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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: Department of Social Services

A written comment period has been established commencing on October 23, 2026, and closing on December 7, 2026. Written comments should be directed to the Fair Political Practices Commission, Attention: Maia Kocinsky-Kirkham, 1102 Q Street, Suite 3050, Sacramento, California 95811.

At the end of the 45-day comment period, the proposed conflict-of-interest code will be submitted to the Commission's Executive Director for their review, unless any interested person or their 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 will be submitted to the Commission for review.

The Executive Director of the Commission will review the above-referenced conflict-of-interest code, 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 their own motion or at the request of any interested person, will approve, or revise and approve, or return the proposed code 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. Any written comments must be received no later than December 7, 2026. 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 should be made to Maia Kocinsky-Kirkham, Fair Political Practices Commission, 1102 Q Street, Suite 3050, Sacramento, California 95811, or email mkocinsky-kirkham@fppe.ca.gov.

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 Com-

mission should be made to Maia Kocinsky–Kirkham, Fair Political Practices Commission, 1102 Q Street, Suite 3050, Sacramento, California 95811, or email mkocinsky-kirkham@fppe.ca.gov.

**TITLE 8. DEPARTMENT OF
INDUSTRIAL RELATIONS/DIVISION
OF WORKERS' COMPENSATION**

MEDICAL PROVIDER NETWORK

AMEND

Sections 9767.1, 9767.2, 9767.3, 9767.4, 9767.5, 9767.5.1, 9767.6, 9767.7, 9767.8, 9767.9, 9767.10, 9767.12, 9767.13, 9767.14, 9767.15, 9767.16, 9767.17, 9767.18, 9767.19.

NOTICE IS HEREBY GIVEN that the Administrative Director of the Division of Workers' Compensation, Department of Industrial Relations (hereinafter "Administrative Director"), pursuant to the authority vested in her by Labor Code sections 59, 124, 133, 138.3, 138.4, 139.6, 3550, 3551, 4603.5, 4616, and 5307.3, proposes to amend sections 9767.1 through 9767.19 to establish and implement legislative changes under Senate Bill 542 (2015), Senate Bill 537 (2019) and Senate Bill 1002 (2022) relating to medical provider networks (MPNs).

PROPOSED REGULATORY ACTION

The Department of Industrial Relations, Division of Workers' Compensation (hereinafter "Division"), proposes to amend regulations within Article 3.5, Subchapter 1 of Chapter 4.5 of Title 8, California Code of Regulations, commencing with section 9767.1, relating to Medical Provider Networks:

Section 9767.1 Medical Provider Networks — Definitions
Section 9767.2 Review of Medical Provider Network Application
Section 9767.3 Application for a Medical Provider Network Plan
Section 9767.4 Cover Page for Medical provider Network Application
Section 9767.5 Access Standards
Section 9767.5.1 Physician Acknowledgments
Section 9767.6 Treatment and Change of Physicians Within MPN
Section 9767.7 Second and Third Opinions
Section 9767.8 Modification of Medical Provider Network Plan
Section 9767.9 Transfer of Ongoing Care into the MPN
Section 9767.10 Continuity of Care Policy
Section 9767.12 Employee Notification
Section 9767.13 Denial of Approval of Application and Reconsideration
Section 9767.14 Suspension or Revocation of Medical Provider Network Plan; Hearing
Section 9767.15 Compliance with Current MPN Regulations; Reapproval.
Section 9767.16 Medical Provider Network Complaints
Section 9767.17 Petition for Suspension or Revocation of a Medical Provider Network
Section 9767.18 Random Reviews
Section 9767.19 Administrative Penalty Schedule; Hearing, Mitigation and Appeal

TIME AND PLACE OF PUBLIC HEARING

A public hearing has been scheduled to permit all interested persons the opportunity to present statements or arguments, oral or in writing, with respect to the proposed regulatory action, on the following date:

Date: December 11, 2026
Time: 1:00 p.m. to 5:00 p.m.
Place: Elihu Harris State Office Building —
Room 1, 2nd Floor
1515 Clay Street
Oakland, CA 94612

Members of the public may also attend the public hearing virtually at:

<https://tkoworks.zoom.us/j/86753682050>

Join by telephone:

Dial 1–669–444–9171 US
Webinar ID: 867 5368 2050#

Public comment will begin promptly at 1:00 p.m. and will conclude at 5:00 p.m.

The State Office Building and its 2nd Floor are accessible to persons with mobility impairments. Alternate formats, assistive listening systems, sign language interpreters, or other type of reasonable accommodation to facilitate effective communication for persons with disabilities, are available upon request. Please contact the Statewide Disability Accommodation Coordinator, Maureen Gray, 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.

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 the end of the day on **December 11, 2026**. The Division of Workers’ Compensation (Division) will consider only comments received at the Division by that time. Equal weight will be accorded to oral comments presented at the hearing and written materials.

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 email) using the following email address: dwcrules@dir.ca.gov.

All written comments must be received by the regulation’s coordinator by the end of the day on **December 11, 2026**

AUTHORITY AND REFERENCE

The Administrative Director is undertaking this regulatory action pursuant to the authority vested in her by Labor Code sections 59, 124, 133, 138.3, 138.4, 139.6, 3550, 3551, 4603.5, 4616, and 5307.3.

Reference is to Labor Code sections 129, 133, 138.7, 3201.5, 3201.7, 3201.81, 3209.3, 3209.5, 3700, 3743, 4062, 4600, 4600.3, 4600.5, 4601, 4603, 4604.5, 4609, 4616, 4616.1, 4616.2, 4616.3, 4616.4, 4616.5, 4616.6, 4616.7, 4650, 4658.5, 5300, 5307.27, 5401, 5502 and 5814. Reference to California Business and Professions code section 2290.5 and Government Code section 16.5 and Civil Code sections 1633.1 et seq.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Existing law establishes a workers’ compensation system, administered by the Administrative Director of the Division of Workers’ Compensation (“DWC”), to compensate an employee for injuries sustained in the course of their employment. Labor Code section 4600 requires an employer to provide medical, surgical, chiropractic, acupuncture, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches, and apparatus, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury. Labor Code section 4616(a) provides that an insurer or employer may establish or modify a medical provider network for the provision of medical treatment to injured employees. Labor Code section 4616(g) provides that the administrative director shall adopt regulations to implement MPNs. The Administrative Director of the Division of Workers’ Compensation proposes to amend existing regulations concerning Medical Provider Networks (“MPN”).

The proposed amendments to the regulations are intended to implement, interpret or make specific the applicable Labor Code sections as follows:

Article 3.5. Medical Provider Networks

The addition of “or claims administrator” is made throughout the regulatory update to be consistent with Labor Code section 4616.2.

The proper use of pronouns is updated throughout this regulatory update to incorporate the use of “their” to ensure inclusive language that reflects contemporary professional communication standards and accommodates all individuals regardless of gender identity.

The update of “electronic signature”, “electronic submission” and “electronic address” is made throughout this regulatory update to provide for best business practices.

- Proposed Amendments to Section 9767.1 Medical Provider Networks — Definitions.

Section 9767.1 was updated to provide clarity for definitions of terms used in the regulations and in Labor Code section 4616 et seq. The definition of “contracting agent” is added to resolve any dispute as to who can contract for medical provider services. “Elec-

tronic Signature” is added to clarify the use of electronic signature within the requirements of a medical provider network under the statute and regulations. A definition of “medical practice group” is provided to clarify access standards and provider relationships. The addition of “or claims administrator”, “participating provider”, “remote service” and “telehealth” is added.

- Proposed Amendments to Section 9767.2 Review of Medical Provider Network Application.

Section 9767.2 was updated to provide clarity in the MPN application approval process and to establish clear procedures and timelines for the Administrative Director’s review and approval of the MPN applications and reapproval plans. The update provides for a mechanism for the MPN to terminate an MPN that is no longer in use.

- Proposed Amendments to Section 9767.3 Application for a Medical Provider Network Plan.

The update provides specific requirements for MPN applications and plans, including submission procedures, provider information requirements, and documentation standards to ensure adequate network coverage and regulatory compliance. The update streamlines the submission process with electronic submissions and submissions of previously approved plans. The update provides clarity in the provider listings. The update specifies requirements for informing providers on the MPN website how to apply to be in an MPN and how to be removed from the MPN. Specifies that the telehealth only physicians will not be considered by the division in an assessment of access standards. Specifies effective date for implementation is January 1, 2028.

- Proposed Amendments to Section 9767.4 Cover Page for Medical provider Network Application.

The update provides for a process for submission of previously approved MPN plans when no updates or changes have been made to the plan.

- Proposed Amendments to Section 9767.5 Access Standards.

The specific purpose of this section is to establish minimum access standards for MPN physician availability and appointment scheduling to ensure injured workers have reasonable and timely access to medical care within their medical provider network.

- Proposed Amendments to Section 9767.5.1 Physician Acknowledgments.

The specific purpose of this section is to establish requirements for obtaining and maintaining written acknowledgments from physicians participating in MPNs to ensure proper documentation of physician participation and compliance with network obligations.

- Proposed Amendments to Section 9767.6 Treatment and Change of Physicians Within MPN.

This section updates to address timely service of medical records and identifying MPN information including where to send authorization of treatment and billing statements. This update makes clear when an employer, carrier or claim administrator can petition for a change of primary treating physician and the list of physicians that are eligible for the selection if the petition for change is granted. The amendment establishes accountability measures for unreasonable delays in treatment authorization by providing enforcement mechanisms through both Labor Code section 5814 penalties and administrative penalties under regulation section 9767.19(a)(1)(G).

- Proposed Amendments to Section 9767.7 Second and Third Opinions.

The section establishes procedures for injured employees to obtain second and third medical opinions within the MPN when they dispute diagnosis or treatment recommendations, ensuring access to additional medical perspectives while maintaining network integrity. The amendment provides a timeframe of 5 business days of being informed of the appointment to provide a copies of the records. This section is amended to make clear that the carrier, employer or claims administrator shall provide authorization for the evaluation.

- Proposed Amendments to Section 9767.8 Modification of Medical Provider Network Plan.

The purpose of this section is to establish procedures and requirements for modifying approved MPN plans, including submission requirements, timeframes for approval, and administrative processes to ensure network changes maintain regulatory compliance. The update provides for submission of one copy of a plan and for electronic submission. The update clarifies that the submission of a new plan for a modification can only occur if there is more than 180 days before the renewal. The update provides that a modification is not required if the only change in the plan is the MPN liaison. The update provides plans that do not update the entire medical provider network plan to bring it into full compliance will be reviewed within 60 days and plans that do update the entire medical provider network plan for full compliance will be reviewed within 180 days.

- DWC Mandatory Form 9767.8: Notice of Medical Provider Network Plan Modification §9767.8.

This form was amended to be consistent with the updates to regulation section 9767.8. Specifically, removal Change of Division Liaison for a modification and provide clarity about the timeline for submission of an entire plan applicant. This form was updated to

comply with the updated requirements to only submit one copy and provides for electronic submission.

- Proposed Amendments to Section 9767.9 Transfer of Ongoing Care into the MPN.

The purpose of this section is to provide the procedure for the transfer of ongoing care into the MPN and to clarify if denial of care has been determined by the court, then the court may determine treatment can be permitted outside of the MPN.

- Proposed Amendments to Section 9767.10 Continuity of Care Policy.

The purpose of this update is to add “or claims administrator” to be consistent with Labor Code section 4616.2.

- Proposed Amendments to Section 9767.12 Employee Notification.

The purpose of this section is to establish requirements for notifying injured workers about the MPN services, access procedures, and their rights within the MPN system to ensure informed participation and proper utilization of the network. Provides for notice to be sent in both English and Spanish regardless of the primary language spoken by the injured worker. Updated notice to provide MPN contact and medical access assistant information and the web address for the complete statewide listing of participating providers. Removal of reference to CD, flash drive, via email and removal of passcodes. The amendment provides that if ancillary services are provided by an entity rather than an individual then the entity can be listed. The update provides that the directory shall list out separately primary treating physicians by name and not by entity in a single searchable list by the medical specialty and location. The update further provides that the directory shall list interpreters by name and not by entity. Effective January 1, 2028, the employee notification state in bold 14–point font at the top of the notification that the injured worker shall retain the document and take to their medical appointments. Provides a timeframe of 30 days for the notice to be sent to the injured worker that coverage by the MPN is ending.

- Proposed Amendments to Section 9767.13 Denial of Approval of Application and Reconsideration.

This update is necessary to reference the updated Workers’ Compensation Appeals Board rule from 10959 to the updated section of 10580 related to Petition for Appealing Medical Provider Network Determination of the Administrative Director, the updated section became effective January 1, 2020.

- Proposed Amendments to Section 9767.14 Suspension or Revocation of Medical Provider Network Plan; Hearing.

The purpose of this section is to establish grounds and procedures for administrative actions against MPNs that fail to comply with regulatory require-

ments, including probation, suspension or revocation of the network approval to ensure network integrity and protect injured workers. The update provides for consequence for not appealing or paying an assessed penalty within 90 days. The update addresses the failure to timely file a plan modification and failure to timely submit a plan for reapproval. The update establishes consequences for failure to comply with the update to regulation section 9767.8.1(e), providing participating providers with Labor Code section 4609 notices. Updated reference from Workers’ Compensation Appeals Board rule 10959 to the updated section of 10580 related to Petition for Appealing Medical Provider Network Determination of the Administrative Director, the updated section became effective January 1, 2020.

- Proposed Amendments to Section 9767.15 Compliance with Current MPN Regulations; Reapproval.

The update removes outdated reference to effective dates and provides for essential reapproval requirements while streamlining the regulatory framework for current and future MPN applications.

- Proposed Amendments to Section 9767.16 Medical Provider Network Complaints.

The purpose of this section is to establish procedures for filing and resolving complaints against MPNs to ensure accountability and provide remedies for violations of network requirements that affect injured workers and other stakeholders. This update provides for streamlining process for submitting complaints through electronic submission and provides clarity regarding confidentiality as to the complaint process.

- Proposed Amendments to Section 9767.17 Petition for Suspension or Revocation of a Medical Provider Network.

The purpose of this section is to establish grounds and procedures for filing a petition for suspension or revocation of a medical provider network and the administrative process for the petition. This update provides clarity for the procedures once an Administrative Director issues a Decision and Order.

- Proposed Amendments to Section 9767.18 Random Reviews.

The purpose of this section is to establish procedures the Administrative Director to conduct random reviews of approved MPNs to ensure statutory and regulatory compliance. This amendment provides clarity regarding confidentiality as to the complaint process and clarifies the information that can be requested in the review. The amendment provides clarity regarding electronic processes and access to data.

- Proposed Amendments to Section 9767.19 Administrative Penalty Schedule; Hearing, Mitigation and Appeal.

The purpose of this section is to establish a comprehensive penalty schedule and enforcement procedures for MPN statutory and regulatory violations to ensure compliance with regulatory requirements and protect injured workers through appropriate administrative remedies. The purpose of this update is to conform the administrative penalty schedule with the update to regulation sections 9767.5.1(e), 9767.8(d) and 9767.6(h).

Anticipated Benefits of the Proposed Regulations:

This regulatory update modernizes outdated processes by transitioning to electronic submissions, strengthening provider verification through disclosure of licensing and National Provider Identified (NPI) numbers. The update provides for transparency in listings and in contracting agreements. It delivers administrative efficiency, enhanced regulatory oversight, cost savings and aligns with the current industry standards and electronic infrastructure capabilities.

The update implements existing statutory authority and aligns with workers' compensation regulatory framework. It will result in a net positive economic impact with a reduction in scheduling of expedited hearing and electronic submission of applications thereby reducing processing costs and staff time as well as reducing postage and physical storage expenses. This update strengthens regulatory oversight through better provider verification and improved documentation of ancillary services and improved transparency in contracting agent relationships and in provider listings. The update protects injured workers by ensuring accurate provider information and through facilitation of better network oversight while maintaining access to quality healthcare.

Evaluation of Inconsistency/Incompatibility with Existing State Regulations:

After conducting a review for any related regulations, the Administrative Director has found that these are the only regulations concerning MPNs. Therefore, the Administrative Director has determined that the proposed regulations are not inconsistent or incompatible with existing state regulations.

**DISCLOSURES REGARDING THE
PROPOSED REGULATORY ACTION**

The Administrative Director has made the following initial determinations:

- Mandate on local agencies and school districts: None.

Cost or savings to any state agency: Cost savings for division is expected by reducing postage costs and staff time previously spent scheduling and canceling expedited hearings. This regulation introduces a new penalty for unreasonable treatment. The treatment de-

lay penalty specifically targets a common problem of cases filed for expedited hearings that get canceled within a week of the scheduled date. By penalizing unreasonable delays, the regulation aims to discourage unnecessary hearing requests, as parties will be more likely to meet their obligations to avoid fines. This should significantly reduce the workload for the Workers' Compensation Appeals Board, including judges and administrative staff.

Other state agencies may see a minimal reduction in costs related to cost savings of electronic submission of documents.

- 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: None.
- Cost or savings in federal funding to the state: None.
- Cost impacts on a representative private person or business: It is estimated that employers and insurance carriers will have cost savings based on electronic submission in lieu of postage.
- Significant, statewide adverse economic impact directly affecting businesses (including the ability of California businesses to compete with businesses in other states) and individuals: This regulatory 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.
- Significant effect on housing costs: None.

Results of the Economic Impact Analysis/Assessment:

Creation or Elimination of Jobs Within the State of California:

The Administrative Director estimates that there will be no impact on job creation or elimination within the state.

Creation of New Businesses or the Elimination of Existing Businesses within the State of California:

The Administrative Director has determined that the proposed regulations will not create or eliminate businesses within the State of California.

Expansion of Businesses Currently Doing Business within the State of California:

The proposal will not expand businesses currently doing business within the State of California. The proposed update impacts existing Medical Provider Networks, Workers' Compensation Appeals Board and Workers' Compensation Judges and providers.

Benefits to the Health and Welfare of California Residents, Worker Safety, and the State’s Environment:

As stated above under Anticipated Benefits of the Proposed Regulations, the modernizing and transitioning to electronic submissions will benefit the health and welfare of California residents and worker safety, including providing for greater transparency and administrative efficiency, strengthening regulatory oversight, and protecting injured workers utilizing the system, among other benefits. The proposed regulations are not expected to affect the state’s environment.

Small Business Determination:

The Administrative Director has determined that the proposed regulation affects small businesses. The small businesses that will be impacted by the regulation are primarily physicians, ancillary services providers, medical provider networks, and claims administrators.

CONSULTATION WITH THE PUBLIC PER
GOVERNMENT CODE §11346.45

To comply with the public consultation requirements of Government Code section 11346.45, the Administrative Director has done the following:

- Conducted an online Public Forum entitled: “DWC Forums — Medical Provider Network Regulations” from February 13, 2025 through March 5, 2025. Posted documents for public comment included the following:
 - Draft Text of the Medical Provider Network Regulations.

CONSIDERATION OF ALTERNATIVES

In accordance with Government Code section 11346.5(a)(13), the Administrative Director must determine that no reasonable alternative considered or that has otherwise been identified and brought to the Administrative Director’s attention 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.

The Administrative Director has not identified any effective alternative, or any equally effective and less burdensome alternative to the regulations at this time. Interested persons are invited to present reasonable alternatives to the proposed regulations during the written comment period, or at the public hearing.

CONTACT PERSONS

Inquiries concerning the proposed rulemaking action may be directed to:

Maureen Gray
Regulations Coordinator
Department of Industrial Relations
Division of Workers’ Compensation
P.O. Box 420603
San Francisco, CA 94142
Email: mgray@dir.ca.gov
Telephone: (510) 286–7100

The backup contact person for these inquiries is:

Jennifer McIntosh
Division of Workers’ Compensation
P.O. Box 420603
San Francisco, CA 94142
Email: jlmcintosh@dir.ca.gov
Telephone: (510) 286–7100

Please direct requests for copies of the proposed text (the “express terms”) of the regulations, the Initial Statement of Reasons, and any supplemental information contained in the rulemaking file, to the contact person at the above address. Requests to be added to the mailing list for rulemaking notices may also be directed to the contact person.

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

The entire rulemaking file shall be available throughout the rulemaking process from the contact person named in this notice. 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, 18th 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.

As of the date this Notice is published in the Notice Register, the rulemaking file consists of the Notice, the proposed text of the regulations, the Initial Statement of Reasons and the Fiscal and Economic Impact Statement (Form STD 399).

AVAILABILITY OF CHANGED
OR MODIFIED TEXT

After considering all timely and relevant comments received, the Administrative Director may adopt the proposed regulations substantially as described in this notice. If the Administrative Director makes modifications which are sufficiently related to the originally proposed text, the modified text (with changes clearly indicated) will be made available for public comment for at least 15 days prior to the date on which the regulations are adopted. The Notice of Modification of Proposed Rulemaking will be sent to persons who have submitted written comments to the agency during the comment period or at the public hearing, to persons who testified at the public hearing, and to persons who have requested notification of modifications to the proposal. Please send requests for copies of any modified regulations to the contact person at the address indicated above.

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.

AVAILABILITY OF DOCUMENTS
ON THE INTERNET

Copies of the Notice of Proposed Rulemaking, the Initial Statement of Reasons, and the proposed text of the regulation, may be accessed from the Division's website at www.dir.ca.gov. To access them, click on the "Laws and regulations" link, then the "Proposed Regulations" link and scroll down the list of rulemaking proceedings to find the "Medical Provider Network (MPN)" rulemaking link.

AUTOMATIC MAILING

A copy of this Notice will automatically be sent to those interested persons on the Administrative Director's mailing list.

If adopted, the regulations as amended will appear in California Code of Regulations, title 8, sections 9767.1 through 9767.19. 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 16. ARCHITECTS BOARD

EXAMINATION TRANSITION CREDIT

NOTICE IS HEREBY GIVEN that the California Architects Board (hereafter Board) is proposing to take the action described in the Informative Digest below, after considering all comments, objections, and recommendations regarding the proposed action.

PUBLIC HEARING

The Board has not scheduled a public hearing on this proposed action. However, the Board will hold a hearing if it receives a written request for a public hearing from any interested person, or his or her authorized representative, no later than 15 days prior to the close of the written comment period. A hearing may be requested by making such request in writing addressed to the individuals listed under "Contact Person" in this notice.

WRITTEN COMMENT PERIOD

Written comments relevant to the action proposed, including those sent by mail, facsimile, or email to the addresses listed under "Contact Person" in this Notice, must be **received by the Board at its office no later than December 7, 2026**, or must be received by the Board at the hearing, should one be scheduled.

AUTHORITY AND REFERENCE

Pursuant to the authority vested by section(s) 5526, 5550 and 5550.3 of the Business and Professions Code (BPC), and to implement, interpret, or make specific BPC section(s) 5500, 5550 and 5550.3, the Board is considering amending section(s) 118.5, and repealing sections 119.7, and 119.8 of title 16 of the California Code of Regulations (CCR).

INFORMATIVE DIGEST/POLICY
STATEMENT OVERVIEW

Summary of Existing Laws and Effect of the Proposed Action

The existing rule in 16 CCR section 118.5 provides the method by which examination credit is granted to candidates when examination versions are updated. The Board updated these sections and added new ones as the National Council of Architectural Registration Boards (NCARB) updated the Architect Registration Examination (ARE) through different versions.

This regulatory proposal will update the section to remove references to CCR sections 119.7 and 119.8 and clarify that candidates who have passed an exam-

ination developed by NCARB will receive transitional credit as provided by NCARB. This is being done to remove candidate confusion as to which examination version candidates must take and how they receive credit whenever NCARB releases newer versions of examinations. NCARB is the developer and administrator of the ARE, and the Board provides input and votes on examination's direction. Therefore, the Board believes copying NCARB's transition model and pasting it into regulation is not necessary; rather candidates should use the up to date information available from NCARB.

16 CCR section 119.7 provided the method by which the ARE transitioned from examination 3.1 to 4.0 and identified when candidates would be allowed to take the ARE 4.0, and when ARE 3.1 would no longer be available.

This regulatory proposal will repeal section 119.7 since the proposed amendment to section 118.5 states that candidates will follow NCARB transition plans for the ARE as they have been developed and released. Section 119.7 simply references a previous transition plan that was developed by NCARB making it redundant as a result this section is unnecessary and will be repealed.

16 CCR section 119.8 provided the method by which the ARE transitioned from examination 4.0 to 5.0 and identified when candidates would be allowed to take the ARE 5.0, and when ARE 4.0 would no longer be available.

This regulatory proposal will repeal section 119.8 since the proposed amendment to section 118.5 states that candidates will follow NCARB transition plans for the ARE as they have been developed and released. Section 119.8 simply references a previous transition plan that was developed by NCARB making it redundant as a result this section is unnecessary and will be repealed.

Anticipated Benefits of Proposal

This regulatory proposal does not affect the health and welfare of California residents, worker safety, or the state's environment.

The anticipated benefit of the proposed regulation is to clarify how examination credit is carried forward when examination versions change, reducing confusion for candidates. Removing obsolete transition provisions will also make the applicable requirements easier to understand.

Evaluation of Consistency and Compatibility with Existing State Regulations

During the process of developing this regulatory proposal, the Board has conducted a search of any similar regulations on these topics and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

DISCLOSURES REGARDING THIS PROPOSED ACTION

Fiscal Impact Estimates

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State:

There is no fiscal impact to the State in the form of federal funding or any cost or savings to any state agency. This proposal clarifies existing licensure requirements. The Board does not anticipate additional workload or costs resulting from the proposed regulations

Nondiscretionary Costs/Savings to Local Agencies:

None.

Cost to any Local Agency or School District for which Government Code Sections 17500–17630 Require Reimbursement:

None.

Mandate Imposed on Local Agencies or School Districts:

None.

Significant Effect on Housing Costs

None.

Business Impact Estimates

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

This initial determination is based on the following:

The regulations do not result in additional workload or costs to businesses and therefore are not anticipated to result in any negative impacts.

Cost Impact on Representative Private Person or Business

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

Results Of Economic Impact Assessment/Analysis

Impact on Jobs/Businesses

The Board has determined that this regulatory proposal will not have any impact on the following:

- 1) the creation or elimination of jobs within the state,
- 2) the creation of new businesses or the elimination of existing businesses within the state, or,
- 3) the expansion of businesses currently doing business within the state.

Benefits of Regulation to the Health and Welfare of California Residents, Worker Safety, and the State's Environment

The proposed regulation will benefit examination candidates by clarifying examination transition credit and removing obsolete provisions. Because the proposal is limited to these administrative clarifications, the Board does not anticipate effects on the health and welfare of California residents, worker safety, or the state's environment.

Business Reporting Requirements

The regulatory action does not require businesses to file a report with the Board.

Effect on Small Business

The Board has determined that the proposed regulations will not affect small businesses. Although small businesses owned by licensees of the Board may be impacted the Board does not maintain data relating to the number or percentage of licensees who own a small business; therefore, the number or percentage of small businesses that may be impacted cannot be predicted.

CONSIDERATION OF ALTERNATIVES

In accordance with Government Code section 11346.5, subdivision (a)(13), the Board must determine that no reasonable alternative it considered to the regulation 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 and less burdensome to affected private persons than the proposal described in this Notice; 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 submit comments to the Board in writing relevant to the above determinations at 2420 Del Paso Road, Suite 105, Sacramento, California 95834 during the written comment period, or at the hearing if one is scheduled or requested.

AVAILABILITY OF STATEMENT OF REASONS AND RULEMAKING FILE

The Board has compiled a record for this regulatory action, which includes the Initial Statement of Reasons (ISOR), proposed regulatory text, and all the information on which this proposal is based. This material is contained in the rulemaking file and is available for public inspection upon request to the contact persons named in this notice.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations, and any document incorporated by reference, and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained upon request from the Board, at 2420 Del Paso Road, Suite 105, Sacramento, California 95834.

AVAILABILITY OF CHANGED OR MODIFIED TEXT

After considering all timely and relevant comments, the Board, upon its own motion or at the request 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, with the modifications clearly indicated, will be available for review and written comment for 15 days prior to its adoption from the persons designated in this Notice as the Contact Persons and will be mailed to those persons who submit written comments or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

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 person named below.

You 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 or comments concerning the proposed rulemaking action may be addressed to:

Name: Timothy Rodda
Address: California Architects Board
2420 Del Paso Road, Suite 105
Sacramento, California 95834
Telephone Number: (279) 895-1246
Email Address: timothy.rodga@dca.ca.gov

The backup contact person is:

Name: Laura Zuniga
Address: California Architects Board
2420 Del Paso Road, Suite 105
Sacramento, California 95834

Telephone Number: (916) 471–0760
Email Address: laura.zuniga@dca.ca.gov

AVAILABILITY OF DOCUMENTS ON THE INTERNET

Copies of the Notice of Proposed Action, the Initial Statement of Reasons, and the text of the regulations with modifications noted, as well as the Final Statement of Reasons when completed, and modified text, if any, can be accessed through the Board’s website at https://www.cab.ca.gov/resrcs/laws_regs/prop_reg.shtml.

TITLE 16. BOARD OF PHARMACY

SELF-ASSESSMENTS AND STANDARD OF CARE

NOTICE IS HEREBY GIVEN that the California State Board of Pharmacy (Board) proposes taking the rulemaking action described under the heading Informative Digest/Policy Statement Overview below, after considering all comments, objections, and recommendations regarding the proposed action.

PUBLIC HEARING

The Board has not scheduled a public hearing on this proposed action. However, the Board will hold a hearing if it receives a written request for a public hearing from any interested person or that person’s authorized representative no later than 15 days prior to the close of the written comment period. A hearing may be requested by making such request in writing addressed to the individuals listed under “Contact Persons” in this notice.

WRITTEN COMMENT PERIOD

Written comments relevant to the action proposed, including those sent by mail, facsimile, or email to the addresses listed under “Contact Person” in this Notice, must be **received by the Board at its office no later than Monday, December 7, 2026**, or must be received by the Board at the hearing, should one be scheduled.

AUTHORITY AND REFERENCE

Pursuant to the authority vested by sections 4005, 4052.01, 4052.02, 4052.03, 4052.3, 4119.11, 4126.8, 4127, and 4427.7 of the Business and Professions Code (BPC), and to implement, interpret, or make specific BPC sections 733, 4001.1, 4005, 4008, 4017.3, 4019,

4021, 4022, 4022.5, 4022.7, 4029, 4030, 4036, 4037, 4038, 4040, 4043, 4044.5, 4045, 4050, 4051, 4052, 4052.01, 4052.02, 4052.03, 4052.3, 4052.8, 4052.9, 4053, 4053.1, 4059, 4070, 4076, 4081, 4101, 4103, 4105, 4107, 4110, 4113, 4115, 4119, 4119.11, 4120, 4123, 4125, 4126, 4126.8, 4127, 4127.1, 4127.2, 4160, 4161, 4169, 4180, 4186, 4201, 4231, 4232, 4232.5, 4301, 4305, 4305.5, 4306.5, 4330, 4332, 4333, 4400, 4427, 4427.1, 4427.2, 4427.3, 4427.4, and 4427.5, Health and Safety Code sections 120440 and 120972, Title 21 and Title 42 section 300aa–25 of the United States Code, and Part 530 and section 353a, Title 21, Code of Federal Regulations, the Board is considering repealing sections 1715, 1715.1, 1746, 1746.1, 1746.2, 1746.3, 1746.4, 1746.5, 1747, and 1784 and amending sections 1732.5, 1735.1, and 1736.1 of Division 17 of Title 16 of the California Code of Regulations (CCR).

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

The Board is a state agency vested with the authority to license and regulate the pharmacy industry, including pharmacies, pharmacists, and pharmacy technicians (BPC section 4000, et seq.). The Board’s mandate and mission are to protect the public (BPC section 4001.1).

Assembly Bill (AB) 1503 (Berman, Chapter 196, Statutes of 2025), which became effective January 1, 2026, established the self-assessment process in statute in Business and Professions Code (BPC) sections 4040.6 and 4102. As a result, the self-assessment regulations are no longer necessary. The Board proposes to repeal and amend the above-mentioned regulation sections related to the self-assessment process which is now clearly established in statute to avoid redundancy and any confusion caused by having the same self-assessment process outlined in multiple locations.

AB 1503 amended BPC sections 4051 and 4052, codifying the Board’s move to a standard of care model of pharmacy practice. As part of the transition, some provisions of law that established prescriptive requirements and/or required pharmacists to follow standardized and prescriptive procedures and protocols established in regulation have been replaced with the implementation of the standard of care practice model. These include standardized and prescriptive procedures and protocols for furnishing:

- emergency contraception (CCR section 1746; *see* BPC section 4052(a)(10)(A)(i)),
- contraception (CCR section 1746.1; *see* BPC section 4052(a)(10)(A)(ii)),
- smoking cessation (CCR section 1746.2 *see* BPC section 4052(a)(10)(A)(iii)),

- opioid antagonists (CCR section 1746.3; *see* BPC section 4052(a)(B)(13)), and,
- travel medication (CCR section 1746.5; *see* BPC section 4052(a)(10)(A)(iv)).

Anticipated Benefits of Proposal

The Board’s highest priority in exercising its licensing, regulatory, and disciplinary functions is protecting the public. The Board has determined that this regulatory proposal will benefit the health and welfare of California residents.

This regulatory proposal will ensure the Board’s regulations are nonduplicative with statute and provide clarity for pharmacy applicants and readers of these regulations in accordance with the passage of AB 1503. These regulations will also replace some prescriptive requirements with a standard of care practice model, aligning the regulations with recent statutory changes.

The change to a standard of care model for the practice of pharmacy is consistent with pharmacists’ education, training, and experience, and removes barriers to care that many patients face. The Board expects that pharmacists will rely on their professional judgment when providing patient care services, similar to the approach used in many other aspects of pharmacy practice, such as corresponding responsibility. The Board looks forward to closing gaps in patient access through this transition to a more robust standard of care practice model.

Evaluation of Consistency and Compatibility with Existing State Regulations

During the process of developing this regulatory proposal, the Board conducted a search of any similar regulations on this topic and concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

INCORPORATION BY REFERENCE

1. Community Pharmacy Self–Assessment/Hospital Outpatient Pharmacy Self–Assessment, 17M–13 (Rev. 1/22).
2. Hospital Pharmacy Self–Assessment, 17M–14 (Rev. 1/22).
3. Automated Drug Delivery System Self–Assessment, 17M–112 (Rev. 12/18).
4. International Society of Travel Medicine’s Body of Knowledge for the Practice of Travel Medicine (2012).
5. Wholesaler/Third Party Logistics Provider Self–Assessment, 17M–26 (Rev. 12/21).

DISCLOSURES REGARDING THIS PROPOSED ACTION

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. The regulations do not result in a fiscal impact to the state. This proposal will ensure the Board’s regulations are nonduplicative with statute and provide clarity for pharmacy applicants and readers of these regulations in accordance with the passage of AB 1503. These regulations will also replace some prescriptive requirements with a standard of care practice model, aligning the regulations with recent statutory changes.

The Board does not anticipate additional workload or costs resulting from the proposed regulations.

The regulations do not result in costs or savings in federal funding to the state.

Nondiscretionary Costs/Savings to Local Agencies: None.

Cost to any Local Agency or School District for which Government Code Sections 17500–17630 Require Reimbursement: None.

Mandate Imposed on Local Agencies or School Districts: None.

Significant Effect on Housing Costs: None.

BUSINESS IMPACT ESTIMATES

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

This proposal will ensure the Board’s regulations are nonduplicative with statute and provide clarity for pharmacy applicants and readers of these regulations in accordance with the passage of AB 1503. These regulations will also replace some prescriptive requirements with a standard of care practice model, aligning the regulations with recent statutory changes.

Cost Impact on Representative Private Person or Business

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

RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS

Impact on Jobs/Businesses

The Board concludes that this proposal will not:

- (1) Create jobs within California.
- (2) Eliminate jobs within California.
- (3) Create new businesses within California.
- (4) Eliminate existing businesses within California.
- (5) Expand businesses currently doing business in California.

Benefits of Regulation:

As stated under **Anticipated Benefits of Proposal** above, there will be benefits to the health and welfare of California residents, specifically, pharmacists who will be allowed to rely on their professional judgment when providing patient care services, which will ultimately affect the quality of care that their patients receive. The proposed regulations are not expected to affect worker safety or the state's environment. This proposal will also ensure the Board's regulations are nonduplicative with statute and provide clarity for pharmacy applicants and readers of these regulations in accordance with the passage of AB 1503. These regulations will also replace some prescriptive requirements with a standard of care practice model, aligning the regulations with recent statutory changes.

Business Reporting Requirements

The regulatory action does not require businesses to file a report with the Board.

Effect on Small Business

The Board has determined that the proposed regulations may affect small businesses. This proposal will ensure the Board's regulations are nonduplicative with statute and provide clarity for pharmacy applicants and readers of these regulations in accordance with the passage of AB 1503. These regulations will also replace some prescriptive requirements with a standard of care practice model, aligning the regulations with recent statutory changes.

CONSIDERATION OF ALTERNATIVES

In accordance with Government Code section 11346.5, subdivision (a)(13), the Board must determine that no reasonable alternative it considered to the regulation 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 and less burdensome to affected private persons than the proposal described in this Notice; 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 submit comments to the Board in writing relevant to the above determinations at the Board of Pharmacy at 2720 Gateway Oaks Drive, Ste. 100, Sacramento, California 95833, during the written comment period, or at the hearing if one is scheduled or requested.

AVAILABILITY OF STATEMENT OF REASONS AND RULEMAKING FILE

The Board has compiled a record for this regulatory action, which includes the Initial Statement of Reasons (ISOR), proposed regulatory text, and all the information upon which this proposal is based. This material is contained in the rulemaking file and is available for public inspection upon request to the contact persons named in this notice.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations, the Initial Statement of Reasons, and all of the information upon which the proposal is based, may be obtained upon request from the Board of Pharmacy at 2720 Gateway Oaks Drive, Ste. 100, Sacramento, California 95833, or from the Board of Pharmacy's website at http://www.pharmacy.ca.gov/laws_regs/pending_regs.shtml.

AVAILABILITY OF CHANGED OR MODIFIED TEXT

After considering all timely and relevant comments, the Board, upon its own motion or at the request 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, with the modifications clearly indicated, will be available for review and written comment for 15 days prior to its adoption from the persons designated in this Notice as the Contact Persons and will be mailed to those persons who submit written comments or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

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 person named below.

You 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 or comments concerning the proposed rulemaking action may be addressed to:

Name: Brianna Fujimoto
Address: Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone Number: (916) 518–3100
Fax Number: (916) 574–8618
Email Address:

PharmacyRulemaking@dca.ca.gov

The backup contact person is:

Name: Debbie Damoth
Address: Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone Number: (916) 518–3100
Fax Number: (916) 574–8618
Email Address:

PharmacyRulemaking@dca.ca.gov

AVAILABILITY OF DOCUMENTS ON THE INTERNET

Copies of the Notice of Proposed Action, the Initial Statement of Reasons, and the text of the regulations with modifications noted, as well as the Final Statement of Reasons when completed, and modified text, if any, can be accessed through the Board of Pharmacy's website at: https://www.pharmacy.ca.gov/laws/regs/pending_regs.shtml.

TITLE 22/MPP. DEPARTMENT OF SOCIAL SERVICES

ORD #1025–06

ELIMINATION OF MINOR RECIPIENT PROVIDER REGULATIONS

The California Department of Social Services (CDSS) hereby gives notice of the proposed regulatory action(s) described below. A public hearing regarding this proposal is not currently scheduled. No later than 15 days prior to the close of the public comment period, any interested person or his or her authorized representative may make a written request for a public hearing pursuant to Government Code section 11346.8, and a public hearing will be held. Requests for a public hearing should be sent to:

California Department of Social Services
Office of Regulations Development
744 P Street, MS 8–4–192
Sacramento, CA 95814
Telephone: (916) 657–2586

Email: ord@dss.ca.gov

Statements or arguments relating to the proposals may be submitted in writing or email to the address/email listed above. All comments must be received by **December 9, 2026**.

Following the public comment period, CDSS may thereafter adopt the proposals substantially as described below or may modify the proposals if the modifications are sufficiently related to the original text. Except for nonsubstantive, technical, or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption to all persons who submit written comments during the public comment period, and all persons who request notification. Please address requests for regulations as modified to the agency representative identified below.

Copies of the express terms of the proposed regulations and the Initial Statement of Reasons are available from the office listed above. This notice, the Initial Statement of Reasons and the text of the proposed regulations are available on the internet at Regulations in Process [<https://www.cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/regulations-home-page/regulations-in-process>]. Additionally, all the information which CDSS considered as the basis for these proposed regulations (i.e., rulemaking file) is available for public reading at the address listed above. Following the public comment period, copies of the Final Statement of Reasons will be available at the above address.

CHAPTERS

Division 30, Chapter 30–700 Social Service Standards Manual.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Assembly Bill 120 (Chapter 43, Statutes of 2023) was signed into law by Governor Gavin Newsom on July 10, 2023. This bill amended Welfare and Institutions Code (WIC) section 12300(e) and eliminated the state-mandated eligibility rules for providers of minor recipients in the In-Home Supportive Services (IHSS) Program. This regulation package repeals Manual of Policies and Procedures (MPP) sections 30–763.44 through MPP 30–763.455 to align with amended WIC section 12300(e).

In 2004, California implemented a Social Security Act section 1115 Demonstration Waiver, known as the IHSS Plus Waiver (IPW) program. The IPW was limited to five years with a possibility of renewal; however, during that time, the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) initiated new options to allow recip-

ients in the IPW to be served in the Medicaid State Plan. CMS approved a Social Security Act section 1915(j) Self-Directed Personal Assistance Services (PAS) State Plan Option (SPO) program for California. Effective October 1, 2009, this SPO replaced the IPW program and, per WIC section 14132.952, is now known as the IHSS Plus Option (IPO). This regulation package also removes language associated with the defunct IPW program that has no applicability to the IHSS IPO or any other IHSS plans.

Anticipated Benefits of the Proposed Regulation

This regulatory action benefits program participants as it aligns program regulations with current state statute.

Determination of Inconsistency/Incompatible with Existing State Regulations

The CDSS has determined after conducting a review of the Manual of Policies and Procedures that these proposed regulations are consistent and compatible with existing regulations.

COST ESTIMATE

1. Costs or Savings to State Agencies: No Fiscal Impact.
2. Costs to Local Agencies or School Districts Which Must Be Reimbursed in Accordance With Government Code sections 17500–17630: No Fiscal Impact.
3. Nondiscretionary Costs or Savings to Local Agencies: No Fiscal Impact.
4. Federal Funding to State Agencies: No Fiscal Impact.

MANDATE ON LOCAL AGENCIES AND SCHOOL DISTRICTS

These proposed regulations are a mandate on local agencies. However, the mandate does not require reimbursement pursuant to Government Code section 17500 et seq.” They do not impose any mandates on school districts.

STATEMENT OF SIGNIFICANT ADVERSE ECONOMIC IMPACT ON BUSINESS

These proposed regulations are not expected to have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

STATEMENT OF POTENTIAL COST IMPACT ON PRIVATE PERSONS OR BUSINESSES

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

SMALL BUSINESS IMPACT STATEMENT

These proposed regulations are not expected to impact small businesses as the regulatory changes simply permit minor recipients to utilize services already authorized to them under the IHSS Program.

STATEMENT OF RESULTS OF ECONOMIC IMPACT ASSESSMENT

These proposed regulations will not create or eliminate jobs or businesses nor expand businesses currently doing business with the state as the regulatory changes simply permit minor recipients to utilize services already authorized to them under the IHSS Program. Furthermore, these regulations will benefit the health and welfare of California residents by increasing minor recipients’ access to services. These regulations have no impact on worker safety or the state’s environment.

STATEMENT OF EFFECT ON HOUSING COSTS

These proposed regulations do not affect housing costs.

STATEMENT OF ALTERNATIVES CONSIDERED

The Department 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 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.

AUTHORITY AND REFERENCE CITATIONS

The department seeks to amend these regulations in accordance with its authority pursuant to Welfare and Institutions Code Sections 10553 and 10554. This regulation implements, interprets, and makes specific Welfare and Institutions Code Section 12300(e) to

eliminate previous provider eligibility requirements for those serving minor recipients in the In-Home Supportive Services (IHSS) program.

CDSS REPRESENTATIVE REGARDING
THE RULEMAKING PROCESS OF THE
PROPOSED REGULATION

Contact Person: Tyler Penn (916) 657–2586
Backup: Oliver Chu (916) 657–2586

PETITION DECISION

DEPARTMENT OF
CORRECTIONS AND
REHABILITATION

REGARDING PETITION FROM EVERETT
JEWETT REQUESTING ALLOWANCE OF
CUMULATIVE MILESTONES FOR
HIGH INITIAL CASAS SCORES

Petitioner

Everett Jewett, #CC9946.

Department Contact Person

Please direct any inquiries regarding this action to Oscar Medina, Associate Superintendent of Curriculum and Instruction, Division of Rehabilitative Programs, Office of Academic and Career Development, oscar.medina@cdcr.ca.gov.

Availability of Petition

The petition to amend regulations is available upon request directed to the Department’s contact person.

Authority

California Constitution, Article I, Section 32; California Penal Code, Section 2933 et seq.

Provisions of California Code of Regulations Affected:

Title 15, Credits, Sections 3042, 3043, and 3043.3

Summary of Petition and Department Decision:

Subsection 3043.3(a)(e)

Petitioner’s Request: Allow cumulative Milestones for high initial CASAS scores by amending section 3043.3 of Title 15.

Reason for Request: Petitioner states that a student who starts with a low CASAS score and works their way through the CASAS score ranges can obtain several milestone completion credits (herein referred to as “milestones”). Petitioner states that a student who tests with a high CASAS score on the first try will not have the chance to obtain those same milestones. Pe-

tioner states that a student with an initial high CASAS score should be awarded all the milestones for all the ranges passed over because of said CASAS score. Finally, the petitioner argues that this current policy incentivizes poor performance on the CASAS exam to create the capacity to earn more milestones which leads to the wasting of state funds/money in having students extend their enrollment in ABE/ASE and how the change would save the state money in this regard. Petitioner mentions making room in classrooms for incarcerated persons who need the training by having others not intentionally flunk the testing.

Department’s Response: Petitioner’s request is denied. Educational milestones are not based on test scores alone. Title 15 Section 3043.3 (a) states, “Passing an exam alone shall not qualify for the award of such credit” (referring to milestones). Rather, they are based on a student’s participation in and completion of educational activities associated with specific academic standards. This translates into higher academic achievement, as measured by the CASAS test. In section 3043.3 (a), it stipulates that “The award of a Milestone Completion Credit (MCC) requires the achievement of a distinct objective of approved rehabilitation programs...To be awarded such credit, the incarcerated person shall participate in all required program activities for the duration of the program...” In part (e) of that same section, it mentions, “Standard performance criteria for the award of Milestone Completion Credit include the mastery or understanding of course curriculum by the incarcerated person as demonstrated by completion of assignments, instructor evaluations, and testing processes.” The intent of a milestone achievement is to reward academic growth through the participation in the entirety of an educational program, including time spent and assignments completed, rather than the starting academic level of a student entering our education programs.

With regards to the Petitioner’s claim that the recommended change would result in savings and/or more students completing the ABE/ASE program, this is false. As part of the daily upload of CASAS test scores into the Strategic Offender Management System (SOMS), teachers are required to verify that the score is an accurate representation of the student’s observed ability in classroom activities and informal assessments. In addition to classroom participation, each ABE/ASE classroom provides students with access to online literacy resources that provide the teacher with a measure of reading for each student. This can be used by the teacher to verify the CASAS reading score. A similar tool is available for mathematics. If a student’s CASAS score is deemed by the teacher to not be demonstrative of their in-class performance, the score is invalidated. Furthermore, it is far more advantageous for students to complete ABE/ASE cours-

es and earn an Educational Merit Credit (EMC) of 6 months as soon as possible and then matriculate into college programming where they can earn a second EMC for 6 more months, plus a week milestone for each college course completed.

CDCR’s mission is to provide effective rehabilitation and treatment and to successfully reintegrate incarcerated persons into the community. CDCR recognizes the value of providing students with an opportunity to grow academically and personally through hard work and dedication in education programs, whether it is Adult Basic Education, high school equivalency, college programs, eLearning, or other educational programs. Educational milestones incentivize effective participation in educational programs, hard work on assignments, time spent in class, and academic growth. Test scores validate improvement in academic growth, but they are not the only criterion to earn a milestone.

SUSPENSION OF ACTION REGARDING UNDERGROUND REGULATIONS

OFFICE OF ADMINISTRATIVE LAW

SUSPENSION OF ACTION REGARDING UNDERGROUND REGULATIONS (PURSUANT TO TITLE 1, SECTION 280, OF THE CALIFORNIA CODE OF REGULATIONS)

On August 14, 2026, the Office of Administrative Law (OAL) received a petition challenging as an underground regulation portions of a webpage belonging to the Board of Vocational Nursing and Psychiatric Technicians, titled “FAQ — Licensure of Military Members and Spouses,” addressing how an applicant can satisfy the licensure requirement for proof of 12 months’ experience “rendering bedside patient care” pursuant to Business and Professions Code section 2873.5

On October 8, 2026, the Board of Vocational Nursing and Psychiatric Technicians certified to OAL that it will not issue, use, enforce, or attempt to enforce the challenged rule. Therefore, pursuant to title 1, section 280 of the California Code of Regulations, OAL must suspend all action on this petition.

SUMMARY OF REGULATORY ACTIONS

REGULATIONS FILED WITH THE 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.

California Health Benefit Exchange

File # 2026–0928–03

Eligibility, Enrollment, and Appeals Process for the Individual Exchange

This California Health Benefit Exchange emergency readoption action pursuant to Government Code section 11346.1(h) amends eligibility, enrollment, and appeals processes for the Individual Exchange to align with changes in federal law and guidance and to establish a process to automatically enroll a consumer in a Qualified Health Plan when moving to a different coverage area. This emergency is deemed pursuant to Government Code section 100504(a)(6). The readoption amends definitions and other provisions to align with recent changes in federal law.

Title 10

Amend: 6408, 6410, 6472, 6474, 6476, 6478, 6482, 6484, 6486, 6492, 6494, 6496, 6504, 6602, 6606, 6618

Filed 10/08/2026

Effective 10/08/2026

Agency Contact:

Jameson Mitchell

(916) 954–3372

Office of Health Care Affordability

File # 2026–1001–03

Nonsupervisory Employee Organized Labor Costs

This emergency rulemaking by the Office of Health Care Affordability (“Office” or “OHCA”) within the Department of Health Care Access and Information (“Department”) establishes a process for providers, fully integrated delivery systems, and labor organizations to request adjustments to health care cost growth targets based on nonsupervisory organized labor costs. This action is a deemed emergency pursuant to Health and Safety Code (“HSC”) section 127501.2.

Title 22
 Adopt: 97448
 Amend: 97445, 97449
 Filed 10/12/2026
 Effective 10/12/2026
 Agency Contact:
 Heather Hoganson (916) 326–3657

Franchise Tax Board
 File # 2026–0828–04
 Conflict-of-Interest Code

This is a Conflict-of-Interest Code filing by the Franchise Tax Board, approved by the Fair Political Practices Commission (FPPC) and submitted to the Office of Administrative Law (OAL) filing with the Secretary of State and printing in the California Code of Regulations (CCR). The existing code continues to be incorporated by reference in the CCR. The FPPC issued its Certificate of Approval on August 18, 2026. Staff reviewed the submission for procedural compliance and consistency with the 2022 approved baseline text from OAL Matter Number 2022–0607–02FP.

Title 18
 Amend: 17000.30
 Filed 10/07/2026
 Effective 11/06/2026
 Agency Contact: Heather Duffek (916) 845–5421

Department of Social Services
 File # 2026–0826–03
 Division 31 and Division 40 Removal of References to CHDP Program

This section 100 action by the Department of Social Services revises divisions 30 and 41 of the Manual of Policies and Procedures pursuant to California Code of Regulations, title 1, section 100, to delete references to the former Child Health and Disability Prevention (CDHP) Program, which became inoperative in accordance with Health and Safety Code section 124024, as added by Senate Bill 184 (Stats. 2022, ch. 47, sec. 8).

Title MPP
 Amend: 31–002, 31–075, 31–206, 31–405, 40–107, 40–131, 40–181
 Filed 10/07/2026
 Agency Contact: Tyler Penn (916) 204–0337

Office of the State Fire Marshal
 File # 2026–0909–03
 Automatic Fire Extinguishing Systems Certification

In this section 100 action pursuant to California Code of Regulations, title 1, section 100, the Office of the State Fire Marshal amends and repeals regula-

tory sections regarding fire sprinkler fitters and fire sprinkler fitter trainees. The amendments and repeal are pursuant to a December 17, 2025, Judgment and Injunction ordered by the Superior Court of the State of California, Sacramento County, Case Number 34–2019–00249221.

Title 19
 Amend: 924.11, 937
 Repeal: 926
 Filed 10/08/2026
 Agency Contact: Jena Garcia (916) 531–7650

Board of Forestry and Fire Protection
 File # 2026–0910–02
 Geographically Overlapping Harvesting Permits

In this rulemaking action, the Board of Forestry and Fire Protection amends regulations regarding the timing, use and termination of notices of exemption.

Title 14
 Amend: 1038, 1038.1
 Filed 10/12/2026
 Effective 01/01/2027
 Agency Contact: Tyler Hullquist (916) 956–4920

California Department of Tax and Fee Administration
 File # 2026–0827–02
 Relief From Liability

This California Department of Tax and Fee Administration (CDTFA) rulemaking action replaces provisions governing relief from the liability for the payment of cigarette and tobacco products taxes, including any penalties and interest added to those taxes, with a cross-reference to similar existing relief from liability provisions already governing other tax contexts, unifying relief from liability provisions across various taxes.

Title 18
 Amend: 4098, 4902
 Filed 10/08/2026
 Effective 01/01/2027
 Agency Contact: Kim DeArte (916) 309–5227

Department of Corrections and Rehabilitation
 File # 2026–0828–02
 Overfamiliarity

In this rulemaking action, the Department of Corrections and Rehabilitation repeals prior rules regarding familiarity and permits employees to engage in dynamic security.

Title 15
Amend: 3401
Repeal: 3400
Filed 10/12/2026
Effective 10/12/2026
Agency Contact: Robin Hart (916) 896–6780

Department of Justice
File # 2026–0831–01
Registry of Charities and Fundraisers Online Filing System

In this rulemaking action, the Department of Justice is amending regulations concerning online filing with the Attorney General’s Registry of Charities and Fundraisers.

Title 11
Amend: 300, 301, 302, 303, 305, 306, 311, 313, 411, 415, 416, 420, 940
Filed 10/13/2026
Effective 05/01/2027
Agency Contact: Marlon Martinez (213) 269–6437

Air Resources Board
File # 2026–0921–06
California Greenhouse Gas Reporting and Climate Risk Disclosure Regulation

This action by the California Air Resources Board adopts regulations that further implement the California Climate Corporate Data Accountability Act (Health & Saf. Code, § 38532) and the Climate–Related Financial Risk Act (Health & Saf. Code, § 38533) to define terms, establish annual fee calculations and procedures, and set a first–year re-

porting deadline for Scope 1 and 2 emissions under Health and Safety Code section 38532.

Title 17
Adopt: 96070, 96071, 96072, 96073, 96074, 96075, 96076, 96077
Filed 10/12/2026
Effective 10/12/2026
Agency Contact: Evan Kersnar (916) 549–7052

**PRIOR REGULATORY
DECISIONS AND CCR
CHANGES FILED WITH THE
SECRETARY OF STATE**

A quarterly index of regulatory decisions by the Office of Administrative Law (OAL) is provided in the California Regulatory Notice Register in the volume published by the second Friday in January, April, July, and October following the end of the preceding quarter. For additional information on actions taken by OAL, please visit oal.ca.gov.