

best available scientific evidence. In developing and promulgating these guidelines, the administrative director shall consider:

(a) Scientific evidence, including reports and studies published in peer-reviewed scientific and clinical literature, taking into consideration the nature and quality of the study, its methodology and rigorosity of design, as well as the quality of the journal in which the study was published:

(1) For treatment services, studies addressing safety, efficacy, and effectiveness of the treatment or procedure for its intended use shall be considered.

(2) For diagnostic devices or procedures, studies addressing safety, technical capacity, accuracy or utility of the device or procedure for its intended use shall be considered.

(b) National and community-based opinion, including, but not limited to, syntheses of clinical issues that may take the form of published reports in the scientific literature, national consensus documents, formalized documents addressing standards of practice, practice parameters from professional societies or commissions, and technology assessments produced by independent evidence-based practice centers. The medical director shall evaluate the nature and quality of the process used to reach consensus or produce the synthesis of expert opinion and shall take into consideration the qualifications of participants, potential biases of sponsoring organizations, the inclusion of graded scientific information in the deliberations, the explicit nature of the document, and the processes used for broader review.

(c) Advice and recommendations of formal committees made up of providers within the state. This may include recommendations from other state agencies, federal agencies and any other entity regarding studies, experience and practice with past coverage.

(d) Three months after the publication date of the updated American College of Occupational and Environmental Medicine Occupational Medical Practice Guidelines, and continuing until the effective date of treatment protocols developed pursuant to this Section, the recommended guidelines set forth in the American College of Occupational and Environmental Medicine Occupational Medical Practice Guidelines shall meet the requirements of this Section.

(e) In developing the guidelines required by this section, the medical director shall give the greatest weight to the updated American College of Occupational and Environmental Medicine Occupational Medical Practice Guidelines. If compensable medical treatment is not the subject of a treatment guideline developed by the American College of Occupational and Environmental Medicine, then the medical director shall give the greatest weight to the most rigorously designed peer-reviewed, evidence-based studies and on those studies that are reproducible as set forth in paragraph (1) of subdivision (c) of this Section.

(f) The medical director, by rule, shall periodically, but no less frequently than biennially, identify any medical treatment found to be unscientific, unproven, outmoded or experimental for purposes of determining whether such treatment is reasonable. Any treatment so identified shall be presumed to be unreasonable in any dispute involving the appropriateness of treatment.

(g) The medical director shall review and update, if necessary, the treatment guidelines no less frequently than biennially.

SEC. 52. Section 5703 of the Labor Code is amended to read:

5703. The appeals board may receive as evidence either at or subsequent to a hearing, and use as proof of any fact in dispute, the following matters, in addition to sworn testimony presented in open hearing:

(a) Reports of attending or examining physicians.

(1) Statements concerning any bill for services are admissible only if made under penalty of perjury that they are true and correct to the best knowledge of the physician.

(2) In addition, reports are admissible under this subdivision only if the physician has further stated in the body of the report that there has not been a violation of Section 139.3 and that the contents of the report are true and correct to the best knowledge of the physician. The statement shall be made under penalty of perjury.

(b) Reports of special investigators appointed by the appeals board or a workers' compensation judge to investigate and report upon any scientific or medical question.

(c) Reports of employers, containing copies of timesheets, book accounts, reports, and other records properly authenticated.

(d) Properly authenticated copies of hospital records of the case of the injured employee.

(e) All publications of the Division of Workers' Compensation.

(f) All official publications of the State of California and United States governments.

(g) Excerpts from expert testimony received by the appeals board upon similar issues of scientific fact in other cases and the prior decisions of the appeals board upon similar issues.

(h) ~~Treatment guidelines adopted pursuant to Section 4604.5 or 5307.27. Relevant portions of medical treatment protocols published by medical specialty societies. To be admissible, the party offering such a protocol or portion of a protocol shall concurrently enter into evidence information regarding how the protocol was developed, and to what extent the protocol is evidence-based, peer reviewed, and nationally recognized, as required by regulations adopted by the appeals board. If a party offers into evidence a portion of a treatment protocol, any other party may offer into evidence additional portions of the protocol. The party offering a protocol, or portion thereof, into evidence shall either make a printed copy of the full protocol available for review and copying, or shall provide an Internet address at which the entire protocol may be accessed without charge.~~

SEC.53. Section 5814 of the Labor Code is repealed.
~~—5814. When payment of compensation has been unreasonably delayed or refused, either prior to or subsequent to the issuance of an award, the full amount of the order, decision, or award shall be increased by 10 percent. Multiple increases shall not be awarded for repeated delays in making a series of payments due for the same type or specie of benefit unless there has been a legally significant event between the delay and the subsequent delay in payments of the same type or specie of benefits. The question of delay and the reasonableness of the cause therefor shall be determined by the appeals board in accordance with the facts. This delay or refusal shall constitute good cause under Section 5803 to rescind, alter, or amend the order, decision, or award for the purpose of making the increase provided for herein.~~

SEC. 54. Section 5814 is added to the Labor Code, to read:

5814. (a) When payment of compensation has been unreasonably delayed or refused, either prior to or subsequent to the issuance of