**STATE OF CALIFORNIA**

**DEPARTMENT OF INDUSTRIAL RELATIONS**

**DIVISION OF WORKERS’ COMPENSATION**

**Workers’ Compensation – Qualified Medical Evaluator Regulations**

**(Title 8, California Code of Regulations sections 31.3, 31.5, 34, 46.3 and Forms 31.5 & 108)**

**NOTICE OF MODIFICATION OF TEXT OF PROPOSED ACTION**

**NOTICE IS HEREBY GIVEN** that pursuant to Government Code section 11346.8(c) and California Code of Regulations Title 1, section 44 the Administrative Director of the Division of Workers’ Compensation (hereafter “Administrative Director”), hereby provides notice of changes to Form 31.5 and Form 108 which were the subject of a public hearing on November 15, 2022. The text with proposed modifications indicated in blue text with strikethrough if text is removed and blue text with underline if text is being added is attached to this Notice.

Any interested person, or their authorized representative, may submit written comments relevant to the proposed changes to:

Maureen Gray

Regulations Coordinator

Department of Industrial Relations

P.O. Box 420603

San Francisco, CA 94142

Written comments may be submitted via 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.

Comments will be accepted between November 21 through December 6, 2022. When commenting, please indicate the proposed rulemaking action to which your comment refers.

All written comments received by December 6, 2022 which pertain to the indicated changes will be considered by the Division of Workers Compensation and will be summarized and responded to in the Final Statement of Reasons.

## CONTACT PERSON

Inquiries concerning this proposed action 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

## BACKUP CONTACT PERSON

In the event the contact person is unavailable, inquiries should be directed to the following backup contact person:

Nicole L. Richardson, Attorney

 Department of Industrial Relations

 Division of Workers’ Compensation

 Post Office Box 420603

 San Francisco, CA 94142

 E-mail: (nrichardsont@dir.ca.gov)

The telephone number of the backup contact persons is (510) 286-7100.

**Availability of Documents on the Internet**

Copies of the documents related to this rulemaking can be accessed through the Division’s website at dir.ca.gov.