STATE OF CALIFORNIA
FRAUD ASSESSMENT COMMISSION

Summary Meeting Minutes
Sacramento, California
January 14, 2026

This meeting was a hybrid meeting with the option for the public to attend in person or via teleconference. Commissioners personally in attendance: Chairperson Jay Bobrowsky, Vice-Chairperson Branden Lopez, and Commissioners Dan Calamuci, Joseph Carresi, Tim Cloney, and Tyrone Spears.

Others present: Eric Charlick, (Acting) Division Chief, California Department of Insurance (CDI) Enforcement Branch; Chief Andrew Gulcher, Victoria Martinez, Shawn Conner, Felicia Lieb, and Eric Williams, Deputy Chiefs, CDI Fraud Division.

Yvonne Hauscarriague, Senior Staff Counsel, CDI Government Law Bureau, attended via teleconference.

I. Fraud Assessment Commission

Chairperson Bobrowsky opened the meeting at 10:30 am and read the process to request documents presented today and how to make public comments if calling in or attending via Zoom. All votes will be conducted by roll call vote.

a. Opening Remarks

Commissioner Calamuci emphasized the critical importance of partnerships, attributing the success of California's fraud-fighting efforts to both available resources and strong collaboration. He noted the need to strategically support District Attorney (DA) offices in building strong cases. He highlighted the issue of injured workers who face employer coercion and job loss. Looking ahead to the new year, he expressed a desire for increased dialogue and engagement with workers.

Commissioner Carresi concurred with Commissioner Calamuci's remarks on the centrality of partnerships. He shared that hosting DA offices for meetings with his team in the prior year had successfully strengthened those essential professional relationships.

Chairperson Bobrowsky thanked the Local Assistance Unit (LAU) team for facilitating the meeting. He highlighted California’s program as a national model, noting that the New York Workers’ Compensation Board is currently seeking to replicate it. Emphasizing a focus on outcomes, he stated that the Commission owes California employers a high return on investment.

Turning to technology, Chairperson Bobrowsky identified Artificial Intelligence (AI) as a double-edged sword that presents both operational advantages and threats. He requested that teams evaluate where AI tools could be effectively integrated into their 2026 operations. In closing, he credited the Fraud Assessment Commission (FAC),

dedicated funding, DA offices, and the California Department of Insurance (CDI) for creating a fairer, more results-driven system.

Vice-Chairperson Lopez expressed appreciation for Commissioner Calamuci's comments and noted he would defer his formal remarks for later in the meeting.

Chairperson Bobrowsky turned the meeting over to CDI Senior Staff Counsel Yvonne Hauscarriague.

b. Election of the FAC Chair and Vice-Chair

Ms. Hauscarriague went over the election process. Chairperson Bobrowsky opted to run for the position of Chair. All other Commissioners declined.

Chairperson Bobrowsky provided an overview of his professional background, noting his seven-year tenure as Senior Vice President of the State Compensation Insurance Fund, his prior service as a police officer, and his insurance industry experience dating back to 1993, with a specialization in Special Investigation Units (SIUs) since 1995. Utilizing his expertise in the California workers' compensation system, he emphasized that systemic collaboration is vital to combating fraud and abuse.

Regarding the Commission's Goals and Objectives, Chairperson Bobrowsky advocated for a balanced approach among carriers, employers, the CDI, and the panel. He emphasized the critical need for operational consistency across all regional DA programs, noting performance variances. In closing, he expressed gratitude for the opportunity to serve on the panel and desire to lead the Commission for another year.

Ms. Hauscarriague asked for public comments on the topic of chair election. There were none. A roll call vote was done and the Commissioners unanimously voted in favor of Chairperson Bobrowsky continuing as FAC Chair.

Ms. Hauscarriague asked each commissioner if they wish to run for Vice-Chair. Vice-Chairperson Lopez and Commissioner Cloney opted to run for the position of Vice-Chair.

Commissioner Cloney introduced himself as the Vice President and National Director for Zenith Insurance, where he oversees nationwide SIU operations. He entered the insurance sector in 1989 and transitioned to SIU in 1992, later succeeding Don Marshall at Zenith. Citing his extensive family ties to the industry and his exclusive career focus on fraud detection, Commissioner Cloney emphasized that his background brings a unique, full-time fraud-fighting perspective to the Commission.

Vice-Chairperson Lopez introduced himself as a licensed, non-practicing attorney and the Executive Director for the Center for Contract Compliance, having served on the Commission since 2019. Representing organized labor, he advocated for long-term legislative reforms over temporary fixes, specifically targeting increased CDI investigator wages and improved fraud referral quality. To enhance outcomes, he urged for sustained

DA funding to support staff hiring, the reintegration of departed counties into the program, and an increased use of press releases to maximize public deterrence.

Ms. Hauscarriague asked for public comments on the topic of vice-chair election. There were none. A roll call vote was done and Chairperson Bobrowsky, Vice-Chairperson Lopez, Commissioner Calamuci, and Commissioner Carresi voted in favor of Vice-Chairperson Lopez. Commissioner Cloney and Commissioner Spears voted in favor of Commissioner Cloney. Ms. Hauscarriague confirmed the vote was four to two in favor of Vice-Chairperson Lopez.

c. Approval of the Summary Meeting Minutes

Chairperson Bobrowsky asked the Commissioners to review the meeting minutes from the last meeting.

Motion

Commissioner Spears made a motion to accept the meeting minutes. Commissioner Cloney seconded the motion.

Action

The summary meeting minutes were unanimously accepted via a roll call vote.

d. FAC Representatives for the Workers' Compensation Grant Review Panel

The FAC provides two FAC Commissioners to participate in the Workers' Compensation Grant Review Panel. Commissioners Spears, Commissioner Calamuci and Commissioner Cloney volunteered to serve on the panel for FY 2026-27 applications.

Chairperson Bobrowsky opened the discussion regarding the selection of two members to serve on the panel. Commissioner Spears expressed interest, emphasizing his experience and the need for transparent, performance-based recommendations. Commissioner Cloney highlighted his background representing carriers and regular interaction with the CDI and DAs. Commissioner Calamuci noted his perspective representing organized labor. Both Chairperson Bobrowsky and Commissioner Carresi supported appointing Commissioner Spears to integrate a fresh perspective, while Vice-Chairperson Lopez noted that serving on the panel is a highly beneficial learning experience.

Chairperson Bobrowsky clarified that the selection required mutual consensus rather than a formal vote. Following this discussion, Commissioner Spears declined consideration for the current term, opting to reconsider for 2027 to allow the incumbent panel members to continue their work. By consensus, Commissioner Calamuci and Commissioner Cloney were designated to represent the Commission on the panel for 2026.

e. Public Comments

There were no public comments.

II. Enforcement Branch

a. Administrative Update

Acting Division Chief (ADC) Charlick began by addressing some of the questions that the FAC commissioners asked during the last meeting. Vice-Chairperson Lopez asked several questions about our referrals and SIU processes:

1. Can CDI provide a list of workers' compensation insurance carriers that currently file FD-1 fraud referrals?
ADC Charlick respectfully declined to provide the requested details. He stated he did not want to publicly disclose which carriers are more likely to submit referrals, as it could alert fraudsters to which carriers offer a better chance to defraud.
a. For those carriers, can CDI identify the types of referrals they file (e.g., claimant fraud, provider fraud, premium fraud, denial-of-benefits fraud, etc.)?
ADC Charlick advised overall, the number of referrals by type is in the annual report CDI provided in December.
b. Can CDI provide a list of all workers' compensation carriers authorized to do business in California?
ADC Charlick advised there is a list of WC carriers on the website and LAU can email it to the Commissioners.
c. Is market share information available for each carrier?
ADC Charlick advised yes and the Commissioners can email the SIU team for that information.

SIU Manager Robert Stanley then came to the podium to address the rest of Vice-Chairperson Lopez's questions.

2. Under what circumstances would an insurance carrier be audited by CDI?
Mr. Stanley responded that CDI audits on a routine three-to-five-year cycle, prioritizing never-audited carriers and compliance follow-ups for previous Corrective Action Plans (CAPs). Mr. Stanley informed that additional audits are triggered by data anomalies in SIU annual reports, such as zero or unusual referral volumes, poor referral quality, and high claim rates paired with low referral output. CDI also targets carriers based on operational changes like SIU staff reductions, as well as external indicators like consumer complaints and anonymous tips.

3. Can you explain the auditing process for workers' compensation insurance carriers, specifically as it relates to fraud reporting or SIU performance?
Mr. Stanley responded that the auditing process for workers' compensation carriers involves reviewing Suspected Fraud Claims (SFCs) to confirm proper coding and verify that the reporting party is correct. Auditors ensure that all workers' compensation referrals are concurrently sent to the local DA's office and verify that files contain the legally required summary of all facts. Furthermore, the evaluation includes confirming compliance with mandatory annual staff training and conducting on-site file reviews to ensure all required fraud referrals are actively transmitted to the CDI.

4. Are SIUs audited for compliance with minimum standards (e.g., staffing requirements, internal referral thresholds, timeliness, documentation quality)?
Mr. Stanley responded that SIUs are audited for compliance with minimum standards, with specific emphasis on reporting timeliness, documentation quality, and the appropriate acceptance or denial of internal fraud referrals. He clarified that while insurers retain the operational autonomy to utilize their SIU in any manner they choose, they must demonstrate the capacity and readiness to properly handle and address suspected fraud whenever it arises.

5. What accountability or enforcement mechanisms exist when an insurance carrier fails to submit an FD-1 despite having information that should reasonably trigger a referral?
Mr. Stanley responded that compliance regarding mandatory fraud reporting is enforced by reviewing closed claims during examinations to ensure personnel are reporting appropriately. Prior to conducting on-site audits, the department compares a carrier's closed claim volume to its SIU referrals, noting a historical industry average of 3% to 5%; rates falling below this baseline trigger closer regulatory scrutiny. Auditors also analyze SIU Annual Reports and past examinations to identify non-compliance patterns, which can ultimately result in a mandated Program Improvement Plan or, in more severe cases, financial penalties.

6. From CDI's perspective, is there a practical incentive for a carrier not to submit FD-1 referrals because doing so may subject them to additional scrutiny or auditing?
Mr. Stanley responded that while a carrier might perceive a practical incentive to withhold fraud referrals to avoid regulatory scrutiny, this view is not shared by the SIU team. He emphasized that the CDI expects all carriers to fully comply with the law, and failure to submit mandatory referrals will result in legal and regulatory consequences. If SIU determines there is an issue of under-reporting, they set up SFC training with the insurer, the SIU team, and a CDI detective.

Vice-Chairperson Lopez initiated a discussion on insurer operational autonomy and regulatory enforcement, with Mr. Stanley clarifying that while insurers may utilize their SIUs as they see fit, CDI expects dedicated investigative focus on fraud. Regarding non-compliance, Mr. Stanley and ADC Charlick explained that CDI prefers a program-improvement approach for minor issues, reserving financial penalties for severe or repetitive violations. Addressing historical enforcement, Mr. Stanley noted that no insurer has been barred from doing business since 2020. However, Chief Gulcher from the CDI Investigation Division clarified that if an insurer repeatedly rejects reform plans, a case can be escalated to the legal division to suspend or revoke their license. Regarding penalty thresholds, Mr. Stanley stated that a non-compliance rate exceeding 10% typically triggers financial penalties, while rates under 10% result in a Program Improvement Plan. Commissioner Cloney noted that total penalties from the prior year's annual report amounted to $318,000.

Commissioner Cloney raised concerns regarding audit targets, noting that last year's annual report showed only 12 Workers' Compensation audits out of 650 admitted carriers, and questioned why carriers submitting zero referrals were not heavily targeted. Mr. Stanley responded that the audit team must balance resources across various grant

programs to maximize impact. In response to Commissioner Cloney's inquiry about adding attachments to electronic FD-1 referrals, Deputy Chief Victoria Martinez clarified that attachments can be transmitted once a case is officially opened. Chairperson Bobrowsky asked about audit exemptions, and Mr. Stanley confirmed that self-insured carriers are not subject to these reviews. Chairperson Bobrowsky advocated for SIU involvement in all major accidents and fatalities and asked about prevailing audit trends. Mr. Stanley reported that compliance breakdowns and communication issues are most prevalent during major staffing transitions, particularly among out-of-state insurers who lack familiarity with California's specific statutory requirements.

ADC Charlick provided a comprehensive agency personnel and operational update. For Fiscal Year (FY) 2024-25, the Professional Standards Unit placed 81 detective candidates in background checks, resulting in 13 sworn hires. For FY 2025-26, 38 candidates entered background checks, with 13 new detectives starting and 4 pending. Notable 2025 leadership promotions included Jorge “Tony” Alvarado to Captain of the Valencia Regional Office and Nelson Rodriguez to Captain of the Silicon Valley Regional Office, alongside three sergeant promotions. Attrition included four retirements, one resignation, nine transfers to other state agencies, and the December retirement of former LAU Manager Diana Russell, who was thanked for her public service. Current vacancies stand at one Deputy Commissioner, one Fraud Division Chief, three Sergeants, and 59 detectives.

Chairperson Bobrowsky inquired about the agency's current vacancy rate, which ADC Charlick confirmed is 27%. ADC Charlick attributed these staffing losses to a significant pay gap with the Department of Justice (DOJ). Vice-Chairperson Lopez referenced prior legislative remedies that were ultimately vetoed by the Governor. ADC Charlick explained that the Governor's veto message directed the salary issue to the formal union collective bargaining process rather than independent legislation, requiring CDI management to remain strictly neutral moving forward. ADC Charlick concluded by reaffirming CDI's commitment to collaborating with District Attorney partners to target emerging workers' compensation fraud trends in the new year.

b. Department of Industrial Relations Assessment Collection for FY 2026-27

Chairperson Bobrowsky asked ADC Charlick to read the DIR letter for FY 2025-26 collections. ADC Charlick read the letter from DIR. ADC Charlick advised that in November 2025, the FAC assessed an aggregate amount of $89,985,405 for Fiscal Year 2026-27. In November, CDI determined that there were approximately $300,000 in fines and penalties collected in FY 2024-25. Pending budget authority approval, these funds will be distributed on a pro-rata basis to the DAs this current 2025-26 fiscal year. No funds are being used to offset collections. Therefore, the amount of money that will need to be collected by the Department of Industrial Relations from California employers for the Fiscal Year 2026-27 is $89,985,405.

ADC Charlick turned meeting over to LAU Manger Aaron Ching for the next two items on the agenda.

c. District Attorney Unexpended Funds

LAU Manager Aaron Ching stated for FY 2024-25, the DAs have unspent funds of approximately $6 million, or 11.32 percent of the total funding awarded, with about $3.5 million in carryover for FY 2025-26.

d. Insurance Fraud Programs

i. FY 2026-27 Grant Application Overview

CDI will publish the Workers' Compensation Funding Announcement and Application in GMS, on Wednesday, February 18, 2026. The deadline for submitting applications is 5:00 p.m. April 22, 2026. Any county that fails to submit their application by the published deadline will not be considered for funding per California Code of Regulations, Title 10, section 2698.52(c).

ii. Informational Webinar and Grant Training Workshops

The Enforcement Branch will present the Grant Information Webinar on February 25 2026, which will provide an overview of the application and award process. Two Grant training Workshops will be held in March. Applicants are encouraged to participate in the CDI Grant Training Workshops and if they have any questions to reach out to the LAU. The LAU will be sending out emails with more information on the planned training events.

iii. Insurance Commissioner's Workers' Compensation Review Panel Meeting

The Workers' Compensation Grant Review Panel is convened by the Insurance Commissioner to evaluate each county's application and make funding recommendations to the Insurance Commissioner. The Commissioner, in making his determination as to the most effective distribution of moneys, shall obtain the advice and consent of the Fraud Division and the Fraud Assessment Commission. Per California Code of Regulations, the Review Panel consists of: Two members of the Fraud Assessment Commission, the Director of the Department of Industrial Relations or his/her designee, an expert in consumer crime investigation designated by the Insurance Commissioner, and the Enforcement Branch Deputy Commissioner or his/her designee. Representing the Fraud Division will be Deputy Chief Victoria Martinez. The Insurance Commissioner's Review Panel is a public meeting and is scheduled to meet on Wednesday, June 10, 2026. This meeting will be held as a hybrid meeting. County presenters may participate via Zoom and do not have to be in person.

e. Public Comments

Former LAU Manager Diana Russell expressed her thoughts that the work of the commission is tremendous and that it was an honor for her to work with the Commission.

There was a 10-minute break and the meeting resumed at 12:16 pm.

III. Aggregate Assessment Split

a. Discussion

ADC Charlick advised Insurance Commissioner Lara is again seeking a one-time adjustment of the 20% discretionary split that would give CDI 3.56% of the discretionary 20% portion of the assessment.

LAU Manager Aaron Ching then read the letter from Insurance Commissioner Lara seeking the FAC's consent.

ADC Charlick came back to the podium to present a request on behalf of Commissioner Ricardo Lara, seeking the Commission's consent to approve a one-time 3.56 percent adjustment to the 20 percent discretionary portion of the Workers' Compensation assessment for Fiscal Year 2026–27. He stated that the underlying principle was to direct discretionary dollars where they actively produce results, noting that Fraud Division outcomes improve when additional resources are directed to Workers' Compensation fraud. Data shows that CDI consistently utilizes its full allocation, whereas DA funding exhibits persistent underutilization. Over the past three fiscal years, DAs have consistently left funds unspent, creating a total pool of approximately 6 million dollars in unused funds. While the trend is moving in the right direction with DAs reducing unspent funds by roughly 3 percent per year, substantial idle funding remains. By contrast, CDI has zero unspent funds. This proposed adjustment is tailored to DA utilization and keeps them essentially whole. Under this plan, DAs will still receive $52,442,358, which is about $400,000 less than the previous fiscal year, while CDI will receive over 1 million dollars less than its current funding level.

ADC Charlick stressed that this is a measured, utilization-based request designed to ensure discretionary dollars are actively deployed to fight fraud rather than sitting unspent year over year. He emphasized that a $400,000 reduction against the backdrop of 6 million dollars in underspent funds is highly reasonable, especially since the discretionary portion exists to ensure effective in-year fund usage. If the current trend improves more than expected, the DAs may break even, which is the ideal outcome for everyone, particularly given the pending elimination of carryover funds. The ultimate goal is to use the assessment annually for its intended purpose of investigations and prosecutions. CDI delivered on its last funding adjustment by reducing the number of cases closed for insufficient resources and increasing the number of cases opened. This new adjustment will fund departmental capacity, operations, and overdue equipment. ADC Charlick noted that he had discussed these changes and DA concerns with Bill Lee, expressing appreciation for their transparent dialogue. In summary, the proposal keeps DAs whole based on actual utilization, reduces idle funds, preserves the ability of the CDI to deliver measurable results, and aligns the assessment with its intended mission.

Commissioner Cloney asked about the specific number of cases closed or rejected due to insufficient resources and requested more details on the equipment needed. ADC Charlick verified that 198 fewer cases were closed for insufficient resources and that new case openings increased by 88 percent. He clarified that the department has not purchased new vehicles since 2018, leaving the current fleet in poor condition, and added that failing radio communication poses a distinct safety issue. Commissioner Cloney then

asked for the specific percentage of vehicle mileage used for case investigations versus home commutes. ADC Charlick responded that he would need to obtain those details and provide them to the Commission later, noting that the detectives are expected to function as field investigators.

Vice-Chairperson Lopez requested clarification regarding the unspent funds and current carryover levels. ADC Charlick explained that they may secure 3.5 million dollars in carryover, and 2.5 million dollars will roll into the FY 2026–27 funding cycle. When Vice-Chairperson Lopez asked about the new proposed regulation regarding carryover, ADC Charlick noted that he could not speak directly about the issue because it falls under the State Budget Process. However, he did confirm that a regulations project is underway with the potential to take effect in January 2027, which no carryover will be allowed from unspent funds in FY 2025–26. Chairperson Bobrowsky and Vice-Chairperson Lopez clarified that unspent DA funds return to the program as a whole to benefit the system rather than returning to individual counties.

Commissioner Cloney asked if this proposal had been discussed with the DAs beforehand, noting that no one had previously asked for an increase in the overall assessment. ADC Charlick advised that he did not receive internal approval for the request until late December and he contacted Bill Lee immediately afterward. Commissioner Cloney also asked about the department's 27% vacancy rate and what the funding request would look like if CDI were fully staffed. ADC Charlick stated that if they were fully staffed, the department would partner with the DAs to request an overall increase in the assessment. Vice-Chairperson Lopez followed up by asking why the department did not simply ask for more money initially. ADC Charlick responded that requesting more money is not prudent or fiscally responsible when 6 million dollars remains unused within the system. Vice-Chairperson Lopez then asked if the assessment would decrease if unspent funds entered the next cycle. ADC Charlick stated that only unspent funds, fines and penalties from CDI can be used as a financial offset, not the unspent funds of the DAs.

Commissioner Spears asked for final clarification on what happens to the unspent funds. ADC Charlick confirmed that approximately 2.5 million dollars from FY 2024–25 would go back into the FY 2026–27 funding pool. Commissioner Spears stated that, speaking personally as a payer of the fee, the fluctuation is a matter of concern. From the viewpoint of the City of Los Angeles, which is dealing with its own fiscal issues, it is concerning to receive and pay an assessment bill only to have the funds sit unspent and roll over year after year. He questioned whether the assessment is correct at the outset or if they are potentially over-assessing the payers, and requested that this concern be noted for the record. Commissioner Spears then asked if the Commission directly impacts the annual assessment number. Chairperson Bobrowsky confirmed that the Commission does impact the number, as that is the specific figure they vote on every November. Finally, Commissioner Cloney asked if alternative options exist regarding the pending carryover regulation. ADC Charlick reiterated that the regulatory project is actively in process and, if it goes as planned, it will be adopted in January 2027.

b. Public Comments

Chairperson Bobrowsky asked if there were any public comments.

Victor Ou from San Diego County opposed the adjustment request, stating that the DAs made assessment decisions without knowledge of CDI's split adjustment proposal. He explained that carryover funds provide vital flexibility and noted that San Diego requested less funding this past year.

Tamara Martin from San Diego County added that their county had $825,000 in carryover and requested 1 million dollars less last year. She expressed concern that receiving less money would threaten program continuity and staff positions, noting that unexpended funds vary significantly across individual counties.

Jill Nerone from Alameda County noted that unspent carryovers did not exist prior to three years ago and attributed her county's $750,000 in unspent funds to past management transitions. She stated that her team is committed to reaching zero carryover from FY 2025–26 and will request a funding increase next year.

William Lee from San Bernardino County, speaking also for Ventura County, strongly opposed the request. He stated that the funding shifts create uncertainty, threaten county performance, and could force cuts to salaries and public outreach.

Following public comments, Vice-Chairperson Lopez expressed concern that a yes vote might deter counties from participating in the program in the future. ADC Charlick returned to the podium to clarify that the proposal was not hidden but delayed due to late executive approval in December. He emphasized that the adjustment represents a total reduction of $400,000 across all counties to redirect discretionary funds where they are actively used. He noted that the counties requested 21% more in their proposed FY 2027–28 budgets but chose not to request a current assessment increase. He argued it is not responsible to ask employers to pay more when 6 million dollars remains left on the table. He stated that if the 3.56% adjustment is rejected, CDI will shift resources back to Auto and Disability and Healthcare programs where funding is fully utilized.

Responding to Commissioner Cloney regarding the late request, ADC Charlick explained that the administrative and budget review process took longer than anticipated. Commissioner Spears asked about the operational impact if the split is denied. ADC Charlick stated that CDI would be unable to shift workforce resources or fill vital vehicle and radio equipment needs, resulting in fewer detective hours. He confirmed that extra resources directly improve metrics, citing an 88% increase in new investigations and 198 fewer cases closed for insufficient resources. He added that complex Provider Fraud cases rely heavily on early vertical prosecutions with DAs. In response to Commissioner Calamuci, ADC Charlick clarified that if the Commission votes no, CDI will pull back Workers' Compensation resources, and the decision rests solely with the Commission.

Chairperson Bobrowsky asked if the funding would address the department's vacancy rate and requested the full cost of a detective. ADC Charlick stated that a detective cost

approximately $200,000, but clarified that this funding is meant to shift existing workforce to Workers' Compensation rather than for new hiring. He added that general assessment funds allow CDI to shift personnel across programs. ADC Charlick and Vice-Chairperson Lopez discussed historical carryovers, with ADC Charlick noting that past unspent totals were a much less significant $1,800,000 compared to the recent $8,700,000. He warned that lowering the overall assessment to address the carryover would harm CDI, which fully spends its allocation. In closing comments, Commissioner Calamuci expressed frustration with the timing but emphasized the need to bring unexpended funds down to zero. He stressed that case quality is more important than quantity, shared concerns for smaller counties relying entirely on grants, and stated he was inclined to vote no.

c. Vote

Motion
Vice-Chairperson Lopez made a motion to decline to consent to the one-time split change of the aggregate assessment. Commissioner Calamuci seconded.

Chairperson Bobrowsky voted no.

Commissioners Calamuci, Carresi, Cloney, Lopez, and Spears voted aye in favor of declining.

Action
The motion to decline to consent to the one-time aggregate assessment split change, as outlined in Insurance Commissioner Lara's letter, was accepted via a roll call vote of 5 to 1.

IV. CDAA Presentation – Restitution
Chairperson Bobrowsky stated this presentation would be postponed until the July 7, 2026 FAC meeting.

V. Anti-Fraud Alliance/NICB – Sacramento Anti-Fraud Billboard Campaign
Chairperson Bobrowsky stated this presentation would be postponed until the July 7, 2026 FAC meeting.

VI. Other Business
a. Insurance Commissioner's Workers' Compensation Review Panel will be on June 10, 2026. This will be a hybrid meeting.

b. Next Scheduled FAC Meetings after that are July 7, 2026. This will be a hybrid meeting.

c. Public Comments: None.

VII. Public Comments

The floor was opened for public comment on any agenda items and there were none.

VIII. Closing Remarks

Commissioner Calamuci thanked everyone for attending. He hopes to see people at the upcoming AFA meeting in April. There were no other closing comments.

Motion

Commissioner Cloney made a motion to adjourn the meeting. Commissioner Spears seconded the motion.

Action

The Commissioners unanimously approved via a roll call vote and the meeting adjourned at 1:45 pm.