPA must determine that no reasonable alternative it considered or that has otherwise been identified and brought to its attention would be more effective in carrying out the purpose for which the action is proposed, would be as effective as and less burdensome to affected private persons than the proposed action, or would be more cost–effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Cal/EPA invites interested persons to present statements or arguments with respect to alternatives to the proposed regulations at the scheduled hearing or during the written comment period.

INQUIRIES/COMMENTS REGARDING THE PROPOSED REGULATIONS/ CONTACT PERSONS

Inquiries regarding the proposed regulations may be directed to Ms. Farida Islam of Cal/EPA at (916) 322–2155. Please note, however, that such oral inquiries do not become part of the rulemaking record.

Statements, arguments or contentions regarding the rulemaking or supporting documents must be submitted in writing or may be presented orally or in writing at the public hearing for them to be considered by

Cal/EPA before it adopts, amends, or repeals these regulations. To be included in this regulation package's mailing list, and to receive updates of this rulemaking, please visit and subscribe to the applicable Listserv at http://www.calepa.ca.gov/Listservs/. Please direct all written comments, procedural inquiries and requests for documents by mail, e–mail or fax to:

Ms. Farida Islam, Environmental Scientist,
Unified Program, Cal/EPA
Mailing address: P.O. Box 2815,
Sacramento, California 95812
E–mail address: farida.islam@calepa.ca.gov
Telephone number: (916) 322–2155
Fax number: (916) 322–5615

The backup contact person for these inquiries is:

Mr. John Paine, Supervising Integrated
Waste Management Specialist I, Cal/EPA
Mailing address: P.O. Box 2815,
Sacramento, California 95812
E–mail address: John.Paine@calepa.ca.gov
Telephone number: (916) 327–5092
Fax number: (916) 322–5615

AVAILABILITY OF TEXT OF REGULATIONS AND STATEMENT OF REASONS

Cal/EPA will have the entire rulemaking file available throughout the rulemaking process at its office at the above address. Inquiries regarding the proposed regulations, including copies of the proposed text and initial statement of reasons, as well as all the information upon which this proposal is based (the rulemaking record), may be directed to Ms. Farida Islam at farida.islam@calepa.ca.gov.

POST–HEARING CHANGES

After the close of the comment period, Cal/EPA may adopt the proposed regulations. If substantial changes are made, the modified text will be made available for comment for at least 15 days prior to adoption. Only persons who request the specific proposed regulations, attend the hearing, or provide written or oral comments on these specific regulations will be sent a copy of the modified text, if substantive changes are made. Cal/EPA will prepare a Final Statement of Reasons, which updates the Initial Statement of Reasons, summarizes how Cal/EPA addressed comments and includes other materials, as required by Government Code section 11346.9. Copies of the Final Statement of Reasons may be obtained from Ms. Islam at the address listed above. A copy of the Final Statement of Reasons will also be posted on Cal/EPA's Web site (http://www.calepa.ca.gov/LawsRegs/), along with the date the rulemaking is filed with the Secretary of State and the effective date of the regulations.

GENERAL PUBLIC INTEREST

DEPARTMENT OF FISH AND WILDLIFE

CALIFORNIA ENDANGERED SPECIES ACT
CONSISTENCY DETERMINATION
NO. 2080–2013–001–06

Project: Vila Borba Planned Community Project (Tracts 15989, 16338, 16413, and 16414)
Location: San Bernardino County
Applicants: Mary Borba Parente and Standard Pacific Homes
Notifier: VCS Environmental

Background

Mary Borba Parente and Standard Pacific Homes (Applicants) propose to construct the Vila Borba Planned Community Project (Project) located on 337.55 acres in the city of Chino Hills, San Bernardino County. The Project consists of 110 acres of residential development and 5 acres of commercial development. The Project will discharge fill associated with construction into 2.49 acres of Chino Creek and a portion of the Prado Flood Control Basin. The Project will consist of grading for dwellings; construction of three vegetated water quality basins, building pads, and residential streets; landscaping; and drainage improvements. The Project will include approximately 180.55 acres proposed for open space and conservation. The property contains a 42–acre Southern California Edison (SCE) easement.

The Project activities described above are expected to incidentally take[1] least Bell's vireo (*Vireo bellii pusillus*) (vireo) where those activities take place within or adjacent to riparian habitat. In particular, vireo could be incidentally taken due to direct loss of riparian habitat used by vireo for breeding, roosting, foraging, and dis-

[1]Pursuant to Fish and Game Code section 86, "'Take' means hunt, pursue, catch, capture, or kill, or attempt to hunt, pursue, catch, capture, or kill." See also *Environmental Protection Information Center v. California Department of Forestry and Fire Protection* (2008) 44 CAL.4th 459, 507 (for purposes of incidental take permitting under Fish and Game Code section 2081, subdivision (b), "'take'. . . means to catch, capture or kill").

persal; and as a result of an increase in noise, vibration, and human presence associated with construction–related activities. Vireo is designated as an endangered species pursuant to the federal Endangered Species Act (ESA) (16 U.S.C. § 1531 et seq.) and the California Endangered Species Act (CESA) (Fish & G. Code, § 2050 et seq.). (See Cal. Code Regs., tit. 14, § 670.5, subd. (a)(5)(I).)

Vireo individuals are documented as present at the Project site and there is suitable vireo habitat within the Project site. Protocol vireo surveys were conducted on the Project site between 1999 and 2012. The total number of individuals detected has ranged from 5 to 10 individuals. At least one breeding pair of vireo was detected in 2007, 2010, and 2011, and young were detected during 1999, 2007, and 2010 surveys. A total of five vireo were detected during 2012 surveys. Because individual and breeding pairs of vireo have been documented within the Project site and suitable vireo habitat exists within the Project site, the United States Fish & Wildlife Service (Service) determined that vireo is reasonably certain to occur within the Project site and that Project activities are expected to result in the incidental take of vireo.

According to the Service, the Project will result in the permanent loss of 2.49 acres of riparian habitat used by vireo for breeding, roosting, foraging, and dispersal. Because the Project is expected to result in take of a species designated as endangered under the federal ESA, the U.S. Army Corps of Engineers (Corps) consulted with the Service as required by the ESA. On March 5, 2001, the Service issued a biological opinion (Service Ref. No. 1–6–01–F–752.1) (BO) to the Corps for the proposed Project. The BO described the Project, required the Applicants to comply with terms of the BO and its incidental take statement (ITS), and set forth measures to minimize impacts to vireo. The BO also required the Applicants to implement and adhere to measures contained within the Draft Conceptual Habitat Mitigation and Monitoring Plan, dated November 20, 2000.

On August 3, 2001, the Service issued an amendment authorizing changes to the Project description and identifying increased habitat replacement amounts negotiated after the issuance of the BO.

On August 23, 2001, the Director of the California Department of Fish and Wildlife (CDFW) received a notification from the Applicants requesting a determination pursuant to Fish and Game Code section 2080.1 that the BO, as amended (Amended BO), and its related ITS were consistent with CESA for purposes of the Project and vireo. On September 28, 2001, CDFW determined that the BO, as amended, and its related ITS were consistent with CESA (Cal. Reg. Notice Register 2001, No. 25–Z, p. 1002) (CDFW Ref. No. 2080–2001–037–06).

On December 18, 2012, the Service issued an amendment (Service Ref. No. FWS–SB–12BO145–12F0333) (2012 BO) authorizing changes in the BO to the Project description, conservation measures, amount of take, and to address occupation of the Project site by the federally threatened coastal California gnatcatcher (*Polioptila californica californica*).

Subsequently, on January 7, 2013, the Director of CDFW received a notice from VCS Environmental, on, behalf of the Applicants, requesting a determination pursuant to Fish and Game Code section 2080.1 that the 2012 BO and its related ITS are consistent with CESA for purposes of the Project and vireo. (Cal. Reg. Notice Register 2013, No. 3–Z, p. 94.)

Determination

CDFW has determined that the 2012 BO and its related ITS are consistent with CESA as to the Project and the anticipated incidental take of vireo because the mitigation measures contained in the 2012 BO and its related ITS meet the conditions set forth in Fish and Game Code section 2081, subdivisions (b) and (c), for authorizing incidental take of CESA–listed species. This determination supersedes and replaces the prior determination (CDFW Ref. No. 2080–2001–037–06) issued by CDFW on September 28, 2001. Specifically, CDFW finds that: (1) take of vireo will be incidental to an otherwise lawful activity; (2) the mitigation measures identified in the Amended BO and its related ITS will minimize and fully mitigate the impacts of the authorized take; (3) adequate funding is ensured to implement the required avoidance minimization and mitigation measures and to monitor compliance with, and effectiveness of those measures; and (4) the Project will not jeopardize the continued existence of vireo. The mitigation measures in the Amended BO and its related ITS include, but are not limited to, the following:

Avoidance, Minimization, and Mitigation Measures

- Applicants will obtain, and conserve in perpetuity through conservation easements, 8.51 acres located in three onsite vegetated water quality basins to function as replacement wetlands and stormwater runoff water quality treatment. Maintenance activities within the water quality basins will be limited to cleaning of the inlet and outlet structures.
- Applicants will create, and protect in perpetuity through conservation easements, 22.96 acres of onsite habitat consisting of 9.56 acres of Riversidean sage scrub (RSS) habitat, and 4.89 acres of RSS/coast live oak habitat within the development footprint. The onsite habitats will be

maintained by the Home Owners Association (HOA).

- Applicants will restore, conserve, and manage 9.57 acres of offsite streambed and riparian habitat within or adjacent to the city of Chino Hills. The offsite restoration and conservation area will be identified and submitted to the Service and CDFW for review and approval no less than 180 days prior to initiation of project activities, and the conservation area will be secured prior to the initiation of project activities.
- Applicants will conserve in perpetuity, through transfer of fee title to a suitable non–profit entity or public agency approved by the Service and CDFW, 100.21 acres of unaltered natural open space outside of the development footprint. The conservation easement grantee will be responsible for long–term management, monitoring, and maintenance activities associated with the 100.21–acre open space conservation area, including: (1) coordination with a grazing entity for annual grazing for invasive species management; (2) inspection of habitat signage; (3) coordination with the HOA; (4) annual monitoring; and (5) correspondence updates to the HOA and file. Applicants will be responsible for funding these activities, as set forth within the Financial Assurances section below.
- Applicants will avoid clearing and grading associated with the Project during the period from February 15 to September 15. If Project construction cannot be avoided during this period, a qualified biologist will survey potential nesting habitat within the Project site and adjacent 200–foot buffer area prior to any construction–related activities. The biologist will conduct surveys once a day for 5 days during the appropriate times of day during the breeding season. If nesting activity is detected, the nest site will be flagged and fenced with a minimum buffer of 200 feet (500 feet for endangered, threatened, and candidate species and all raptors). Applicants will not disturb the nest and buffer area until after September 15 and/or the nest is no longer active, as determined by the qualified biologist.
- Applicants will ensure a qualified biological monitor will be onsite to monitor all construction activities adjacent to vireo habitat, nesting bird buffer areas, and conservation areas. The biological monitor will ensure that construction activities do not extend beyond the flagged and/or fenced areas and that Applicants follow construction–related avoidance and minimization measures. The biological monitor will have the authority to temporarily halt activities that are disturbing listed species and to implement avoidance measures as determined through coordination with the Service and CDFW. The biological monitor will immediately notify the Service and CDFW if listed species are identified. The biological monitor will confirm compliance through assessment of the work area and submittal of a letter–format report to the Corps, Service, and CDFW for review and approval prior to the initiation of work and at the completion of work for each construction phase (tentative tract).
- Applicants will limit construction activities to hours after local sunrise and before local sunset. Applicants will not use artificial lighting during construction.
- Applicants will shield public lighting installed in conjunction with the development, and in proximity to conserved habitat, to direct light away from the conserved habitat to reduce the potential for indirect impacts to conserved habitat.
- Applicants will erect fences, walls, or vegetated barriers to control human and pet access into the conserved areas where residential and community development abuts conserved areas. Applicants will submit a description of the fence design to the Service and CDFW for approval prior to construction. The HOA will maintain fences, walls, and/or vegetative barriers.
- Applicants will post signs, maintained by the HOA, at potential access points into the onsite conserved areas to inform residents of the conservation values of the open space/conservation areas and minimize intrusions following the completion of construction.
- Applicants will develop an education program to advise future residents living in proximity to conserved areas. Applicants will prepare a wildlands interface brochure addressing ways to minimize impacts of human and domestic pets on listed species and native communities, provide a copy of the California Invasive Plant Council list of invasive plants for southern California, and provide a map of the conservation areas listing prohibited activities. Applicants will provide all education materials to homebuyers through their home purchase contracts. Applicants will submit the wildlands brochure and other education materials to the Service and CDFW for approval prior to the start of ground disturbing activities.

- Applicants will comply with the Final Habitat Mitigation and Monitoring Plan (HMMP), dated November 3, 2003, which requires the planting of over 150 coast live oaks and western sycamores and over 950 willows. Specification of planting locations, site preparation, planting methods, maintenance, monitoring, and reporting will be contained in the tree permit to be issued by the City of Chino Hills.

Monitoring and Reporting Measures

- Applicants will prepare and submit a Long Term Management Plan for all onsite and offsite mitigation lands to the Service and CDFW for review and approval prior to project initiation. Activities described in the Long Term Management Plan will include, but are not limited to: invasive weed control; trash removal; control of unauthorized human access; maintenance of gates, fencing, and signs around the conservation areas; and removal of domestic animals.
- Applicants will implement a 5 year monitoring and reporting program as outlined in the HHMP for the 22.96 acres of onsite created mitigation areas including the water quality basins, RSS, and RSS and coast live oak habitats. As discussed in the HMMP, maintenance of the mitigation sites will include, but is not limited to, invasive weed control, irrigation maintenance, plant replacement, and erosion control. Applicants will submit annual reports to the Service and CDFW no later than December 31.
- Applicants will prepare a supplement to the HMMP to address changes in project conditions and to update project impacts and conservation measures. The HMMP supplement will also include the budget for plant installation, 5–year monitoring, reporting, maintenance, and perpetual management of the conservation areas. The supplement to the HMMP will not replace, but will be an addition to, the November 3, 2003, HMMP. Applicants will submit the supplement to the Corps, Service, and CDFW no later than 30 days prior to ground disturbing activities.
- Applicants will ensure a qualified project biologist will monitor implementation of the HMMP and its supplement. The Applicants will report any minor modification to the implementation of the HMMP and its supplement, as authorized by the project biologist, to the Corps, Service, and CDFW.
- Applicants will conduct annual protocol breeding season surveys to determine the presence or absence of vireo within identified occupied and potential habitat in the development areas prior to the issuance of clearing and grading permits.

Financial Assurances

- Applicants will provide a letter of credit for all onsite creation, conservation, and management activities, as identified in CDFW's Lake and Streambed Alteration Agreement No. 1600–2011–0234–R6, Revision 3, Conditions 5.1–5.4.
- Applicants will establish a management endowment fund to provide the long–term costs of monitoring, maintenance, management, and protection of the onsite habitat creation conservation areas (water quality basins, RSS, and RSS/coast live oak habitat totaling 22.96 acres) and the offsite riparian conservation areas (9.57–acre riparian area). Applicants will provide the Service and CDFW with proof of payment to the management endowment fund no later than 60 days prior to the initiation of construction activities.
- Applicants will establish a management fund for the long–term management, monitoring, and maintenance activities to be completed by the grantee for the100.21–acre open space conservation easement area. Long–term management, monitoring, and maintenance activities to be completed by the 100.21–acre open space conservation easement grantee are defined in the Avoidance, Minimization, and Mitigation Measures section above. The long–term management fund may consist of an interest–bearing account with the amount of capital necessary to generate sufficient funds to implement those activities, in perpetuity.
- The HOA will fund, in perpetuity, ongoing grazing and invasive species removal and treatment, trash and debris removal, and fencing/barrier and signage replacement and repair within the 100.21–acre open space. Applicants will be responsible for funding these activities until the HOA assumes full responsibility. Applicants will provide terms and conditions of the management fund payment arrangements for these activities to the Service and CDFW for review and approval prior to ground disturbance. Applicants will provide proof of payment to the management endowment fund or of the negotiated management payment agreement to the Service and CDFW no later than 90 days prior to the initiation of construction activities.

Pursuant to Fish and Game Code section 2080.1, take authorization under CESA is not required for the Proj-

ect for incidental take of vireo, provided the Applicants implement the Project as described in the Amended BO, including adherence to all measures contained therein, and comply with the mitigation measures and other conditions described in the Amended BO and its related ITS. If there are any substantive changes to the Project, including changes to the mitigation measures, or if the Service further amends or replaces the 2012 BO or its related ITS, the Applicants shall be required to obtain a new consistency determination or a CESA incidental take permit for the Project from CDFW (See generally Fish & G. Code, §§ 2080.1, 2081, subds. (b) and (c)). This determination replaces CDFW's prior determination (CDFW Ref. No. 2080–2001–037–06) issued by CDFW on September 28, 2001.

RULEMAKING PETITION DECISION

DEPARTMENT OF HEALTH CARE SERVICES

January 29, 2013

John R. Valencia
Wilke, Fleury, Hoffelt, Gould & Birney, LLP
400 Capitol Mall
Twenty–Second Floor
Sacramento, CA 95814

Dear Mr. Valencia:

This letter is in response to your petition received by the Department of Health Care Services (DHCS) on December 10, 2012 requesting an amendment to Title 22, California Code of Regulations, Section 51503 (22 CCR 51503), subdivision (e) as it applies to the maximum reimbursement for professional services for injections other than immunizations.

Currently on the Medi–Cal website, DHCS in conjunction with its fiscal intermediary publishes a reimbursement fee schedule for injections. The reimbursement fee schedule is available in both a "Text" and "Microsoft® Excel" digital format for public download. The reimbursement fee schedule is listed in order of Healthcare Common Procedural Coding System (HCPCS) Code and Current Procedural Terminology (CPT®) Code with its accompanying rate.

As discussed in previous engagements, including a meeting with representatives from the medical community on August 17, 2012 where your attendance was noted, DHCS and its fiscal intermediary publish a reimbursement fee schedule working within system programing instructions. Being technical in nature, these programing instructions provide DHCS the opportunity to include additional notes and guidance on how to interpret the published rates and are included within the reimbursement fee schedule download.

Specifically, your petition dated December 10, 2012 addresses one of these technical programming instructions relating to combining the one–time maximum professional services fee for injections of $4.46 to the per unit reimbursement for drug product cost, published as one reimbursement rate. For example, if Drug "X" has a per unit reimbursement for drug product cost of $1.00, the published rate (due to programming instructions) would be $5.46 once the professional service fee is included. The $1.00 drug product cost reimbursement amount used in this example would be the rate determined by California Welfare and Institutions (W&I) Code 14105.456. Continuing with this example, if multiple units are billed to Medi–Cal, each additional unit is reimbursed at $1.00 (the per unit reimbursement for drug product), as the professional services fee maximum reimbursement for injections of $4.46 was applied once as required by 22 CCR 51503(e). In the example above, the provider is given full reimbursement for the drug product cost incurred as well as the maximum allowance for professional services of injections.

A complete examination of the available notes provided within the reimbursement fee schedule download explains how to interpret reimbursement rates for injections. Injections are identified with the Service Type "I", and a Conversion Indicator of "30" corresponding to the maximum reimbursement fee of $4.46 for professional services for injections. It is with this explanation that DHCS hopes to re–convey the make–up of the published reimbursement fee schedule for injections is a combination of drug product cost and the one–time maximum allowance for professional services.

As always, DHCS seeks to be responsive to provider concerns. In order to provide greater clarity of the fee schedule, DHCS has published a provider bulletin reminding providers that the price listed on the Medi–Cal Rates page of the Medi–Cal website for each Physician Administered Drug includes the one–time injection administration fee of $4.46. Additionally, a review of the programming instructions resulting in a published combined professional service fee and drug product cost reimbursement rate is being examined.

In closing, based on the information provided in your petition and additional explanation provided in this letter, DHCS is not aware of any interpretation or application of policy regarding the reimbursement for injections that is in conflict with 22 CCR 51503(e). If however additional concerns should arise please do not hesitate to advance those issues to Pharmacy Benefits Division. DHCS will also provide a copy of this petition to any interested person.

Sincerely,

/s/
Harry Hendrix Jr., Chief
Pharmacy Benefits Division

PROPOSITION 65

OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT

SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986 (Proposition 65)

NOTICE TO INTERESTED PARTIES February 22, 2013

CHANGE OF BASIS FOR THE LISTING OF ACTINOMYCIN D AS A CHEMICAL KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER

Effective **February 22, 2013**, the Office of Environmental Health Hazard Assessment (OEHHA) changes the basis for the listing of *actinomycin D (CAS No. 50–76–0)* as a chemical known to the state to cause cancer for purposes of the Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65[1]). The original effective date of listing of the chemical, which is October 1, 1989, remains the same.

Actinomycin D was originally added to the Proposition 65 list as causing cancer via the Labor Code listing mechanism[2]. OEHHA changes the basis to the "formally required to be labeled or identified" listing mechanism[3] pursuant to the recent decision by the Third District Court of Appeal in *The Styrene Information and Research Council v. The Office of Environmental Health Hazard Assessment*[4]. (See also OEHHA's Notice to Interested Parties Regarding Certain IARC 2B Chemicals, dated January 4, 2013.) *Actinomycin D* has been identified or labeled to communicate a risk of cancer in accordance with formal requirements by the U.S. Food and Drug Administration (FDA).

The documentation supporting OEHHA's determination that the criteria for administrative listing have been satisfied for actinomycin D is included in the Notice of Intent to Change the Basis for Listing As Known to the State of California to Cause Cancer: Actinomycin D published in the January 4, 2013 issue of the California Regulatory Notice Register (Register 2013, No. 1–Z).

A complete, updated chemical list in the Excel format is posted and is available on the OEHHA website at www.oehha.ca.gov.

In summary, the following chemical is listed under Proposition 65 as known to the State to cause cancer with the new basis:

Chemical	CAS No.	Toxicological Endpoints	Listing Mechanism[5]
Actinomycin D	50–76–0	cancer	FR

[5] Listing mechanism:
FR — "formally required to be labeled or identified" mechanism (Health and Safety Code section 25249.8(b) and Title 27 Cal. Code of Regs., section 25902.

[1] Health and Safety Code section 25249.5 et seq.
[2] Actinomycin D was listed as causing cancer on October 1, 1989 pursuant to Labor Code Section 6382(d) which is incorporated by reference as a Proposition 65 listing mechanism by Health and Safety Code section 25249.8(a), based on its identification by the International Agency for Research on Cancer (IARC) as a "Group 2B" carcinogen with less than sufficient animal and human evidence at the time of listing.
[3] See Health and Safety Code section 25249.8(b) and Title 27, Cal. Code of Regs., section 25902. All further references are to sections of Title 27, unless indicated otherwise.
[4] *SIRC v. OEHHA* (Nov. 15, 2012) Westlaw No. 5834844.

SUMMARY OF REGULATORY ACTIONS

REGULATIONS FILED WITH SECRETARY OF STATE

This Summary of Regulatory Actions lists regulations filed with the Secretary of State on the dates indicated. Copies of the regulations may be obtained by contacting the agency or from the Secretary of State, Archives, 1020 O Street, Sacramento, CA 95814, (916) 653–7715. Please have the agency name and the date filed (see below) when making a request.

File# 2013–0102–01
AIR RESOURCES BOARD
Section 100 Periodic Smoke Inspection Program

The Air Resources Board (ARB) proposed to amend section 2193 of title 13 of the California Code of Regulations as a change without regulatory effect to reflect changes in periodic smoke inspections of heavy–duty diesel–powered vehicles resulting from Assembly Bill 1922 which was signed into law on September 7, 2012.

Title 13
California Code of Regulations
AMEND: 2193
Filed 02/07/2013
Agency Contact: Amy Whiting (916) 322–6533

File# 2013–0131–03
BOARD OF EDUCATION
Instructional Materials Mathematics Adoption

This regulatory action establishes procedures for the adoption of new mathematics instructional materials based on entirely new academic content standards, the Common Core State Standards for mathematics. AB 1246 (Chapter 668, Statutes of 2012) stipulates that these must be adopted no later than March 30, 2014. This bill also requires that the publishers participating in this adoption process be assessed a fee and provides that small publishers have a reduced fee. These regulations implement this provision.

Title 5
California Code of Regulations
ADOPT: 9517.3
Filed 02/06/2013
Effective 02/06/2013
Agency Contact: Cynthia Olsen (916) 319–0584

File# 2013–0108–01
BOARD OF OCCUPATIONAL THERAPY
Supervision Regulations

This rulemaking by the California Board of Occupational Therapy makes substantive changes to Title 16 of the California Code of Regulations, by adopting section 4187 and amending section 4184, with regard to occupational therapy assistants serving in administrative positions and making a non–substantive change to the title of Article 9.

Title 16
California Code of Regulations
ADOPT: 4187
AMEND: 4184
Filed 02/13/2013
Effective 04/01/2013
Agency Contact: Heather Martin (916) 263–2294

File# 2012–1221–01
BOARD OF PHARMACY
Compounding Drug Products

This rulemaking action by the Board of Pharmacy amends sections 1735.1–1735.3 and 1751.2 of title 16 of the California Code of Regulations. The amendments relate to compounding of drug products and add a new labeling requirement, define a new term, and incorporate new drug storage standards by reference.

Title 16
California Code of Regulations
AMEND: 1735.1, 1735.2, 1735.3, 1751.2
Filed 02/06/2013
Effective 04/01/2013
Agency Contact: Carolyn Klein (916) 574–7913

File# 2013–0110–03
BOARD OF REGISTERED NURSING
Sponsored Health Care Events — Requirements for Exemption

This change without regulatory effect corrects erroneous regulatory cross references in section 1495.2 of Title 16 of the California Code of Regulations and in an application form which is incorporated by reference.

Title 16
California Code of Regulations
AMEND: 1495.2
Filed 02/07/2013
Agency Contact: Alcidia Valim (916) 574–7684

File# 2013–0117–07
CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY
California Health Access Model Program

Government Code section 15438.10 authorizes the California Health Facilities Financing Authority to provide up to $1.5 million dollars in grant funds to one or more demonstration projects, designed to demonstrate innovative methods of delivering health care services to vulnerable populations or communities and to enhance health outcomes. This rulemaking establishes the framework for a two–step competitive process for the funding of these projects. The regulations provide the requirements of who is an eligible applicant and the requirements each project must meet. Additionally, the regulations establish the evaluation process that will be utilized to select the projects that will potentially receive funding.

Title 4
California Code of Regulations
ADOPT: 7100, 7101, 7102, 7103, 7104, 7105, 7106, 7107, 7108, 7109, 7110, 7111, 7112
Filed 02/07/2013
Effective 02/07/2013
Agency Contact: Barbara Webster–Hawkins (916) 654–5711

File# 2013–0201–01
CALIFORNIA POLLUTION CONTROL FINANCING AUTHORITY
California Capital Access Program for Small Businesses

The California Pollution Control Financing Authority (CPCFA) submitted this emergency action to amend

two provisions of section 8072 pertaining to the Capital Access Program for Small Businesses under title 4, division 11, article 7 of the California Code of Regulations. Legislation that became effective on January 1, 2013, requires financial institutions to notify CPCFA within 15 days after the date on which the loan is made of certain matters; such as interest rate, dollar amount of loan, disbursement, etc. The amendment to the regulations would change this requirement from 10 days to 15. CPCFA is also amending the requirement concerning the time period within which they respond to the application for enrollment of the qualified loan. The Authority will now have 15 days (instead of 10) after receipt of the documentation and fees to determine whether a loan shall be enrolled.

Title 4
California Code of Regulations
AMEND: 8072
Filed 02/11/2013
Effective 02/11/2013
Agency Contact: Jillian Franzoia (916) 653–3993

File# 2012–1228–01
CALIFORNIA PRISON INDUSTRY AUTHORITY
Inmate Work/Training and Education

This rulemaking by California Prison Industry Authority amends one section and adopts five new sections in Title 15 of the California Code of Regulations. This rulemaking establishes policies for inmate hiring standards. This includes educational, skill and behavioral requirements for work assignments. Specifically, these regulations require an inmate within two years of initial work assignment to complete their GED or to earn a high school diploma. If they fail to do so then they are not eligible for a higher pay skill level until they complete the requirement. These regulations also prohibit the hiring of Life Without Parole inmates unless there are extenuating circumstances.

Title 15
California Code of Regulations
ADOPT: 8004, 8004.1, 8004.2, 8004.3, 8004.4
AMEND: 8000
Filed 02/12/2013
Effective 04/01/2013
Agency Contact: Ann Cunningham (916) 358–1612

File# 2013–0204–02
CALIFORNIA STATE UNIVERSITY
Cal State Online

The Board of Trustees of the California State University is adopting a regulation concerning online curricula to be offered by degree–granting campuses. This matter is exempt from OAL review pursuant to Education Code section 89030.1.

Title 5
California Code of Regulations
ADOPT: 40203
Filed 02/07/2013
Effective 02/07/2013
Agency Contact: Jason T. Taylor (562) 951–4500

File# 2013–0204–03
CALIFORNIA STATE UNIVERSITY
Outside Employment Disclosure Requirements

The Board of Trustees of the California State University is adopting a regulation to require managerial and executive employees to report outside employment. This matter is exempt from OAL review pursuant to Education Code section 89030.1.

Title 5
California Code of Regulations
ADOPT: 42740
Filed 02/07/2013
Effective 02/07/2013
Agency Contact: Jason T. Taylor (562) 951–4500

File# 2013–0204–01
CALIFORNIA STATE UNIVERSITY
Baccalaureate Degree Unit Requirements

The Board of Trustees of the California State University has amended their regulations concerning the unit requirements for baccalaureate degrees. This matter is exempt from OAL review pursuant to Education Code section 89030.1.

Title 5
California Code of Regulations
AMEND: 40405.1, 40405.4, 40500, 40501, 40505, 40506, 40507, 40508
Filed 02/11/2013
Effective 02/11/2013
Agency Contact: Jason T. Taylor (562) 951–4500

File# 2013–0115–01
CALIFORNIA TAX CREDIT ALLOCATION COMMITTEE
CTCAC Regulations Implementing the Federal and State Low Income Housing Tax Credit Laws

The California Tax Credit Allocation Committee (Committee) amended section 10325 of title 4 of the California Code of Regulations on the application selection criteria for Credit Ceiling applications. This amendment is exempt from the procedural requirements of the Administrative Procedure Act and was effective upon adoption by the Committee on November 14, 2012 pursuant to section 50199.17 of the Health and Safety Code.

Title 4
California Code of Regulations
AMEND: 10325
Filed 02/11/2013
Effective 11/14/2012
Agency Contact: Gina Ferguson (916) 651–7707

File# 2013–0128–02
DEPARTMENT OF DEVELOPMENTAL SERVICES
Regional Center Conflict of Interest Standards and Procedures

The Department of Developmental Services (DDS) submitted this emergency readoption action to continue the emergency regulations adopted in OAL File No. 2012–0806–01E. The emergency action made substantial amendments to title 17 conflict–of–interest regulations applicable to regional centers that provide services to the public under the Lanterman Developmental Disabilities Services Act. These regional centers are nonprofit entities that have both a statutory and contractual relationship with DDS under the act. The proposed regulations establish criteria that constitute conflicts of interest, and standard reporting and monitoring requirements that pertain to regional center board members, employees, and others acting on behalf of a regional center, as specified, that have decisionmaking or policymaking authority or authority to obligate a regional center's resources. The proposed action implements recent changes in the Welfare and Institutions Code made in SB 74 (Stats. 2011, ch. 9), and is intended to assure those that are subject to the regulations make decisions with respect to regional center transactions that are in the best interests of a regional center's consumers and families.

Title 17
California Code of Regulations
ADOPT: 54521, 54522, 54523, 54524, 54525, 54526, 54527, 54528, 54529, 54530, 54531, 54532, 54533, 54534, 54535 AMEND: 54500, 54505, 54520 REPEAL: 54521, 54522, 54523, 54524, 54525
Filed 02/07/2013
Effective 02/07/2013
Agency Contact: Eric Gelber (916) 654–1844

File# 2013–0107–01
DEPARTMENT OF GENERAL SERVICES
Amendments to California Code of Regulations, Title 21. Public Works

This rulemaking action conforms regulations in Title 21 of the California Code of Regulations to Proposition 35, Section 4, effective November 8, 2000, regarding the contracting out of architectural and engineering work on public works projects.

Title 21
California Code of Regulations
AMEND: 1301, 1310, 1312
Filed 02/07/2013
Effective 04/01/2013
Agency Contact: Pamela Mendoza (916) 376–1731

File# 2013–0129–05
DEPARTMENT OF PUBLIC HEALTH
Licensing of Genetic Counselors

The Department of Public Health (DPH) submitted this deemed emergency action for filing with the Secretary of State and publication in the CCR. This action is exempt from OAL review pursuant to Health & Safety Code section 124977(d). The action adopts Group 1. Licensing of Genetic Counselors into title 17 of the CCR. It contains 19 new regulation sections dealing with genetic counselor licensing requirements, including fees and forms to be used.

Title 17
California Code of Regulations
ADOPT: 6300.1, 6300.3, 6300.5, 6300.7, 6300.9, 6300.11, 6300.13, 6300.15, 6300.17, 6300.19, 6300.21, 6300.23, 6301.1, 6301.3, 6301.5, 6301.7, 6301.9, 6303.1, 6303.3
Filed 02/11/2013
Agency Contact: Laurel Prior (916) 440–7673

File# 2013–0205–01
EDUCATION AUDIT APPEALS PANEL
Supplement to Audits of K–12 LEAs — FY 2012–13

The Education Audit Appeals Panel submitted this emergency rulemaking action to update the audit guide that is used for auditing California K–12 Local Education Agencies (LEAs), pursuant to Education Code section 14502.1. In particular, this emergency action removes from the 2012–2013 audit guide the audit steps related to determining whether LEAs conducted public hearings as directed by Education Code section 42605.

Title 5
California Code of Regulations
AMEND: 19816, 19816.1, 19839
Filed 02/12/2013
Effective 02/12/2013
Agency Contact:
Timothy E. Morgan (916) 445–7745

File# 2012–1228–02
EMERGENCY MEDICAL SERVICES AUTHORITY
Paramedic

The Emergency Medical Services Authority (EMSA) amended over 40 sections in division 9, chapter 4 of title 22 of the California Code of Regulations

(CCR) pertaining to Paramedics. These amendments expand the paramedic basic scope of practice by moving the majority of local optional scope of practice items into the basic scope. This rulemaking also adopts a new category of paramedic provider: the Critical Care Transport Paramedic. Controlled substance security policy requirements are also added in this rulemaking. Additionally there is some clean–up of language throughout the Paramedic chapter.

Title 22
California Code of Regulations
ADOPT: 100144 AMEND: 100135, 100136, 100137, 100139, 100140, 100141, 100142, 100143, 100144, 100145, 100146, 100147, 100148, 100149, 100150, 100151, 100152, 100153, 100154, 100155, 100156, 100157, 100158, 100159, 100160, 100161, 100162, 100163, 100164, 100165, 100166, 100167, 100168, 100169, 100170, 100171, 100172, 100173, 100174, 100175
Filed 02/11/2013
Effective 04/01/2013
Agency Contact: Laura Little (916) 322–4336

File# 2013–0110–02
OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT
Chemicals Known to the State to Cause Cancer or Reproductive Toxicity

This File and Print action updates the listing of "Chemicals Known to the State to Cause Cancer or Reproductive Toxicity" contained in section 27001 of title 27 of the CCR. This update adds multiple chemicals to the list. The listing of chemicals is exempt from the APA per Health and Safety Code section 25249.8(e).

Title 27
California Code of Regulations
AMEND: 27001
Filed 02/06/2013
Effective 01/04/2013
Agency Contact: Cynthia Oshita (916) 322–2068

CCR CHANGES FILED WITH THE SECRETARY OF STATE WITHIN September 19, 2012 TO February 13, 2013

All regulatory actions filed by OAL during this period are listed below by California Code of Regulations titles, then by date filed with the Secretary of State, with the Manual of Policies and Procedures changes adopted by the Department of Social Services listed last. For further information on a particular file, contact the person listed in the Summary of Regulatory Actions section of the Notice Register published on the first Friday more than nine days after the date filed.

Title 1
11/13/12 AMEND: 1, Appendix A

Title 2
01/31/13 AMEND: 649.28
01/09/13 ADOPT: 18756
01/08/13 AMEND: 18723, 18730
01/07/13 AMEND: 18545, 18703.4, 18940.2
01/07/13 AMEND: 18705.5
01/02/13 AMEND: 22500, 22501, 22502, 22503, 22505, 22506, 22508, 22509 REPEAL: 22504, 22507, 22510, 22511, 22512, 22513, 22514, 22515, 22516, 22517, 22518, 22519
12/31/12 ADOPT: 1859.97 AMEND: 1859.2, 1859.90.2
12/28/12 AMEND: 18410, 18425, 18435, 18465.1, 18550 REPEAL: 18539
12/27/12 AMEND: 649.7
12/26/12 ADOPT: 7294.0, 7294.2 AMEND: 7293.5, 7293.6, 7293.7, 7293.8, 7293.9, 7294.0 (renumbered to 7294.1), 7294.1(renumbered to 7294.3), 7294.2 (renumbered to 7294.4)
12/24/12 REPEAL: 60020, 60025, 60030, 60040, 60045, 60050, 60055, 60100, 60110, 60200
12/11/12 AMEND: 649.15
12/06/12 AMEND: 1859.2, 1859.90.2
11/30/12 ADOPT: 7291.4, 7291.7, 7291.14, 7291.18 AMEND: 7291.2, 7291.3, 7291.4 and renumber 7291.5, 7291.5 and renumber 7291.6, 7291.6 and renumber 7291.8, 7291.7 and renumber 7291.9, 7291.9 and renumber 7291.10, 7291.10 and renumber 7291.17, 7291.11, 7291.12, 7291.13, 7291.15, 7291.16 REPEAL: 7291.8, 7291.14
11/29/12 ADOPT: 558.1
11/28/12 AMEND: 54100
11/09/12 ADOPT: 599.945.4 AMEND: Article 27.5 heading
11/08/12 AMEND: 18723
11/06/12 REPEAL: 56600
11/06/12 REPEAL: 52000
11/06/12 REPEAL: 52300
11/01/12 ADOPT: 1859.95.1 AMEND: 1859.2, 1859.95
10/23/12 AMEND: 1859.2, 1859.71.6, 1859.77.4, 1859.107, 1859.193, 1859.194, 1859.197
10/22/12 ADOPT: 599.944, 599.946, 599.947
10/18/12 AMEND: 1575
10/18/12 ADOPT: 577, 578

10/17/12 AMEND: 20804
10/03/12 ADOPT: 18730.1
10/02/12 AMEND: 1859.2, 1859.71.4, 1859.78.1, 1859.79.2, 1859.82, 1859.83, 1859.106, 1859.125, 1859.125.1, 1859.145, 1859.163.1, 1859.163.5, 1859.193
09/20/12 ADOPT: 59730
09/19/12 AMEND: 1155.250, 1155.350

Title 3

11/15/12 AMEND: 3435(b)
10/29/12 ADOPT: 1352.4 AMEND: 1351, 1358.4
10/23/12 ADOPT: 3639
10/23/12 ADOPT: 3439
09/21/12 AMEND: 3437(b) and (c)
09/18/12 AMEND: 6449.1, 6486.7

Title 4

02/11/13 AMEND: 10325
02/11/13 AMEND: 8072
02/07/13 ADOPT: 7100, 7101, 7102, 7103, 7104, 7105, 7106, 7107, 7108, 7109, 7110, 7111, 7112
02/04/13 AMEND: 8070, 8071, 8072, 8078, 8078.2
01/28/13 ADOPT: 10050, 10051, 10052, 10053, 10054, 10055, 10056, 10057, 10058, 10059, 10060
01/24/13 ADOPT: 5255, 5256 AMEND: 5170, 5230, 5250, 5560, 5580
01/08/13 ADOPT: 5205 AMEND: 5000, 5054, 5144, 5170, 5190, 5200, 5230, 5350, 5370 REPEAL: 5133
12/21/12 ADOPT: 5342, 5343, 5344, 5345, 5346, 5347, 5348
12/13/12 AMEND: 12391(a)(2)
12/03/12 AMEND: 10032, 10033, 10034, 10035
11/27/12 ADOPT: 4305, 4309 AMEND: 4300, 4302, 4304, 4306, 4307, 4308
10/30/12 AMEND: 5000, 5052
10/29/12 ADOPT: 10050, 10051, 10052, 10053, 10054, 10055, 10056, 10057, 10058, 10059, 10060
10/17/12 AMEND: 1656
10/16/12 ADOPT: 1581.2
10/10/12 AMEND: 1867
09/27/12 AMEND: 5000, 5170, 5200, 5230, 5370, 5500, 5540

Title 5

02/12/13 AMEND: 19816, 19816.1, 19839
02/11/13 AMEND: 40405.1, 40405.4, 40500, 40501, 40505, 40506, 40507, 40508
02/07/13 ADOPT: 40203
02/07/13 ADOPT: 42740
02/06/13 ADOPT: 9517.3
01/17/13 ADOPT: 80053.1 AMEND: 80024.6, 80053
01/14/13 ADOPT: 80048.3.2 AMEND: 80048.3.1
12/27/12 AMEND: 58108
12/27/12 AMEND: 55000, 55023, 55040, 55041, 55043, 58161, 58162, 58166 REPEAL: 55030
12/24/12 ADOPT: 18224.6, 18227, 18227.1 AMEND: 18078, 18409, 18411, 18424, 18426
12/18/12 AMEND: 76120
12/13/12 AMEND: 40601
11/01/12 AMEND: 18407, 18422
10/31/12 ADOPT: 620, 621, 622, 623, 624, 625, 626, 627
09/27/12 ADOPT: 620, 621, 622, 623, 624, 625, 626, 627
09/27/12 AMEND: 3000, 3010, 3021, 3021.1, 3022, 3023, 3024, 3025, 3027, 3028, 3042, 3051.4, 3051.75, 3051.8, 3051.9, 3051.12, 3051.13, 3051.17, 3051.18, 3052, 3053, 3062, 3063, 3064, 3066, 3067, 3069, 3080, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3088.1, 3088.2, 3089, 3090, 3091, 3092, 3093, 3094, 3096, 3096.1, 3096.2, 3097, 3098, 3098.1, 3098.2, 3099, 3100

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01/28/13 ADOPT: 4993.1 AMEND: 1610.3, 1616.3, 4885, 4999, 5001
01/24/13 AMEND: 3210, 3900
12/31/12 ADOPT: 10206, 10206.1, 10206.2, 10206.3, 10206.4, 10206.5, 10206.14, 10206.15, 10207, 10208 AMEND: 10205, 10205.12
12/31/12 ADOPT: 15209 AMEND: 15201, 15210, 15210.1, 15475, 15477, 15481, 15484, 15496, 15497
12/31/12 ADOPT: 9792.5.4, 9792.5.5, 9792.5.6, 9792.5.7, 9792.5.8, 9792.5.9, 9792.5.10, 9792.5.11, 9792.5.12, 9792.5.13, 9792.5.14, 9792.5.15 AMEND: 9792.5.1, 9792.5.3, 9793, 9794, 9795
12/31/12 ADOPT: 37, 10159 AMEND: 1, 11, 11.5, 14, 17, 30, 31.2, 31.7, 33, 35, 35.5, 36, 38, 100, 105, 106, 10160
12/31/12 ADOPT: 9785.5, 9792.6.1, 9792.9.1, 9792.10.1, 9792.10.2, 9792.10.3, 9792.10.4, 9792.10.5, 9792.10.6, 9792.10.7, 9792.10.8, 9792.10.9 AMEND: 9785, 9792.6, 9792.9, 9792.10, 9792.12

12/27/12 ADOPT: 9789.25 AMEND: 9789.20, 9789.21, 9789.22
12/27/12 ADOPT: 9789.39 AMEND: 9789.30, 9789.31, 9789.32, 9789.33, 9789.36, 9789.37, 9789.38
12/27/12 AMEND: 9795.1, 9795.3
12/20/12 ADOPT: 10133.31, 10133.32, 10133.33, 10133.34, 10133.35, 10133.36 AMEND: 9813.1, 10116.9, 10117, 10118, 10133.53, 10133.55, 10133.57, 10133.58, 10133.60 REPEAL: 10133.51, 10133.52
12/10/12 AMEND: 10210, 10211, 10212, 10214, 10215, 10216, 10217, 10218, 10222, 10223, 10225, 10228, 10229, 10232, 10232.1, 10232.2, 10245, 10250.1, 10252.1, 10253.1, 10270, 10271, 10273, 10290, 10291, 10293, 10294.5, 10297
10/31/12 ADOPT: 6625.1 AMEND: 6505
10/23/12 AMEND: 1593, 3650
10/18/12 AMEND: 6325
10/02/12 ADOPT: 1613.11, 1613.12 AMEND: 1600, 1610.1, 1610.3, 1610.4, 1610.9, 1611.1, 1612.3, 1613, 1613.2, 1613.10, 1616.1, 1617.1, 1617.2, 1617.3, 1618.1, 1619.1, 4885, 4999
10/02/12 AMEND: 4297
09/25/12 AMEND: 2950, 3420, 3421, 3422, 3423, 3424, 3425, 3426, 3427 REPEAL: 3428

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01/17/13 AMEND: 7141.5, 7143, 7227, 7350, 7351, 7353.6, 7354, 7355, 7356, 7357, 7358

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01/17/13 ADOPT: 6410, 6420, 6422, 6424, 6440, 6442, 6444
01/11/13 AMEND: 2498.4.9, 2498.5, 2498.6
12/31/12 AMEND: 2695.8(f), 2695.8(g)
12/19/12 ADOPT: 2523, 2523.1, 2523.2, 2523.3, 2523.4, 2523.5, 2523.6
12/17/12 AMEND: 2248.14
12/11/12 AMEND: 3780
11/19/12 AMEND: 2698.401
11/13/12 AMEND: 2498.4.9

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12/12/12 AMEND: 1081
11/26/12 AMEND: 1001, 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1018, 1019, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1060, 1070, 1071, 1080,1081, 1082, 1083, 1084, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960
11/15/12 AMEND: 1005, 1007, 1008
11/15/12 AMEND: 1005

Title 13

02/07/13 AMEND: 2193
01/28/13 ADOPT: 426.00
01/24/13 AMEND: 425.01
01/07/13 AMEND: 553.70
12/31/12 AMEND: 1900, 1956.8, 1960.1, 1961, 1961.2, 1961.3, 1962.1, 1962.2, 1976
12/11/12 AMEND: 2403, 2404, 2407, 2412, 2421, 2423, 2424, 2425, 2425.1, 2426, 2427, 2433, 2447, 2783, 2784
12/10/12 AMEND: 423.00
11/13/12 AMEND: 1200, 1239
11/06/12 ADOPT: 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218
10/15/12 ADOPT: 2477.1, 2477.2, 2477.3, 2477.4, 2477.5, 2477.6, 2477.7, 2477.8, 2477.9, 2477.10, 2477.11, 2477.12, 2477.13, 2477.14, 2477.15, 2477.16, 2477.17, 2477.18, 2477.19, 2477.20, 2477.21 AMEND: 2477
10/09/12 AMEND: 2260, 2261, 2264, 2265, 2265.1, 2266, 2266.5, 2271 REPEAL: 2258
09/25/12 AMEND: 156.00, 156.01

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01/31/13 AMEND: 1270, 1270.02, 1270.03, 1270.04, 1270.05, 1270.06, 1270.07, 1270.08, 1270.09
01/08/13 AMEND: 27.65, 28.30
12/27/12 ADOPT: 1.45, 5.91 AMEND: 1.77, 2.25, 2.30, 4.20, 5.00, 5.05, 5.10, 5.40, 5.60, 5.80, 5.81, 7.00, 7.50, 8.00, 27.85, 27.90, 27.91, 28.90, 28.95, 701
12/20/12 AMEND: 703
11/19/12 AMEND: 632
11/07/12 AMEND: 701
11/06/12 ADOPT: 1052.5 AMEND: 895, 916.9, 1052, 1052.1, 1052.2
11/02/12 AMEND: 163, 164
10/29/12 AMEND: 18660.5, 18660.6, 18660.7, 18660.8, 18660.9, 18660.10, 18660.11, 18660.12, 18660.13, 18660.15, 18660.16, 18660.17, 18660.18, 18660.19, 18660.20, 18660.21, 18660.22, 18660.30, 18660.31, 18660.32, 18660.33, 18660.34, 18660.35, 18660.36, 18660.37, 18660.38, 18660.39, 18660.41, 18660.43
10/18/12 ADOPT: 1665.1, 1665.2, 1665.3, 1665.4, 1665.5,1665.6, 1665.7, 1665.8
10/03/12 AMEND: 300
10/02/12 AMEND: 632

09/27/12 ADOPT: 1667.1, 1667.2, 1667.3, 1667.4, 1667.5, 1667.6
09/25/12 AMEND: 18660.40
09/21/12 AMEND: 502

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02/12/13 ADOPT: 8004, 8004.1, 8004.2, 8004.3, 8004.4 AMEND: 8000
01/17/13 AMEND: 3000, 3076.1, 3076.3, 3375, 3375.1, 3375.2, 3375.3, 3375.4, 3375.5, 3377.2, 3521.2
01/15/13 AMEND: 3999.14
12/20/12 ADOPT: 3079, 3079.1 AMEND: 3000, 3075.2, 3075.3
10/25/12 ADOPT: 3999.14
10/22/12 AMEND: 3019, 3044, 3091, 3120
10/18/12 ADOPT: 3999.13
10/17/12 ADOPT: 3375.6 AMEND: 3000, 3375
10/04/12 ADOPT: 3352.3 AMEND: 3350.1, 3352, 3352.1, 3352.2, 3354, 3354.2, 3355.1, 3358
09/25/12 ADOPT: 1712.1, 1714.1, 1730.1, 1740.1, 1748.5 AMEND: 1700, 1706, 1712, 1714, 1730, 1731, 1740, 1747, 1747.1, 1747.5, 1748, 1751, 1752, 1753, 1754, 1756, 1760, 1766, 1767, 1768, 1770, 1772, 1776, 1778, 1788 REPEAL: 1757

Title 16

02/13/13 ADOPT: 4187 AMEND: 4184
02/07/13 AMEND: 1495.2
02/06/13 AMEND: 1735.1, 1735.2, 1735.3, 1751.2
01/22/13 AMEND: 1399.15
01/15/13 ADOPT: 1399.99.1, 1399.99.2, 1399.99.3, 1399.99.4
01/14/13 AMEND: 1566.1
01/10/13 AMEND: 1399.536
01/09/13 AMEND: 1811, 1870, 1887.3
12/18/12 ADOPT: 37.5
12/13/12 AMEND: 2615, 2620
11/29/12 AMEND: 2524, 2579.10
11/27/12 ADOPT: 1495, 1495.1, 1495.2, 1495.3, 1495.4
11/14/12 ADOPT: 1139, 1140, 1141, 1142, 1143, 1144
11/13/12 ADOPT: 2333
11/07/12 ADOPT: 1023.15, 1023.16, 1023.17, 1023.18, 1023.19
10/31/12 AMEND: 1425
10/29/12 ADOPT: 1065
10/25/12 ADOPT: 2.8, 11, 11.1 AMEND: 9.2
09/25/12 AMEND: 1514, 1525.1
09/25/12 AMEND: 3340.15, 3394.6

Title 17

02/11/13 ADOPT: 6300.1, 6300.3, 6300.5, 6300.7, 6300.9, 6300.11, 6300.13, 6300.15, 6300.17, 6300.19, 6300.21, 6300.23, 6301.1, 6301.3, 6301.5, 6301.7, 6301.9, 6303.1, 6303.3
02/07/13 ADOPT: 54521, 54522, 54523, 54524, 54525, 54526, 54527, 54528, 54529, 54530, 54531, 54532, 54533, 54534, 54535 AMEND: 54500, 54505, 54520 REPEAL: 54521, 54522, 54523, 54524, 54525
01/22/13 AMEND: 60201, 60210
01/03/13 AMEND: 2641.56
12/19/12 ADOPT: 95158 AMEND: 95101, 95102, 95103, 95104, 95105, 95111, 95112, 95113, 95114, 95115, 95119, 95120, 95121, 95122, 95123, 95130, 95131, 95132, 95133, 95150, 95151, 95152, 95153, 95154, 95155, 95156, 95157, 95202, 95802
12/06/12 AMEND: 95920
11/26/12 ADOPT: 95480.2, 95480.3, 95480.4, 95480.5 AMEND: 95480.1, 95481, 95482, 95484, 95485, 95486, 95488, 95490
11/14/12 AMEND: 6508
11/02/12 AMEND: 100500
10/30/12 AMEND: 100060, 100070
10/03/12 AMEND: 95201, 95202, 95203, 95204, 95205

Title 18

01/14/13 AMEND: 101, 171, 252, 1045
01/08/13 REPEAL: 2558, 2558.1, 2559, 2559.1, 2559.3, 2559.5
12/18/12 ADOPT: 19089
12/04/12 ADOPT: 2000
10/23/12 AMEND: 313, 321

Title 19

12/17/12 AMEND: 2570.1, 2570.2, 2571, 2572.1, 2572.2, 2573.1, 2573.2, 2573.3

Title 20

10/26/12 AMEND: 1601, 1602, 1604, 1605.1, 1605.3, 1606, 1607

Title 21

02/07/13 AMEND: 1301, 1310, 1312
12/24/12 ADOPT: 2653, 2654, 2655, 2656, 2657, 2658

Title 22

02/11/13 ADOPT: 100144 AMEND: 100135, 100136, 100137, 100139, 100140, 100141, 100142, 100143, 100144,

100145, 100146, 100147, 100148, 100149, 100150, 100151, 100152, 100153, 100154, 100155, 100156, 100157, 100158, 100159, 100160, 100161, 100162, 100163, 100164, 100165, 100166, 100167, 100168, 100169, 100170, 100171, 100172, 100173, 100174, 100175

01/25/13 AMEND: 100058, 100060, 100063, 100066, 100074, 100075, 100078, 100079, 100080, 100081

01/09/13 AMEND: 70110, 70215, 70841, 71110, 71645, 72203, 72641, 73208, 73639, 74108, 74669, 76211, 76525, 76555, 76651, 76846, 76915, 78437 REPEAL: 70111, 70114, 71111, 73209, 74109

01/07/13 AMEND: 66260.10, 66264.550, 66264.551, 66264.552, 66264.552.5, 66264.553, 67100.13, 67383.3, 67390.2, 67391.1, 67401.1, 67401.2, 67401.3, 67401.4, 67401.5, 67401.6, 67401.7, 67401.8, 67401.9, 67401.10, 67401.11, 67401.12, 67401.13 REPEAL: 69000, 69000.5, 69001, 69002, 69003, 69004, 69005, 69006, 69007, 69008, 69009, 69010, 69011, 69012, 69013, 69200, 69201, 69202, 69203, 69204, 69205, 69206, 69207, 69208, 69209, 69210, 69211, 69212, 69213, 69214

12/10/12 AMEND: 926–3, 926–4, 926–5

11/13/12 ADOPT: 2707.2–1 AMEND: 3302–1

10/25/12 AMEND: 97005, 97019, 97041, 97052, 97053, 97054

10/18/12 AMEND: 97240

10/15/12 ADOPT: 66273.80, 66273.81, 66273.82, 66273.83, 66273.84, 66273.90, 66273.91, 66273.100, 66273.101 AMEND: 66261.4, 66273.6, 66273.7, 66273.9, 66273.70, 66273.72, 66273.73, 66273.74, 66273.75

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01/28/13 ADOPT: 3677, 3677.1, 3677.2, 3677.3, 3677.4, 3677.5, 3677.6, 3680.1, 3680.2, 3681, 3682, 3682.1, 3682.2, 3682.3, 3682.4, 3682.5, 3682.6, 3683, 3683.1, 3683.2, 3683.3, 3683.4, 3684, 3685, 3686, 3687, 3689, 3700, 3701, 3701.1, 3701.2, 3702, 3702.1, 3702.2, 3702.3, 3702.4, 3702.5, 3702.6, 3702.7, 3703, 3709, 3712, 3712.1, 3712.2, 3715, 3716, 3719.6, 3719.8, 3719.10, 3719.11, 3719.14, 3719.15 AMEND: 3670, 3670.1, 3671, 3675, 3676, 3680, 3710, 3711, Renumber 3712 as 3711.1,Renumber 3713 as 3711.2, Renumber 3714 as 3713, Renumber 3715 as 3714, 3717, 3718, 3719, Renumber 3719.10 as 3719.1, Renumber 3719.11 as 3719.2,Renumber 3719.12 as 3719.3, Renumber 3719.13 as 3719.4, Renumber 3719.14as 3719.5, Renumber 3719.15 as 3719.7, Renumber 3719.16 as 3719.9, Renumber 3719.17 as 3719.12, Renumber 3719.18 as 3719.13, Renumber 3719.19 as 3719.16 REPEAL: 3670.2, 3683, 3684, 3685, 3686, 3700, 3701, 3702, 3702.1, 3702.2, 3702.3, 3702.4, 3702.5, 3703, 3704, 3707, 3708, 3709, 3716

12/17/12 ADOPT: 3949.9

12/06/12 ADOPT: 3979.5

11/14/12 AMEND: 1062, 1064, 1068

11/13/12 ADOPT: 2924

11/13/12 ADOPT: 3969.3

Title 25

10/10/12 AMEND: 8201, 8205, 8212

Title 27

02/06/13 AMEND: 27001

12/17/12 AMEND: 25705

11/19/12 AMEND: 25903

10/10/12 AMEND: 25707

09/20/12 AMEND: 25705(b)

Title MPP

01/16/13 AMEND: 40–107, 42–301, 42–302, 42–431, 42–712, 42–713, 42–721, 44–133, 44–307, 44–316, 82–833

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