

AMENDED IN ASSEMBLY APRIL 9, 2025

AMENDED IN ASSEMBLY MARCH 24, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

## ASSEMBLY BILL

**No. 1293**

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**Introduced by Assembly Member Wallis**

February 21, 2025

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An act to amend Section ~~4062.3~~ 139.2 of, and to add Section 4062.4 to, the Labor Code, relating to workers' compensation.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1293, as amended, Wallis. Workers' compensation: qualified medical evaluators.

Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries arising out of and in the course of their employment. Existing law establishes procedures for the resolution of disputes regarding the compensability of an injury, including the use of a qualified medical evaluator (QME) to perform a comprehensive medical-legal evaluation to address all contested medical issues arising from all injuries reported in a claim. Existing law requires all communications with a panel QME before a medical evaluation to be in writing served on the opposing party 20 days in advance of the evaluation, and any subsequent communication with the QME to be in writing and served on the opposing party when the communication is sent to the QME.

This bill would ~~require, for medical-legal evaluations with a date of service on or after January 1, 2027,~~ require the administrative director to develop and make available a ~~joint~~ medical evaluation request form

~~to be used by all parties in~~ for communicating with a panel qualified medical evaluator in advance of an evaluation obtained pursuant to the above provisions. The bill would require the administrative director to develop and make available a template QME report form, which will include all necessary statutory and regulatory requirements for a complete QME report that constitutes substantial evidence. The bill would require the Division of Workers' Compensation to adopt regulations to implement these provisions by January 1, 2027. *The bill would also require the administrative director to promulgate regulations by January 1, 2027, to, among other things, establish a process by which a party to a case may submit a medical-legal report that is alleged to be inaccurate or incomplete to the medical director.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     ~~SECTION 1. Section 4062.3 of the Labor Code is amended to~~  
2     ~~read:~~  
3     ~~4062.3. (a) Any party may provide to the qualified medical~~  
4     ~~evaluator selected from a panel any of the following information:~~  
5     ~~(1) Records prepared or maintained by the employee's treating~~  
6     ~~physician or physicians.~~  
7     ~~(2) Medical and nonmedical records relevant to determination~~  
8     ~~of the medical issue.~~  
9     ~~(b) Information that a party proposes to provide to the qualified~~  
10    ~~medical evaluator selected from a panel shall be served on the~~  
11    ~~opposing party 20 days before the information is provided to the~~  
12    ~~evaluator. If the opposing party objects to consideration of~~  
13    ~~nonmedical records within 10 days thereafter, the records shall~~  
14    ~~not be provided to the evaluator. Either party may use discovery~~  
15    ~~to establish the accuracy or authenticity of nonmedical records~~  
16    ~~prior to the evaluation.~~  
17    ~~(c) If an agreed medical evaluator is selected, as part of their~~  
18    ~~agreement on an evaluator, the parties shall agree on what~~  
19    ~~information is to be provided to the agreed medical evaluator.~~  
20    ~~(d) In any formal medical evaluation, the agreed or qualified~~  
21    ~~medical evaluator shall identify the following:~~  
22    ~~(1) All information received from the parties.~~  
23    ~~(2) All information reviewed in preparation of the report.~~

1 ~~(3) All information relied upon in the formulation of their~~  
2 ~~opinion.~~

3 ~~(e) All communications with a qualified medical evaluator~~  
4 ~~selected from a panel before a medical evaluation shall be in~~  
5 ~~writing and shall be served on the opposing party 20 days in~~  
6 ~~advance of the evaluation. Any subsequent communication with~~  
7 ~~the medical evaluator shall be in writing and shall be served on~~  
8 ~~the opposing party when sent to the medical evaluator.~~

9 ~~(f) Communications with an agreed medical evaluator shall be~~  
10 ~~in writing, and shall be served on the opposing party when sent to~~  
11 ~~the agreed medical evaluator. Oral or written communications with~~  
12 ~~physician staff or, as applicable, with the agreed medical evaluator,~~  
13 ~~relative to nonsubstantial matters such as the scheduling of~~  
14 ~~appointments, missed appointments, the furnishing of records and~~  
15 ~~reports, and the availability of the report, do not constitute ex parte~~  
16 ~~communication in violation of this section unless the appeals board~~  
17 ~~has made a specific finding of an impermissible ex parte~~  
18 ~~communication.~~

19 ~~(g) Ex parte communication with an agreed medical evaluator~~  
20 ~~or a qualified medical evaluator selected from a panel is prohibited.~~  
21 ~~If a party communicates with the agreed medical evaluator or the~~  
22 ~~qualified medical evaluator in violation of subdivision (e), the~~  
23 ~~aggrieved party may elect to terminate the medical evaluation and~~  
24 ~~seek a new evaluation from another qualified medical evaluator~~  
25 ~~to be selected according to Section 4062.1 or 4062.2, as applicable,~~  
26 ~~or proceed with the initial evaluation.~~

27 ~~(h) The party making the communication prohibited by this~~  
28 ~~section shall be subject to being charged with contempt before the~~  
29 ~~appeals board and shall be liable for the costs incurred by the~~  
30 ~~aggrieved party as a result of the prohibited communication,~~  
31 ~~including the cost of the medical evaluation, additional discovery~~  
32 ~~costs, and attorney's fees for related discovery.~~

33 ~~(i) Subdivisions (e) and (g) shall not apply to oral or written~~  
34 ~~communications by the employee or, if the employee is deceased,~~  
35 ~~the employee's dependent, in the course of the examination or at~~  
36 ~~the request of the evaluator in connection with the examination.~~

37 ~~(j) Upon completing a determination of the disputed medical~~  
38 ~~issue, the medical evaluator shall summarize the medical findings~~  
39 ~~on a form prescribed by the administrative director and shall serve~~  
40 ~~the formal medical evaluation and the summary form on the~~

1 employee and the employer. The medical evaluation shall address  
2 all contested medical issues arising from all injuries reported on  
3 one or more claim forms prior to the date of the employee's initial  
4 appointment with the medical evaluator.

5 (k) If, after a medical evaluation is prepared, the employer or  
6 the employee subsequently objects to any new medical issue, the  
7 parties, to the extent possible, shall utilize the same medical  
8 evaluator who prepared the previous evaluation to resolve the  
9 medical dispute.

10 (l) No disputed medical issue specified in subdivision (a) may  
11 be the subject of declaration of readiness to proceed unless there  
12 has first been an evaluation by the treating physician or an agreed  
13 or qualified medical evaluator.

14 (m) For medical-legal evaluation dates of service occurring on  
15 or after January 1, 2027, the parties shall communicate with and  
16 provide information to the panel-qualified medical evaluator in  
17 the manner prescribed by the administrative director pursuant to  
18 Section 4062.4.

19 *SECTION 1. Section 139.2 of the Labor Code is amended to*  
20 *read:*

21 139.2. (a) The administrative director shall appoint qualified  
22 medical evaluators in each of the respective specialties as required  
23 for the evaluation of medical-legal issues. The appointments shall  
24 be for two-year terms.

25 (b) The administrative director shall appoint or reappoint as a  
26 qualified medical evaluator a physician, as defined in Section  
27 3209.3, who is licensed to practice in this state and who  
28 demonstrates that ~~he or she~~ *the physician* meets the requirements  
29 in paragraphs (1), (2), (6), and (7), and, if the physician is a medical  
30 doctor, doctor of osteopathy, doctor of chiropractic, or a  
31 psychologist, that ~~he or she~~ *the physician* also meets the applicable  
32 requirements in paragraph (3), (4), or (5).

33 (1) Prior to ~~his or her~~ *their* appointment as a qualified medical  
34 evaluator, passes an examination written and administered by the  
35 administrative director for the purpose of demonstrating  
36 competence in evaluating medical-legal issues in the workers'  
37 compensation system. Physicians shall not be required to pass an  
38 additional examination as a condition of reappointment. A  
39 physician seeking appointment as a qualified medical evaluator  
40 on or after January 1, 2001, shall also complete prior to

1 appointment, a course on disability evaluation report writing  
2 approved by the administrative director. The administrative director  
3 shall specify the curriculum to be covered by disability evaluation  
4 report writing courses, which shall include, but is not limited to,  
5 12 or more hours of instruction.

6 (2) Devotes at least one-third of total practice time to providing  
7 direct medical treatment, or has served as an agreed medical  
8 evaluator on eight or more occasions in the 12 months prior to  
9 applying to be appointed as a qualified medical evaluator.

10 (3) Is a medical doctor or doctor of osteopathy and meets one  
11 of the following requirements:

12 (A) Is board certified in a specialty by a board recognized by  
13 the administrative director and either the Medical Board of  
14 California or the Osteopathic Medical Board of California.

15 (B) Has successfully completed a residency training program  
16 accredited by the Accreditation Council for Graduate Medical  
17 Education or the osteopathic equivalent.

18 (C) Was an active qualified medical evaluator on June 30, 2000.

19 (D) Has qualifications that the administrative director and either  
20 the Medical Board of California or the Osteopathic Medical Board  
21 of California, as appropriate, both deem to be equivalent to board  
22 certification in a specialty.

23 (4) Is a doctor of chiropractic and has been certified in California  
24 workers' compensation evaluation by a provider recognized by  
25 the administrative director. The certification program shall include  
26 instruction on disability evaluation report writing that meets the  
27 standards set forth in paragraph (1).

28 (5) Is a psychologist and meets one of the following  
29 requirements:

30 (A) Is board certified in clinical psychology by a board  
31 recognized by the administrative director.

32 (B) Holds a doctoral degree in psychology, or a doctoral degree  
33 deemed equivalent for licensure by the Board of Psychology  
34 pursuant to Section 2914 of the Business and Professions Code,  
35 from a university or professional school recognized by the  
36 administrative director and has not less than five years'  
37 postdoctoral experience in the diagnosis and treatment of emotional  
38 and mental disorders.

39 (C) Has not less than five years' postdoctoral experience in the  
40 diagnosis and treatment of emotional and mental disorders, and

1 has served as an agreed medical evaluator on eight or more  
2 occasions prior to January 1, 1990.

3 (6) Does not have a conflict of interest as determined under the  
4 regulations adopted by the administrative director pursuant to  
5 subdivision (o).

6 (7) Meets any additional medical or professional standards  
7 adopted pursuant to paragraph (6) of subdivision (j).

8 (c) The administrative director shall adopt standards for  
9 appointment of physicians who are retired or who hold teaching  
10 positions who are exceptionally well qualified to serve as a  
11 qualified medical evaluator even though they do not otherwise  
12 qualify under paragraph (2) of subdivision (b). A physician whose  
13 full-time practice is limited to the forensic evaluation of disability  
14 shall not be appointed as a qualified medical evaluator under this  
15 subdivision.

16 (d) The qualified medical evaluator, upon request, shall be  
17 reappointed if ~~he or she~~ *the qualified medical evaluator* meets the  
18 qualifications of subdivision (b) and meets all of the following  
19 criteria:

20 (1) Is in compliance with all applicable regulations and  
21 evaluation guidelines adopted by the administrative director.

22 (2) Has not had more than five of ~~his or her~~ *their* evaluations  
23 that were considered by a workers' compensation administrative  
24 law judge at a contested hearing rejected by the workers'  
25 compensation administrative law judge or the appeals board  
26 pursuant to this section during the most recent two-year period  
27 during which the physician served as a qualified medical evaluator.  
28 If the workers' compensation administrative law judge or the  
29 appeals board rejects the qualified medical evaluator's report on  
30 the basis that it fails to meet the minimum standards for those  
31 reports established by the administrative director or the appeals  
32 board, the workers' compensation administrative law judge or the  
33 appeals board, as the case may be, shall make a specific finding  
34 to that effect, and shall give notice to the medical evaluator and  
35 to the administrative director. Any rejection shall not be counted  
36 as one of the five qualifying rejections until the specific finding  
37 has become final and time for appeal has expired.

38 (3) Has completed within the previous 24 months at least 12  
39 hours of continuing education in impairment evaluation or workers'

1 compensation-related medical dispute evaluation approved by the  
2 administrative director.

3 (4) Has not been terminated, suspended, placed on probation,  
4 or otherwise disciplined by the administrative director during ~~his~~  
5 ~~or her~~ *their* most recent term as a qualified medical evaluator.

6 If the evaluator does not meet any one of these criteria, the  
7 administrative director may, in ~~his or her~~ *their* discretion, reappoint  
8 or deny reappointment according to regulations adopted by the  
9 administrative director. A physician who does not currently meet  
10 the requirements for initial appointment or who has been terminated  
11 under subdivision (e) because ~~his or her~~ *their* license has been  
12 revoked or terminated by the licensing authority shall not be  
13 reappointed.

14 (e) The administrative director may, in ~~his or her~~ *their* discretion,  
15 suspend or terminate a qualified medical evaluator during ~~his or~~  
16 ~~her~~ *their* term of appointment without a hearing as provided under  
17 subdivision (k) or (l) whenever either of the following conditions  
18 occurs:

19 (1) The evaluator's license to practice in California has been  
20 suspended by the relevant licensing authority so as to preclude  
21 practice, or has been revoked or terminated by the licensing  
22 authority.

23 (2) The evaluator has failed to timely pay the fee required by  
24 the administrative director pursuant to subdivision (n).

25 (f) The administrative director shall furnish a physician, upon  
26 request, with a written statement of its reasons for termination of,  
27 or for denying appointment or reappointment as, a qualified  
28 medical evaluator. Upon receipt of a specific response to the  
29 statement of reasons, the administrative director shall review ~~his~~  
30 ~~or her~~ *their* decision not to appoint or reappoint the physician or  
31 to terminate the physician and shall notify the physician of its final  
32 decision within 60 days after receipt of the physician's response.

33 (g) The administrative director shall establish agreements with  
34 qualified medical evaluators to ensure the expeditious evaluation  
35 of cases assigned to them for comprehensive medical evaluations.

36 (h) (1) When requested by an employee or employer pursuant  
37 to Section 4062.1, the medical director appointed pursuant to  
38 Section 122 shall assign three-member panels of qualified medical  
39 evaluators within five working days after receiving a request for  
40 a panel. Preference in assigning panels shall be given to cases in

1 which the employee is not represented. If a panel is not assigned  
2 within 20 working days, the employee shall have the right to obtain  
3 a medical evaluation from any qualified medical evaluator of ~~his~~  
4 ~~or her~~ *their* choice within a reasonable geographic area. The  
5 medical director shall use a random selection method for assigning  
6 panels of qualified medical evaluators. The medical director shall  
7 select evaluators who are specialists of the type requested by the  
8 employee. The medical director shall advise the employee that ~~he~~  
9 ~~or she~~ *the employee* should consult with ~~his or her~~ *their* treating  
10 physician prior to deciding which type of specialist to request.

11 (2) The administrative director shall promulgate a form that  
12 shall notify the employee of the physicians selected for ~~his or her~~  
13 *the employee's* panel after a request has been made pursuant to  
14 Section 4062.1 or 4062.2. The form shall include, for each  
15 physician on the panel, the physician's name, address, telephone  
16 number, specialty, number of years in practice, and a brief  
17 description of ~~his or her~~ *the physician's* education and training,  
18 and shall advise the employee that ~~he or she~~ *the employee* is entitled  
19 to receive transportation expenses and temporary disability for  
20 each day necessary for the examination. The form shall also state  
21 in a clear and conspicuous location and type: "You have the right  
22 to consult with an information and assistance officer at no cost to  
23 you prior to selecting the doctor to prepare your evaluation, or you  
24 may consult with an attorney. If your claim eventually goes to  
25 court, the workers' compensation administrative law judge will  
26 consider the evaluation prepared by the doctor you select to decide  
27 your claim."

28 (3) When compiling the list of evaluators from which to select  
29 randomly, the medical director shall include all qualified medical  
30 evaluators who meet all of the following criteria:

31 (A) ~~He or she~~ *The evaluator* does not have a conflict of interest  
32 in the case, as defined by regulations adopted pursuant to  
33 subdivision (o).

34 (B) ~~He or she~~ *The evaluator* is certified by the administrative  
35 director to evaluate in an appropriate specialty and at locations  
36 within the general geographic area of the employee's residence.  
37 An evaluator shall not conduct qualified medical evaluations at  
38 more than 10 locations.

39 (C) ~~He or she~~ *The evaluator* has not been suspended or  
40 terminated as a qualified medical evaluator for failure to pay the



1 fee required by the administrative director pursuant to subdivision  
2 (n) or for any other reason.

3 (4) When the medical director determines that an employee has  
4 requested an evaluation by a type of specialist that is appropriate  
5 for the employee's injury, but there are not enough qualified  
6 medical evaluators of that type within the general geographic area  
7 of the employee's residence to establish a three-member panel,  
8 the medical director shall include sufficient qualified medical  
9 evaluators from other geographic areas and the employer shall pay  
10 all necessary travel costs incurred in the event the employee selects  
11 an evaluator from another geographic area.

12 (i) (1) The medical director appointed pursuant to Section 122  
13 shall continuously review the quality of comprehensive medical  
14 evaluations and reports prepared by agreed and qualified medical  
15 evaluators and the timeliness with which evaluation reports are  
16 prepared and submitted. The review shall include, but not be  
17 limited to, a review of a random sample of reports submitted to  
18 the division, and a review of all reports alleged to be inaccurate  
19 or incomplete by a party to a case for which the evaluation was  
20 prepared. The medical director shall submit to the administrative  
21 director an annual report summarizing the results of the continuous  
22 review of medical evaluations and reports prepared by agreed and  
23 qualified medical evaluators and make recommendations for the  
24 improvement of the system of medical evaluations and  
25 determinations.

26 (2) *The administrative director shall, no later than January 1,*  
27 *2027, promulgate regulations to do all of the following:*

28 (A) *Establish a process by which a party to a case may submit*  
29 *a medical-legal report that is alleged to be inaccurate or*  
30 *incomplete to the medical director.*

31 (B) *Annually evaluate medical-legal reports, including all*  
32 *medical-legal reports submitted in accordance with subparagraph*  
33 *(A) and all medical-legal reports rejected and noticed in*  
34 *accordance with paragraph (2) of subdivision (d).*

35 (C) *Publish the annual report submitted pursuant to paragraph*  
36 *(1) on the division's internet website.*

37 (j) After public hearing pursuant to Section 5307.3, the  
38 administrative director shall adopt regulations concerning the  
39 following issues:

(1) (A) Standards governing the timeframes within which medical evaluations shall be prepared and submitted by agreed and qualified medical evaluators. Except as provided in this subdivision, the timeframe for initial medical evaluations to be prepared and submitted shall be no more than 30 days after the evaluator has seen the employee or otherwise commenced the medical evaluation procedure. The administrative director shall develop regulations governing the provision of extensions of the 30-day period in both of the following cases:

(i) When the evaluator has not received test results or consulting physician's evaluations in time to meet the 30-day deadline.

(ii) To extend the 30-day period by not more than 15 days when the failure to meet the 30-day deadline was for good cause.

(B) For purposes of subparagraph (A), "good cause" means any of the following:

(i) Medical emergencies of the evaluator or evaluator's family.

(ii) Death in the evaluator's family.

(iii) Natural disasters or other community catastrophes that interrupt the operation of the evaluator's business.

(C) The administrative director shall develop timeframes governing availability of qualified medical evaluators for unrepresented employees under Section 4062.1. These timeframes shall give the employee the right to the addition of a new evaluator to ~~his or her~~ *the employee's* panel, selected at random, for each evaluator not available to see the employee within a specified period of time, but shall also permit the employee to waive this right for a specified period of time thereafter.

(2) Procedures to be followed by all physicians in evaluating the existence and extent of permanent impairment and limitations resulting from an injury in a manner consistent with Sections 4660 and 4660.1.

(3) Procedures governing the determination of any disputed medical treatment issues in a manner consistent with Section 5307.27.

(4) Procedures to be used in determining the compensability of psychiatric injury. The procedures shall be in accordance with Section 3208.3 and shall require that the diagnosis of a mental disorder be expressed using the terminology and criteria of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised, or the

1 terminology and diagnostic criteria of other psychiatric diagnostic  
2 manuals generally approved and accepted nationally by  
3 practitioners in the field of psychiatric medicine.

4 (5) Guidelines for the range of time normally required to perform  
5 the following:

6 (A) A medical-legal evaluation that has not been defined and  
7 valued pursuant to Section 5307.6. The guidelines shall establish  
8 minimum times for patient contact in the conduct of the  
9 evaluations, and shall be consistent with regulations adopted  
10 pursuant to Section 5307.6.

11 (B) Any treatment procedures that have not been defined and  
12 valued pursuant to Section 5307.1.

13 (C) Any other evaluation procedure requested by the Insurance  
14 Commissioner, or deemed appropriate by the administrative  
15 director.

16 (6) Any additional medical or professional standards that a  
17 medical evaluator shall meet as a condition of appointment,  
18 reappointment, or maintenance in the status of a medical evaluator.

19 (k) Except as provided in this subdivision, the administrative  
20 director may, in ~~his or her~~ *their* discretion, suspend or terminate  
21 the privilege of a physician to serve as a qualified medical evaluator  
22 if the administrative director, after hearing pursuant to subdivision  
23 (l), determines, based on substantial evidence, that a qualified  
24 medical evaluator:

25 (1) Has violated any material statutory or administrative duty.

26 (2) Has failed to follow the medical procedures or qualifications  
27 established pursuant to paragraph (2), (3), (4), or (5) of subdivision  
28 (j).

29 (3) Has failed to comply with the timeframe standards  
30 established pursuant to subdivision (j).

31 (4) Has failed to meet the requirements of subdivision (b) or  
32 (c).

33 (5) Has prepared medical-legal evaluations that fail to meet the  
34 minimum standards for those reports established by the  
35 administrative director or the appeals board.

36 (6) Has made material misrepresentations or false statements  
37 in an application for appointment or reappointment as a qualified  
38 medical evaluator.

39 A hearing shall not be required prior to the suspension or  
40 termination of a physician's privilege to serve as a qualified

1 medical evaluator when the physician has done either of the  
2 following:

3 (A) Failed to timely pay the fee required pursuant to subdivision  
4 (n).

5 (B) Had ~~his or her~~ *their* license to practice in California  
6 suspended by the relevant licensing authority so as to preclude  
7 practice, or had the license revoked or terminated by the licensing  
8 authority.

9 (l) The administrative director shall cite the qualified medical  
10 evaluator for a violation listed in subdivision (k) and shall set a  
11 hearing on the alleged violation within 30 days of service of the  
12 citation on the qualified medical evaluator. In addition to the  
13 authority to terminate or suspend the qualified medical evaluator  
14 upon finding a violation listed in subdivision (k), the administrative  
15 director may, in ~~his or her~~ *their* discretion, place a qualified medical  
16 evaluator on probation subject to appropriate conditions, including  
17 ordering continuing education or training. The administrative  
18 director shall report to the appropriate licensing board the name  
19 of any qualified medical evaluator who is disciplined pursuant to  
20 this subdivision.

21 (m) The administrative director shall terminate from the list of  
22 medical evaluators any physician where licensure has been  
23 terminated by the relevant licensing board, or who has been  
24 convicted of a misdemeanor or felony related to the conduct of ~~his~~  
25 ~~or her~~ *their* medical practice, or of a crime of moral turpitude. The  
26 administrative director shall suspend or terminate as a medical  
27 evaluator any physician who has been suspended or placed on  
28 probation by the relevant licensing board. If a physician is  
29 suspended or terminated as a qualified medical evaluator under  
30 this subdivision, a report prepared by the physician that is not  
31 complete, signed, and furnished to one or more of the parties prior  
32 to the date of conviction or action of the licensing board, whichever  
33 is earlier, shall not be admissible in any proceeding before the  
34 appeals board nor shall there be any liability for payment for the  
35 report and any expense incurred by the physician in connection  
36 with the report.

37 (n) A qualified medical evaluator shall pay a fee, as determined  
38 by the administrative director, for appointment or reappointment.  
39 These fees shall be based on a sliding scale as established by the  
40 administrative director. All revenues from fees paid under this

subdivision shall be deposited into the Workers' Compensation Administration Revolving Fund and are available for expenditure upon appropriation by the Legislature, and shall not be used by any other department or agency or for any purpose other than administration of the programs of the Division of Workers' Compensation related to the provision of medical treatment to injured employees.

(o) An evaluator shall not request or accept any compensation or other thing of value from any source that does or could create a conflict with ~~his or her~~ *their* duties as an evaluator under this code. The administrative director, after consultation with the Commission on Health and Safety and Workers' Compensation, shall adopt regulations to implement this subdivision.

SEC. 2. Section 4062.4 is added to the Labor Code, to read:

4062.4. (a) (1) The administrative director shall develop and make available a template qualified medical evaluator (QME) report form, which shall include all necessary statutory and regulatory requirements for a complete report that constitutes substantial evidence.

(2) *Use of a template QME report form developed pursuant to paragraph (1) does not constitute prima facie evidence that a report is complete, accurate, or compliant with applicable statutory or regulatory requirements.*

(b) The administrative director shall develop and make available a ~~joint~~ medical evaluation request form ~~to be used by all parties in~~ for communicating with a panel qualified medical evaluator pursuant to Section 4062.3 in advance of an evaluation obtained pursuant to Section 4062.1 or 4062.2.

~~(c) The administrative director shall establish a method for evaluating the quality of QME reporting pursuant to Sections 4060, 4061, and 4062, which shall include, but not be limited to, collection of final orders by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge that a QME report is incomplete or insubstantial evidence on the issue of permanent disability or apportionment, or both.~~

~~(d)~~

(c) The Division of Workers' Compensation, acting in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title

- 1 2 of the Government Code), shall adopt regulations to implement
- 2 this chapter with an effective date of no later than January 1, 2027.

O