

**State of California
Office of Administrative Law**

In re:
Employment Development Department

Regulatory Action:

Title 22, California Code of Regulations

Amend sections: 2706-4

NOTICE OF APPROVAL OF REGULATORY
ACTION

Government Code Section 11349.3

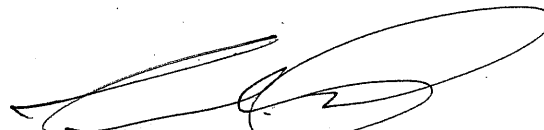
OAL Matter Number: 2024-1206-03

OAL Matter Type: Regular Resubmittal (SR)

This action by the by the Employment Development Department ("EDD") amends an existing regulation that concerns the filing of disability benefit claims. The specific amendments require all physicians and practitioners to file medical certification documents electronically through their verified EDD online accounts unless they have completed and filed EDD's designated exemption form wherein they certify to a lack of automation, a severe economic hardship, or other good cause. Such exemption, which is valid for one year and may be refiled annually, permits a physician or practitioner to continue filing medical certification documents by mail.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2025.

Date: January 22, 2025



Stephen P. Mehlert
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Nancy Faris, Director
Copy: Victor Lao

RESUBMITTAL

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATION SUBMITTAL

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2023-0427-01	REGULATORY ACTION NUMBER 2024-1206-03SR	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

OFFICE OF ADMIN. LAW
2024 DEC 06 @ 4:59 pm

JAN 22 2025
1:50 PM AB

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
Employment Development Department

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2023, 19-2	PUBLICATION DATE 5/12/2023	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Physician/Practitioner E-Filing of Documents	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2024-0423-03S
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 2706-4
TITLE(S) 22	REPEAL

3. TYPE OF FILING					
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)		
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only		
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____				

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
January 11, 2024 - January 29, 2024; September 27, 2024 - October 14, 2024

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)					
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____		

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY					
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal			
<input type="checkbox"/> Other (Specify) _____					

7. CONTACT PERSON Victor Lao	TELEPHONE NUMBER (916) 890-5269	FAX NUMBER (Optional) (916) 654-9069	E-MAIL ADDRESS (Optional) victor.lao@edd.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Nancy Farias</i>	DATE 11/22/2024
TYPED NAME AND TITLE OF SIGNATORY NANCY FARIAS, DIRECTOR	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JAN 22 2025

Office of Administrative Law

PER AGENCY REQUEST 1/22/25

EMPLOYMENT DEVELOPMENT DEPARTMENT

Amendment of Title 22, California Code of Regulations Sections 2706-4

ELECTRONIC FILING OF DOCUMENTS BY PHYSICIANS, PRACTITIONERS and REGISTRARS OF COUNTY HOSPITALS

Final Text of Amendments

NOTE: Language to be repealed is shown in ~~strikethrough~~ format; language to be added is shown in underline format.

AMEND SECTION 2706-4 TO READ AS FOLLOWS:

§ 2706-4. ~~Claims~~ Claim Documents That May Be Filed by Mail.

- (a) ~~All claims and other required documents relating thereto~~ required claim documents completed by the claimant or their authorized representative may be filed by mail except in those cases where the claimant is notified by the department that a personal appearance or examination will be required. Filing by mail shall be deemed complete at the time of deposit in the mail, in a sealed envelope, with postage paid, addressed to the department.
- (b) Physicians and practitioners must file documents electronically through the department's online system unless they have filed an exemption with the department. An exemption may be filed when the physician or practitioner has complied with the requirements as specified in (d) and (e) below as well as certified to one of the following reasons: a lack of automation, a severe economic hardship, or other good cause. A filed exemption shall be valid for one year and may be refiled annually.
- (c) Definitions. As used in this section, the following terms have the meanings assigned:
- (1) A "lack of automation" means the physician or practitioner is unable to use the department's online system to file documents electronically due to system limitations or does not use computer technology for document management and/or electronic health records.
 - (2) A "severe economic hardship" means the physician or practitioner does not have the resources to invest in the needed equipment and services to comply with the electronic certification requirement.
 - (3) "Other good cause" means a compelling reason that would restrict the physician or practitioner from being able to file documents electronically

through the department's online system, including but not limited to, being in a rural area and limited access to the internet.

(d) Physicians or practitioners seeking an exemption from filing documents electronically shall provide the following information on the department's designated exemption form:

- (1) physician's or practitioner's name (as it appears on their medical license).
- (2) physician's or practitioner's mailing address.
- (3) physician's or practitioner's business address, if different from their mailing address.
- (4) physician's or practitioner's license number and type.
- (5) physician's or practitioner's email, if available.
- (6) physician's or practitioner's telephone number.
- (7) reason for exemption.
- (8) physician's or practitioner's signature.

(e) The completed exemption form shall be submitted to the department by mail to the address specified on the department's designated exemption form or in person at any State Disability Insurance office. Each request for exemption from electronic filing that meets the requirements of this section shall be considered filed and valid as of the postmark date or the receipt date, whichever is earlier. The department shall send the physician or practitioner a notice of receipt by mail to their mailing address within four (4) business days of receipt of a completed exemption form. The notice of receipt shall include the date of filing and the period covered by the exemption. If the physician or practitioner fails to provide all the required information as specified in (d) above, the exemption cannot be filed, and the department will notify the physician or practitioner of the defect(s) by mail to their mailing address within four (4) business days of its receipt. The physician or practitioner may resubmit a completed exemption form at any time.

Authority cited: Sections 305, 306 and 2602, Unemployment Insurance Code.
Reference: Section 2706, Unemployment Insurance Code.