

PUBLIC MEETING MINUTES
Commission on Health and Safety and Workers' Compensation
August 12, 2026 - 9:30AM
Elihu Harris State Building
1515 Clay Street, 2nd Floor, Room 1, Oakland, California and by Zoom

Welcome and Introduction

Nicholas Roxborough, Chair, opened the meeting by welcoming commissioners, participants, speakers and attendees to the August 12, 2026, CHSWC public meeting. He thanked CHSWC staff for assembling the agenda and noted that materials were available on the CHSWC meeting webpage.

1. Roll Call

The Commission on Health and Safety and Workers' Compensation (CHSWC) public meeting was called to order at 9:50 a.m. by Chair Nicholas Roxborough. A quorum of Commissioners was present.

In Attendance: Nicholas Roxborough (Chair), Jen Hamelin, Shelley Kessler, Kristi Montoya, Chris Pedroza, Mitch Steiger, Meagan Subers

2. Public comment for members of the public to address the Commission on matters within the Commission's authority

There were no public comments.

3. Discussion, recommendation and possible action to approve minutes of the June 26, 2026, meeting

Nicholas Roxborough, Chair

<https://www.dir.ca.gov/chswc/Meetings/2026/08-12-26-Item-3-6-26-26-Meeting-Minutes.pdf>

On a motion by Commissioner Pedroza and seconded by Commissioner Steiger, the CHSWC meeting minutes were approved unanimously by all CHSWC Commissioners in attendance. The votes were as follows:

AYES: Hamelin, Kessler, Montoya, Pedroza, Roxborough, Steiger, Subers

NOES: None

4. Presentation of the Division of Workers' Compensation

Nicole Richardson, Acting Administrative Director, Chief Counsel and River Sung, Attorney IV, Division of Workers' Compensation, Department of Industrial Relations
<https://www.dir.ca.gov/chswc/Meetings/2026/08-12-26-Item-4-DWC-Update.pdf>

a. Administrative Director's Update

Nicole Richardson, Acting Administrative Director and Chief Counsel of the Division of Workers' Compensation (DWC), provided a broad overview of the division's mission, structure, staffing, and technology modernization efforts. She emphasized collaboration with stakeholders, and improving system performance through education rather than relying solely on additional regulations.

Ms. Richardson explained the roles of key units within DWC, including claims adjudication, the medical unit, legal unit and programmatic services unit which include audit and enforcement functions, and various benefit programs. She highlighted major DWC initiatives, including technology updates to Electronic Adjudication Management System (EAMS), an upgrade to the Workers' Compensation Information System (WCIS), discussed forms and the DWC website updates including an electronic Doctor's First Report and the Public Records Act portal.

Ms. Richardson reviewed current and upcoming regulatory packages: E-filing, Qualified Medical Evaluator (QME) regulations, Subsequent Injuries Benefits Trust Fund (SIBTF) modernization, interpreter fee schedules, audit and other regulations, as well as updates to the Medical Provider Networks (MPNs) and Medical Treatment Utilization Schedule (MTUS). She also walked through recent legislation, Assembly Bill (AB) 1293 (QME legislation) and Senate Bill (SB) 171 (SIBTF reform) as well as other legislation and she clarified that DWC does not participate in policymaking but only implements laws passed by the Legislature.

b. DWC's Role in Medical Provider Networks, Utilization Review, Independent Medical Review & Independent Bill Review

River Sung, attorney and legal liaison for the DWC Medical Unit, presented a detailed overview of Utilization Review (UR) and the newly effective UR regulations as of April 1, 2026. Ms. Sung explained how UR functions in workers' compensation—prospective, concurrent, and retrospective review—and clarified timelines, required documentation, deferrals, conditional non-certifications (CNCs), and distinctions between approvals, modifications, and denials. She presented a flowchart demonstrating how a Request for Authorization (RFA) moves through claims administration, UR, and potentially Independent Medical Review (IMR). Ms. Sung discussed recent UR changes regarding implementation of SB 1160 and AB 1124, the 30-day rule, formulary drugs, URAC accreditation requirements, and DWC's approval authority for UR plans.

Ms. Sung explained new care-coordination rules such as updated definitions of complete RFAs, electronic communication allowances, and reinforcement of documentation standards.

Her presentation also covered major changes to UR investigations: removal of the performance rating system, higher penalties, increased file review requirements, and greater authority for probation or suspension of UR plans when systemic issues are identified.

Commissioners' Questions and Comments:

Ms. Nicholson addressed commissioners' questions on forms, cumulative trauma claims, apportionment, provider networks, panel specialty selection, med-legal fee schedules,

Independent Medical Review (IMR), Independent Bill Review (IBR), permanent disability rates, SIBTF reporting, MPN regulations, and systemwide reform timelines. Additionally, Ms. Richardson shared insight into DWC-contracted studies including RAND studies and DWC's plans for continued monitoring, stakeholder engagement, data improvements, and regulatory updates. Ms. Sung answered commissioners' questions that included examiner-level approvals, medication approval, hotline ideas, interaction between UR and MPN participation, enforcement against "bad actors", and UR denials.

Public comment: None

5. Updates on Division of Workers' Compensation Contracted Studies

Michael Dworsky, PhD, Senior Economist, RAND Corporation

a. Medical Access to Care Year 1 Annual Report

<https://www.dir.ca.gov/chswc/Meetings/2026/08-12-26-Item-5a-MedAccess-RAND.pdf>

Mr. Dworsky presented findings from the DWC Access to Medical Care report contracted with RAND. Timeliness and access (distance) to physical medicine are the two main measures of patient access to medical care using DWC WCIS administrative claims medical bill payment data. Timeliness is measured as the time in days between an injury or a report of injury to an employer and the date that medical care is provided to the worker.

RAND found that while timeliness has not changed in recent years, distance traveled is rising in suburban and rural areas. The number of medical providers participating in workers' compensation has been flat since 2021, and most participating providers are physicians.

There has been a shift away from physicians toward advanced practice professionals, such as physician assistants, nurse practitioners and acupuncturists. Findings include half the total variation in physicians per 10,000 patients is explained by the general healthcare system. In other words, some regions that are medically underserved in the general healthcare system may also medically underserve the workers' compensation system, but the report's recommended solutions also vary depending on the region in California.

Even in some cases where there are increased numbers of workers' compensation providers, it is not keeping up with the number of providers in the general healthcare system. The highest supply of providers relative to the number of injured workers are located in the Bay Area, in the Sacramento Valley, and in San Diego. There is a lower provider supply in the Central Valley, Central Coast, Los Angeles County, and especially in the Inland Empire.

b. Examining the Impact of Senate Bill 1160 on Utilization Review and Medical Treatment in California Workers' Compensation

<https://www.dir.ca.gov/chswc/Meetings/2026/08-12-26-Item-5b-Examining-Impact.pdf>

SB 1160 took effect in January 2018 and eliminated prospective UR for most, but not all, treatments in the first 30 days after the injury. Mr. Dworsky explained that the study looks at whether recommended treatments, such as those found in the MTUS or the treatment guidelines the state uses, are actually happening more frequently and earlier after SB 1160 took effect.

There is no statewide UR data with individual RFAs in California. RAND was able to obtain cooperation from two large claims administrators in providing UR data with RFAs. RAND will also obtain published UR audit data from DIR. RAND calculated the approval rate on care requested through RFAs by calendar month, beginning in the first year before the SB 1160 mandate, and then subsequent years are after that.

Approval rates were high in the sample obtained from the two cooperating claims administrators, above 90% for care in the first 30 days. Compared to the UR audit data that DIR maintains, these are higher approval rates than what is seen in the UR audit data. The approval rates of UR audit data are closer to 70%, ranging between 65% and 74% based on the year. In some cases, such as physical therapy, approvals moderately increased. Care provided after the first 30 days has a lower approval rate. Recommendations are provided in the report.

c. Qualified Medical Evaluators and the Medical-Legal Process in California Workers' Compensation

<https://www.dir.ca.gov/chswc/Meetings/2026/08-12-26-Item-5c-QME-Medical-Legal-Process.pdf>

The number of QMEs in the system has been growing since the fee schedule changed in 2021, yet the number of QME assignments is greater than the number of QMEs. However, participation is not adequate in certain types of providers and in certain areas of the state.

In terms of panel timeliness, delays have improved for initial panel requests compared to the early days of SB 863. But there's been some deterioration in timeliness for subsequent requests. There was improvement with the fee schedule increase, but maybe some of those improvements could be eroding.

Recommendations are provided in the report.

Commissioners' Questions and Comments:

One Commissioner asked if the discrepancy between QME assignments and the number of QMEs in the system could be due to increased CT claims and the often multiple specialties requested for different body parts/injuries. Mr. Dworsky said that they did not look at those cases.

One Commissioner asked whether they should be looking at permanent disability rates since that rate has not increased in quite a while. Mr. Dworsky said that they do not have any permanent disability work scheduled.

One Commissioner asked whether the Return-to-Work rate has improved over the last ten years. Mr. Dworsky said that he could not comment on that subject at this time.

One Commissioner asked if Mr. Dworsky had any recommendations about how to solve the problem of people getting UR and access past the 30 days. Mr. Dworsky said they did not go beyond 30 days in the UR study and that he did not know what may be contemplated in the legislature.

One Commissioner asked about copyright issues, and Mr. Dworsky confirmed that the State has the copyright to the RAND studies.

Public Comment:

Ms. Stephanie Leras, of Coventry, explained that they have around 106 MPNs, about 38%-40% of all MPNs. She said her comment was based on the fact that there are pending MPN regulations, and her awareness of the question whether MPNs restrict care. She said that as of the 2014 reform, MPNs have focused on protecting injured workers to ensure they get access to care, or they have the ability to go outside of the MPN. 2014 also introduced a brand-new function, which is now key to MPNs, which is the medical access assistant. This is an individual that has to be available between 7:00 a.m. to 8:00 p.m., Monday through Saturday, to help an injured worker get an MPN appointment. If there is not a medical access assistant available to make the appointment, they have to return that injured worker's call within 24 hours, and those call logs are audited by the state. Additionally, MPN access standards require that the MPN provides initial care within three days and that there be three primary treating doctors available within 15 miles or 30 minutes of the injured worker's home or workplace. For specialists, it has to be three specialists within 30 miles, within the injured worker's home or workplace. So, if those conditions aren't met, that injured worker is allowed to get treatment outside of the MPN. She said she wanted to simply explain that MPNs do not restrict care.

6. Report from the Executive Officer

Melissa Flores, Executive Officer

Melissa Flores thanked the presenters and said the presentations were well done.

Ms. Flores provided an administrative update on Commission matters. She explained that Commissioner Sid Voorakkara submitted his resignation from CHSWC and that she and the Senate Rules Committee are working to identify his replacement.

All research contracts have been fully executed, and are already started, namely the firefighter mechanics study with carcinogen exposures, and the emergency dispatchers and public safety worker PTSD presumption study. Updates will be provided in the mandated studies and reports document, a standard report that is provided for each meeting.

Ms. Flores explained that the Department of Industrial Relations made an announcement recently that they hired a chief deputy director, Grecia Staton. Ms. Staton is replacing Adam Romero, who recently received an appointment as a superior court judge.

Ms. Flores stated that all Commissioners have now received new iPads as an effort to help with communications and preparation for meetings, to have some tools and to help with using DIR email. She explained that they were provided by DIR, from a new division called Board Relations. Ms. Flores introduced the Chief of Board Relations, Ina Fitzgibbons, who was present at the meeting. She attends CHSWC meetings or watches them remotely.

Ms. Flores said that she will be working on the 2027 CHSWC meeting calendar and will send out a survey to the Commissioners in September to see about dates and availability so that she can present a calendar at the October meeting,

Commissioner Subers asked about the technical advisory board for the PTSD study, and Ms. Flores explained that names had been submitted for consideration, including the two Commissioners who asked to be participants.

A Commissioner commented that Cumulative Trauma (CT) was a topic of interest for the next meeting in October. Ms. Flores said that the October meeting was looking full and will include CT. Another Commissioner suggested that expectations be realistic and to not expect to solve such complicated issues in one meeting.

7. Standing Written Reports

a. Legislative update

<https://www.dir.ca.gov/chswc/Meetings/2026/08-12-26-Item-7a-Legislative-Update.pdf>

b. Mandated Reports & Other Studies Status

<https://www.dir.ca.gov/chswc/Meetings/2026/08-12-26-Item-7b-Mandated-Studies.pdf>

Commissioners' Questions and Comments: None

8. Other Commission matters

There were none.

9. Adjournment

On a motion by Commissioner Kessler and second by Commissioner Steiger, Chair Roxborough adjourned the meeting at 12:58 p.m. by unanimous consent of all members in attendance.

Approved:

Nicholas Roxborough, Chair

Date

Respectfully submitted:

Melissa Flores, Executive Officer, CHSWC

Date