**STATE OF CALIFORNIA**

**DEPARTMENT OF INDUSTRIAL RELATIONS**

**DIVISION OF WORKERS’ COMPENSATION**

**INITIAL STATEMENT OF REASONS**

**Subject Matter of Regulations: Workers’ Compensation**

**Qualified Medical Evaluator Regulations**

**TITLE 8. CALIFORNIA CODE OF REGULATIONS**

**SECTIONS 1, 11, 11.5, 14, 33, 35, 35.5, 50, 51, 52, 54, 55, 56, 57, 63, 10133.54 & 10133.55**

Amend section 1 Definitions

Amend section 11 Eligibility Requirements for Initial Appointment as a QME

Amend section 11.5 Disability Evaluation Report Writing Course

Amend section 14 Doctors of Chiropractic Certification in Workers’ Compensation

Evaluation

Amend section 33 Unavailability of QME

Amend section 35 Exchange of Information and Ex Parte Communications

Amend section 35.5 Compliance by AMEs and QMEs with Administrative Director Evaluation and Reporting Guidelines

Amend section 50 Reappointment Requirements and Application Form

Amend section 51 Reappointment: Failure to Comply with Time Frames

Repeal section 52 Reappointment: Unavailability Notification

Repeal section 54 Reappointment: Evaluations Rejected by Appeals Board

Amend section 55 **Reappointment: Continuing Education Programs**

Repeal section 56 Reappointment: Failure to Comply with WCAB Order Overruling

Repeal section 57 Reappointment: Professional Standard – Violation of Business and Professions Code Section 730

Amend section 63 Denial of Appointment or Reappointment

Repeal section 10133.54 Dispute Resolution

Repeal section 10133.55 Form [DWC-AD 10133.55 “Request for Dispute Resolution Before the Administrative Director.”]

**BACKGROUND TO REGULATORY PROCEEDING**

In the California workers’ compensation system, the physicians who perform medical evaluation examinations and write comprehensive medical-legal reports that are used by injured employees and employers to resolve disputes over medical issues and other benefits in a workers’ compensation claim are called Agreed Medical Evaluators (AMEs) or Qualified Medical Evaluators (QMEs). Pursuant to the statutory authority granted by Labor Code section 139.2, the Administrative Director of the Division of Workers’ Compensation (“DWC”) is charged with overseeing the administration of the qualified medical evaluator program. The Administrative Director’s statutory scope of authority includes the implementation of regulations for the administration of the qualified medical evaluator program. This rulemaking involves amendments, repeals or additions to the regulations that govern QMEs, and some aspects of the work of AMEs, found in sections 1, 11, 11.5, 14, 33, 35, 35.5, 50, 51, 52, 54, 55, 56, 57 & 63 in Title 8 of the California Code of Regulations.

The proposed changes to these regulations are necessary due to changes made by the implementation of Senate Bill 863 (Chapter 363) which amended Labor Code 4062.2. The proposed changes are also necessary as a result of recent challenges to the administration of the QME program based upon inconsistent statutory and regulatory analysis as between the DWC and physician users of the QME program. The proposed changes are also necessary to implement a system to allow for electronic service of medical-legal reports. The proposed changes are also necessary as a result of the need to educate physician providers of the possible occurrence of bias in Medical-Legal reporting and to prevent such bias.

**TECHNICAL, THEORETICAL, OR EMPIRICAL STUDIES, REPORTS OR DOCUMENTS**

SB 863 [Stats 2012, ch 363 (SB 863) (DeLeon)], available on the web at

<https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201120120SB863>

**Specific technology or equipment required (if applicable)**

No specific technologies or equipment are required by these proposed regulations.

**Facts on which the agency relies in support of its initial determination that the regulations will not have a significant adverse impact on business.**

The Administrative Director has determined that these proposed regulations will not have a significant adverse impact on business.

Clarification of the definitions that apply to the QME program, and the proper manner in which it should be administered will not adversely impact business.

**SUMMARY OF PROPOSED CHANGES**

**Rulemaking Authority**

The Administrative Director’s rulemaking authority is found in Lab. Code §§ 53, 111(a), 133, 139.2 and 5307.3. These sections provide that the Administrative Director has the same rulemaking authority as the ‘head of a department’ as defined by Government Code §11150 et. seq., as well as specific rulemaking authority under Division 4 of the Labor Code. Labor Code section 53 provides, in pertinent part:

“Whenever in Section 1001 or in Part 1 (commencing with Section 11000) of Division 3 of Title 2 of the Government Code “head of the department” or similar designation occurs, the same shall, for the purposes of this code, mean the director, except that in respect to matters which by the express provisions of this code are committed to or retained under the jurisdiction of the Division of Workers’ Compensation….the designation shall mean the Division of Workers’ Compensation, the Administrative Director of the Division of Workers’ Compensation….as the case may be.”

Labor Code section 111(a) provides, in pertinent part:

“(a) The Workers’ Compensation Appeals Board, consisting of seven members, shall exercise all judicial powers vested in it under this code. In all other respects, the Division of the Workers’ Compensation is under the control of the administrative director and, except as to those duties, powers, jurisdiction, responsibilities, and purposes as are specifically vested in the appeals board, the Administrative Director shall exercise the powers of the head of a department within the meaning of Article 1 (commencing with Section 11150) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code)….”

Labor Code section 133 provides, in pertinent part:

“The Division of Workers’ Compensation, including the Administrative Director….shall have power and jurisdiction to do all things necessary or convenient in the exercise of any power or jurisdiction conferred upon it under this code.”

Labor Code section 5307.3 provides, in pertinent part:

“The administrative director may adopt, amend, or repeal any rules and regulations that are reasonably necessary to enforce this division, except where this power is specifically reserved to the appeals board or the court administrator.”

**ARTICLE 1. GENERAL**

**Section 1. Definitions.**

Specific Purpose of Section 1:

This section contains definitions for terms used in sections 1 through 159, the regulations governing QMEs, in Title 8 of the California Code of Regulations.

Necessity:

Former Labor Code section 4062.2(c) allowed the parties to an action to attempt to agree upon an agreed medical evaluator selected from the panel issued by the DWC. This physician became the “Agreed Panel QME” contemplated by the definition listed in section 1(c). This option was eliminated from Labor Code section 4062.2(c) by the amendment to that section as part of SB 863. This regulatory change is necessary to ensure that that the definition contained in section 1(c) is only applied to evaluations which took place prior to January 1, 2013, pursuant to the provisions of former Labor Code section 4062.2(c).

**Subsection (o)** is amended to better describe the function of the Disability Evaluation Unit.

**Subsections (s) & (ff)** are amended to add correct references to the medical-legal fee schedule.

**Subsection (ii)** is added to provide a definition for “electronic address" to facilitate the implementation of electronic service of documents pursuant to the Civil Code, Labor Code and additions to Title Eight, California Code of Regulations.

Neutral pronouns are added to subsections where necessary.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Article 2. QME Eligibility**

**Section 11. Eligibility Requirements for Initial Appointment as a QME.**

Specific Purpose of Section 11:

The purpose of this section is to set out with specificity the criteria for eligibility for appointment as a QME for various types of health care providers within the definition of ‘physician’ under Labor Code section 3209.3, consistent with the conditions specified in Labor Code section 139.2.

Necessity:

**Subdivision (h)** has been added to this regulation to allow for the requirement of two hours in anti-bias training as a requirement to become a QME. The subdivision sets out the specific criteria that is required for the content of the anti-bias training.

Neutral pronouns are added to subsections where necessary.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Section 11.5. Disability Evaluation Report Writing Course.**

Specific Purpose of Section 11.5:

The purpose of this section is to set out the requirements for the accreditation of education providers and the course curriculum expectations for the disability writing course that all QMEs must take and pass prior to appointment, as required by Labor Code section 139.2(b)(1).

Necessity:

The first paragraph of the regulation is changed to increase the required hours for the disability evaluation report writing course from 12 to 16. The increase in the continuing education hours requirement is expected to lead to a commensurate increase in the quality of medical-legal reporting. The recommended increase has been approved in stakeholder meetings related to medical-legal report quality The proper use of pronouns is added to incorporate the use of “their”.

**Subsection (i) (3)** is added to institute the requirement of two hours in anti-bias training as part of the disability evaluation report writing course.

**Subsection (i) (3)** is added to institute the requirement of instruction consisting of a review of workers’ compensation case law as part of the disability evaluation report writing course. A minimum of two hours of training is recommended.

**Subsection (j)** is amended to require that six hours of instruction must consist of in person instruction.

The remaining subsections of subdivision (h) are renumbered to account for the additions.

Neutral pronouns are added to subsections where necessary.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Section 14. Doctors of Chiropractic: Certification in Workers' Compensation Evaluation**

Specific Purpose of Section 14:

This section outlines the required course content for doctors of chiropractic who seek appointment as a QME on the basis of completion of an approved course in disability evaluation report writing, as permitted by Labor Code section 139.2( b)(4)(B).

Necessity:

**Subsection (b)(2)(A)** is amended to reduce the total course time from 44 hours to 25 hours. The amount of total course hours that can be completed by distance learning is increased from 4 to 12.

**Subsection (b)(4)** is amended to conform with the reduced 25 hour requirement.

**Subsection (b)(4)(E)** is added to require two hours of anti-bias training in compliance with the changes to Section 11(h).

These changes will promote consistency in the education among QME candidates who must complete disability writing course requirements for appointment and reappointment as QMEs. The ability to offer weeklong in person class instruction for chiropractors has severely decreased over the years. There is only one education provider offering this instruction in the current format. Changing the amount of hours necessary for appointment for chiropractors will remove an outdated barrier to physicians coming into the QME program. The proposed hourly requirement of 25 hours of instruction with 13 hours of actual in person class time allows for the course to be given over a weekend, as opposed to an entire week.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Article 3. ASSIGNMENT OF QUALIFIED MEDICAL EVALUATORS, Evaluation Procedures**

**Section 33. Unavailability of QME.**

Specific Purpose of Section 33:

This section describes the circumstances in which a QME may request and obtain a change of status from active to unavailable for a period up to 90 days. It also describes the rights and procedures of a party to obtain a replacement QME when he or she finds that the selected QME is not available to schedule an appointment within at least 60 days of the request for an appointment.

Necessity:

**Subsection 33(a)** has been amended to make minor clerical corrections, and to have a new category of good cause for unavailability when a physician is unable to schedule appointments within the regulatory time limit because of existing appointments. The allowed period of unavailability is increased from 90 days per calendar year to 120 days per calendar year.

**Subsection 33(d)** has been amended to replace a reference to a repealed regulation with a new reference to an amended regulation.

**Subsection 33(f)** has been amended to make minor clerical corrections.

Neutral pronouns are added to subsections where necessary.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Section 35 Exchange of Information**

Specific Purpose of Section 35:

This section regulates communication between the parties and the QME selected from a QME panel. It identifies the types of medical and non-medical records, reports and other evidence either party may send to the panel QME or AME for consideration as part of the evaluation. It also specifies the procedures by which each party must advise the other, prior to sending such information to the evaluator, of the nature of the medical and non-medical records and the period for a party to object to any such information. It requires the parties to communicate in writing with the QME or AME while simultaneously sending a copy of such communication to the opposing party.

Necessity:

**Subsection (i)** has been amended to add specific parameters relating to the medical-legal evaluator’s ability to solicit and retrieve medical records directly from the primary treating physician. The parameters ensure that the parties to the action are aware of the evaluator’s efforts to retrieve the medical records and agree to the process. These requirements will prevent the unnecessary inflation of billing under the medical-legal fee schedule.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Section 35.5 Compliance by AMEs into QMEs with Administrative Director Evaluation and**

**Reporting Guidelines**

Specific Purpose of Section 35.5:

This section describes general guidelines for AMEs and QMEs to use in evaluating and reporting on disputed issues in a workers’ compensation claim. Pursuant to Labor Code section 139.2(j)(2) and 139.2(j)(3), the Administrative Director must adopt regulations concerning the procedures to be followed by all physicians in evaluating, respectively, the existence and extent of permanent impairment and limitations from industrial injury consistent with Labor Code section 4660, and disputed medical issues in a manner consistent with Labor Code section 5307.27 (Medical Treatment Utilization Schedule).

Necessity:

**Subsection (h)** has been addedto require QMEs to include in their reports a declaration under penalty of perjury that the evaluator did not discriminate in any way against the parties to the action or the injured worker in the evaluation process or in the content of the report.

This addition of a requirement of a declaration under penalty of perjury is intended to make the evaluator more conscious of the possibility of implicit and explicit bias in medical-legal reporting. It will also help evaluators to realize the importance of the required anti-bias training and the necessity to utilize that training in their reporting.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Article 5. QME Reappointment**

**Section 50. Reappointment: Requirements and Application Form**

Specific Purpose of Section:

This section describes the requirements for QMEs to apply for reappointment.

Necessity:

Minor edits are made to **subsection (c)** to correct gender specific pronouns. In addition, a provision has been added to the subdivision to allow for an electronic signature on the application form. Parameters for the use of the electronic signature are also set forth.

**Subsection (d)** is added to allow for the acceptance on the application for reappointment of an original signature, an electronic signature in compliance with Civil Code section 1633.2 or a digital signature in compliance with government code section 16.5.

**Subsection (e)** is added to require that a QME be in compliance with all statutes, duties and regulations relevant to the QME program in order to be reappointed as a QME. This regulation is necessary to remove any ambiguity in the proper interpretation of Labor Code section 139.2 as it relates to the requirements for reappointment of a QME. It makes clear the authority granted to the Administrative Director, pursuant to Labor Code section 139.2 to deny reappointment to a QME who is in violation of any of the Administrative Director’s regulations or relevant statutes at the time the QME applies for reappointment.

**Subsection (f)** is added to require that a QME must cooperate with any investigation into the QME’s actions or practice that is instituted by the administrative director or the administrative director’s designate. The provision makes clear that failure to cooperate with such an investigation is grounds for denial of an application for reappointment of the offending QME, at the discretion of the administrative director.

**Subsection (g)** is added to require that a QME seeking reappointment must submit their two most recent medical legal evaluation reports where the injured worker was found to have reached the status of maximum medical improvement. This allows for the administrative director to monitor the quality of report writing as required by Labor Code section 139.2 (i).

**Section 51. Reappointment: Failure to Comply with Time Frames.**

Specific Purpose of Section 51:

This section states that failure of a QME to comply with the timeframes in section 34 (Appointment Notification) or 38 (time for completion of the report) on three occasions in a year may result in denial of reappointment.

Necessity:

Section 51 is amended to add new subdivisions that replace existing regulations 52, 54, 56 and 57 which are being repealed. New subdivisions are added to clarify the criteria upon which the Administrative Director can base a decision to deny reappointment to a QME. The title of the regulation is also amended to account for these changes.

**Subsection 51(a)(1)** is added to specify that any grounds that would provide a basis for suspending or terminating a Physician’s privilege to serve as a QME, as specified in paragraphs (1) through (6) of subdivision (k) of Labor Code Section 139.2 or in Title 8, California Code of Regulations section 65 may also serve as the basis for the denial of an application for reappointment as a QME. This section is intended to make clear that a QME may be denied reappointment for violation of any duty, regulation or statute related to serving as a QME.

**Subsection 51(a)(2)** is added to maintain the provisions of the previous regulation section 51 that authorized the Administrative Director to deny reappointment to a QME who failed to comply with evaluation time frames.

**Subsection 51(a)(3)** is added to maintain the provisions of the previous regulation section 52 that authorized the Administrative Director to deny reappointment to a QME who filed for unavailability for more than 120 calendar days during the calendar year.

**Subsection 51(a)(4)** is added to maintain the provisions of the previous regulation section 52 that authorized the Administrative Director to deny reappointment to a QME who refuses to perform a medical-legal evaluation without good cause.

**Subsection 51(a)(5)** is added to maintain the provisions of the previous regulation section 54 that authorized the Administrative Director to deny reappointment to a QME who has had more than five evaluations rejected by a Workers’ Compensation Judge or the Appeals Board within a two year period.

**Subsection 51(a)(6)** is added to require that a QME applying for reappointment must be in compliance with the Medical-Legal fee schedule as a condition of reappointment.

**Subsection 51(a)(7)** is added to maintain the provisions of the previous regulation section 56 that authorized the Administrative Director to deny reappointment to a QME who has been found in violation of any order or ruling by a Workers’ Compensation Judge or the Appeals Board.

**Subsection 51(a)(8)** is added to maintain the provisions of the previous regulation section 57 that authorized the Administrative Director to deny reappointment to a QME who performs a QME evaluation or examination without valid QME certification.

**Subsection 51(a)(9)** is added to make clear that the Administrative Director is authorized to deny reappointment to a QME who has provided false information on or with an application or reapplication for appointment as a QME.

**Subsection 51(a)(10)** is added to make clear that the Administrative Director is authorized to deny reappointment to a QME who has failed to render expert opinions or conclusions without regard to an injured worker’s race, sex, national origin, religion or sexual preference.

**Subsection 51(a)(11)** is added to make clear that the Administrative Director is authorized to deny reappointment to a QME who has participated in any activity that constitutes a conflict of interest under Labor Code sections 139.3 or 139.31.

**Subsection 51(a)(12)** is added to make clear that the Administrative Director is authorized to deny reappointment to a QME who has participated in three or more instances of activity that constitutes rude behavior to an injured worker during or in connection with an evaluation.

**Subsection 51(a)(13)** is added to make clear that the Administrative Director is authorized to deny reappointment to a QME who has participated in an intentional activity that causes physical harm or injury to the injured worker.

**Subsection 51(a)(14)** is added to make clear that the Administrative Director is authorized to deny reappointment to a QME who has failed to notify the Administrative Director within 90 days that the physician’s license to practice has been encumbered by suspension or probation by the relevant licensing authority. The 90 days to notify the Administrative Director shall run from the effective date of the order imposing the suspension or probation.

**Subsection 51(a)(15)** is added to make clear that the Administrative Director is authorized to deny reappointment to a QME who has failed to comply with the continuing education requirements in section 55.

**Subsection** **51(b)** is added to indicate that the notice and appeal procedures in the referenced regulations apply to the reappointment process.

**Subsection** **51(c)** is added to indicate that the Administrative Director is authorized to require a QME to submit to probationary status, in lieu of denial, as a condition of reappointment.

**Section 52: Reappointment: Unavailability Notification** - is repealed as a result of its provisions being moved to amended section 51.

**Section 54: Reappointment: Evaluations Rejected by Appeals Board** - is repealed as a result of its provisions being moved to amended section 51.

**Section 56: Reappointment: Failure to Comply with WCAB Order Overruling** - is repealed as a result of its provisions being moved to amended section 51.

**Section 57: Reappointment: Professional Standard – Violation of Business and Professions Code Section 730** - is repealed as a result of its provisions being moved to amended section 51.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**Section 55. Reappointment: Continuing Education Programs.**

Specific Purpose of Section 55:

This section explains the requirement that Qualified Medical Evaluators must complete 12 hours of approved continuing education within the 24 month period before applying for reappointment, how the QME may satisfy that requirement, and how providers of continuing education may apply for approval to provide such education hours.

Necessity:

**Subsection (a)** is amended to expand the definition of “on-site programs” to include virtual learning environments that can be monitored by the program provider in real time and are supplemented with the same testing requirements as those found in distance learning programs.

Section 55 is amended to add a new **subsection (b)** that expands the required continuing education hours for QME reappointment from 12 to 16 and delineates the minimum number of hours required in certain specified subject matter categories of continuing education. The expanded hour requirement will allow for the addition of educational topics that are identified as necessary through the study of medical-legal report quality mandated by Labor Code section 139.2(i), and to alleviate possible bias in medical-legal reporting. The expansion of recognized topics related to disability evaluation allow for QME training in explicit and implicit bias mitigation, and compliance with regulatory billing and procedural requirements related to practice as a QME. The anti- bias training is calculated to produce medical-legal evaluation reports that are neutral with respect to all protected categories of race, gender, disability or sexual preference.

Existing **subsections (b)** through **(r)** are re-designated **(c)** through **(s)** to allow for the addition of the new **subsection (b)**.

Language is added to newly designated **subsection (e)** to allow for continuing education credit for training in proper QME billing practices and adherence to process regulations related to practice as a QME.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**ARTICLE 6. QME Discipline**

**Section 63. Denial of Appointment or Reappointment.**

Specific Purpose of Section:

Section 63 is intended to clarify the procedures that govern the denial, and any appeal of the denial, of an application filed with the Administrative Director. This section applies to all applications for appointment or reappointment as a Qualified Medical Evaluator.

**Subsection 63(a)** is amended to allow for the Administrative Director’s ability to reappoint a QME to a probationary period as a condition of reappointment. This subdivision is also amended to add procedures that allow the Administrative Director to assign hearings to a hearing officer to act as an administrative law judge, notwithstanding Government Code §11502, in cases where the hearing relates to the denial of appointment or reappointment of a QME. The Administrative Director has specific regulatory authority to engage in this process with respect to disciplinary hearings. There is no current specific explicit authority to engage in this process with respect to hearings related to the denial of the appointment or reappointment of a QME.

The Administrative Director is statutorily directed to provide an adjudicative proceeding in the form of a hearing for most matters of discipline. Due process requires that the Administrative Director provide an adjudicative proceeding upon the denial of appointment or reappointment of a QME.

An adjudicative proceeding is an evidentiary hearing for determination of facts under which the agency formulates and issues a decision (See Government Code §11405.20). For state agencies, usually these hearings must be conducted pursuant to the Administrative Procedures Act (APA), which ensures constitutional requirements for formal hearings including due process of law [(See US Const. amend XIV, §1; Cal Const. art I, §7(a)]. Government Code §11502(a), provides that all hearings of state agencies required to be conducted under this chapter [the APA], shall be conducted by administrative law judges (ALJ) on the staff of the Office of Administrative Hearings. However, §11501(a) qualifies this requirement by stating that this chapter [the APA] applies to any agency as determined by the **statutes relating to that agency**.

The only statutory reference to discipline hearings for Qualified Medical Evaluators conducted by the DWC is found in Labor Code §139.2. However this statutory reference does not make it mandatory that the DWC conduct the hearings using ALJ’s provided by the Office of Administrative Hearings. In fact, California Code of Regulations, Title 8 (8 CCR) §61 dealing with the hearing procedures, specifically reserves the right of the Administrative Director to assign the hearing to a hearing officer to act as an administrative law judge, notwithstanding Government Code §11502. The amendment to subdivision 63(c) extends this authority of the Administrative Director to hearings related to the appointment or reappointment of a QME.

It is anticipated that the authority to assign hearings to a hearing officer will allow the post deprivation hearing to take place sooner than what is now available based upon the calendars of the various offices of the Office of Administrative Hearings. Providing applicants with quicker hearing dates ensures that they are provided their proper due process rights.

**Subsection 63(b)** is amended to maintain relevant sections of former subdivision 63(a).

**Subsection 63(c)** is amended to maintain relevant sections of former subdivision 63(b) and to detail the procedures for judicial review of the Administrative Director’s decision after the hearing encompassed in amended subdivision 63(a).

**Subsection 63(d)** is amended to add a minor clerical correction.

**Subsection 63(e)** is added to enumerate conditions related to a QME’s failure to comply with Labor Code section 139.2, irregularities with the physician’s licensing, or a physician’s violation of Labor Code section 139.21 that will make the physician ineligible for reappointment as a QME.

Consideration of Alternatives**:**

No more effective alternative to this section, nor equally effective and less burdensome alternative, has been identified at this time by the Administrative Director.

**ARTICLE 7.5. Supplemental Job dispacement benefit**

**Section 10133.54. Dispute Resolution** - is repealed as a result of the *en banc* decision of the Workers’ Compensation Appeals Board in the matter of *Anthony Dennis v. State of California, Department of Corrections and Rehabilitation Inmate Claims; State Compensation Insurance Fund* (ADJ 9346293) which decided that jurisdiction over dispute resolution with regard to Supplemental Job Displacement Benefits is solely within the jurisdiction of the Workers’ Compensation Appeals Board.

**Section 10133.55. Form [DWC-AD 10133.55 “Request for Dispute Resolution Before the Administrative Director.”] -** is repealed as a result of the *en banc* decision of the Workers’ Compensation Appeals Board in the matter of *Anthony Dennis v. State of California, Department of Corrections and Rehabilitation Inmate Claims; State Compensation Insurance Fund* (ADJ 9346293) which decided that jurisdiction over dispute resolution with regard to Supplemental Job Displacement Benefits is solely within the jurisdiction of the Workers’ Compensation Appeals Board.