

2019-136 IF Utilization Review Public Hearing
April 10, 2020; 9:00 a.m.
Virtual Microsoft Teams Meeting

Sarah Wohlford:

Good Morning everyone. Again my name is Sarah Wohlford, and I'm the Senior Deputy Director at the Michigan Department of Insurance and Financial Services. We will get started shortly. Thank you.

Catherine Hart:

Good morning everyone. My name is Catherine Hart and I will be one of the facilitators today for this hearing. If everyone could make sure to mute your microphones until you are asked to provide any comments, it will help to cut-down on background noise. With that, I will open the hearing with the following introduction:

This is a public hearing on proposed administrative rules entitled Utilization Review. This hearing is being conducted pursuant to the provisions of the Michigan Administrative Procedures Act, as well as Executive Orders 2020-04 and 2020-21, and on behalf of the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals. The Department of Insurance and Financial Services acknowledges that this is a unique way to conduct a public comment hearing, and we appreciate your understanding and flexibility regarding the virtual nature of this hearing.

This virtual hearing is being called to order at 9:04 a.m. on April 10, 2020. This hearing was published in three newspapers of general circulation, as well as the *Michigan Register, Issue # 5*, published April 1, 2020. Following the issuance of Executive Order 2020-21, DIFS also issued a press release to change the hearing to a virtual one.

We have created a roster of attendees as people signed into the hearing. We will attempt to run down the roster and will ask if individual attendees wish to record a comment. If you wish to make a comment, you will be allotted three minutes to do so. If we call your name, and you do not wish to record a comment, simply let us know.

Before you speak, please identify yourself with your name, the organization you represent, and both your mailing and your e-mail address so that this information may be transcribed for the hearing report. If you have additional comments to submit in writing, you may email them to Michele Estrada, her email address is EstradaM1@michigan.gov or submit them to the Department of Insurance and Financial Services no later than 5:00 p.m. Eastern Time on April 17, 2020.

Please note this forum is only for accepting public comment, and we will, therefore, not be responding to any questions. If attendees do have questions, they may submit them to us in writing, and we can respond after the hearing.

We will now call on the first person on the roster to see if the individual would like to provide a public comment.

Another reminder to please mute your microphones to cut down on background noise. Thank you.

Sarah Wohlford:

All right, I will start calling on individuals, and I think, rather than call on them in the order in which they joined, it may be easier to call on you in alphabetical order. So bear with us as we are doing this new process.

Adam Fowler - do you wish to speak. Hi, *no I do not wish to speak. Thanks Allison Schneiders.*

Sarah Wohlford:

If you do wish to speak, please unmute yourself. In addition, if you are having any technical difficulties, you can use the chat function, and I or Catherine will help you unmute or are having any other difficulties, we'll do our best to help you.

Allison Schneiders

Amanda Sherman

Bill Flory – *No comment.*

Kelly Carrier – *No comment.*

Sarah Wohlford: Thank you.

Karen Ford – *Good Morning. No comment.*

Sarah Wohlford: Good Morning. Thank you.

Sarah Wohlford: Um, a couple of people we do not have last names for, I'm just going to skip over you briefly. We'll go through everybody who has identified themselves by first and last names.

Chris lowe or Lowe. *That can be Eric Poe, but under Chris lowe from Cure Auto Insurance.*

Ok. *Sorry.*

Sarah Wohlford: Would you like to speak?

Eric Poe: *Oh, I'm so sorry. I ran into this little wait. Could you please come back to me in about, after the next person.*

Sarah Wohlford: Yes, of course. No problem. I'm sorry I know this is unusual. Could you please give me your name one more time.

Eric Poe, from Cure Auto Insurance.

Sarah Wohlford: Got it. Thank you.

Sarah Wohlford:

Darla White – *No comment. Thank you.*

Sarah Wohlford: I should clarify, I am going by alphabetical order by your first name.

Dave Cuttuso from Amica. *Yes, no comment. Thank you.*

Sarah Wohlford: Thank you.

Dave Uchalik

Sarah: Ok.

Debra Emery

Sarah: If we don't happen to get to you, there will be an opportunity to get our attention later. So don't feel like this is your only chance to speak.

Sarah Wohlford:

Devin Hutchings – *No comment.*

Dianne Mateja – *Um, I don't plan on commenting, but could you please read that email address again. I didn't get it all.*

Sarah Wohlford: Absolutely, Catherine, can you.

Catherine Hart: Sure, her name is Michele Estrada. Last name is E s t r a d a, and the email address is EstradaM1@michigan.gov.

Dianne Mateja - *Thank you.*

Sarah Wohlford:

Veronica DiLorenzo

Dyck Van Koevering

Elizabeth Piner – *No comment. Thank you.*

Sarah: Thank you.

Eric Noyce – *No comment. Thank you.*

Eric Poe – *Yes, this is me. Sorry, I originally responded to Chris lowe. I'm up here now. I just wanted to comment briefly on this. We applaud the effort of the Mid-Michigan Legislature and Department of Insurance and Financial Services in respect to these reports in the act. But, while it will be undoubtedly provide an evidence savings cost the insurance industry. Our concern is simply that we feel that it only addresses one-half of the costing issues that deal with no-fault. Um, most simplify, _____ (time 11:07)(too much background noise) had been in the State of New Jersey for 30 years since the first comprehensive no-fault reform was made. We were also the last state to have unlimited no-fault in our State. And, when we enacted it about nine months before Michigan did, we suffered the same consequences. We had our first comprehensive reform in 1990, then that's when Barr Non-Profit Reciprocal Auto Insurer Writer was started back in 1990. So our experience is, that we feel that it really whittles down no-fault into two components. One is Medical Necessity and the other one is Reasonable of Rates. And while the Reasonable of Rates is certainly addressed through the comprehensive format, we feel that the second component, Medical Necessity, really should have some stronger utilization programs. So we submitted what in New Jersey what over 30 years of reform has yielded regarding utilization. Which really encompasses implementing a comprehensive pre-certification program, which emulates similarly to a health insurance environment. So we submitted those comments to you and we certainly urge that the Department look them over and understand that over 30 years we suffered a lot of reform; two other bills from that first reform in 1990, and we really believe the pre-certification efforts are something that should be strengthened, because we have seen so many examples where if you do not have that decision point review plan implemented, the abuse will continue to some extent despite the fact the reason for those rates*

has been addressed. So that really encompasses an overview of what we submitted. I appreciate your time listening to us.

Catherine Hart: Thank you.

Sarah Wohlford: Thank you very much.

Sarah:

Jamie _____ – *No comment. Thank you.*

Gus Souris – *No comment. Thank you.*

Irene Hathaway

Jamie Marthis – *No comment. Thank you.*

JA Needles

Jenn Pascoe – *No comment.*

Catherine Hart: Just a quick reminder for everybody who just added, please mute the microphone so we can cutdown on background noise.

John Wardell

Jonathan Dean

Katie Jones – *No comment.*

Kacy O'Neill

Karen Brown – *No comment. Thank you.*

Sarah: Thank you.

Sarah Wohlford:

Kathleen Coll

Katie Tucker – Good Morning, this is Katie Tucker calling from Sinas Dramis Law Firm. I did just want to make a few brief comments on behalf of our firm and some of the provider clients we represent. We have reviewed the new set of rules and we appreciate the withdraw of the previous set of rules, which we had many concerns about that I know DIFS was respective too and we appreciate the responsiveness to those concerns. The new set of rules, however, do raise a few concerns that I did want to address. The first is Draft Rule 65 and 66, in our view, could be interpreted to create an unconstitutional and/or an impermissible interference with the providers direct rate of action, which was restored of course by the legislature in Section 3112 in the revised version of the no-fault act. As written, the rules appear to require a provider to pursue an appeal of an insurer's determination, specifically with regards to the reasonableness of the charges or the reasonableness necessity of its services to DIFS before it could file a civil lawsuit in a Michigan trial court. At best, we think this would lead to a huge backlog of provider appeals, which DIFS would really not be prepared to handle. Um, as currently compiled and at worse of course would cause providers to spend much more money and more time in fighting to get their bills paid, particularly if they have to take an appeal from the administrative level decision to the trial court and end up in trial courts anyways. So our most pressing concern here is to the extent Draft Rules 65 and 66 could be rather interpreted or intended to require a provider to essentially exhaust administrative remedies before filing a civil lawsuit. This will create a lot of both practical and legal concerns, and we think that forcing that mechanism forcing a provider to exhaust administrative remedies before exercising the right that the legislature restored would be not only be impressible, but potentially unconstitutional. So, and we do intend

to submit written comments to DIFS that will further expound upon those principals and our concerns from a legal perspective.

Our second concern moving past that most pressing and global concern is that we read Draft Rule 67.2c to which has to do with the scheduling performance independent medical examinations, um, is going beyond the scope of the act. There is nothing in our view in the no-fault act itself that imposes a requirement that no-fault insurers schedule and perform IMEs and the rules can not exceed the scope of the act, and in likewise, DIFS does not have the authority under Section 3157.A.3 to promulgate any rules regarding independent medical examinations. Of course, as an administrative agency, it cannot exceed the authority conferred upon it under the no-fault act.

Um, the third concern and objective we have is with regard to the rule Draft Rule 68 and medical reviewer organizations. In our view, that rule impermissibly allows, would allow insurers to delegate their responsibilities to an outside organization. The No-Fault Act imposes the obligations on both DIFS and no-fault insurers to make “determinations” relative to utilization review standards and issues. The statute does not permit or authorize DIFS or no-fault insurers to essentially off load those obligations to any third party, in particularly one which is not necessarily properly qualified to exact utilization review activities and to make such determinations. So in our view, the statute is very clear about the two entities that have the obligation and authority to make these determinations - insurers and the commission itself or DIFS, and for that reason we think that the Draft Rule 68 would exceed the scope of the statute and create authority in an outside agency that is not compiled under the statutes.

So those are the three concerns that we have. Again, as I mentioned we will be submitting written comments that will further expound those next week. But, I appreciate the time. Thank you.

Sarah Wohlford: Thank you very much.

Sarah Wohlford:

Kim Spanding

KJ Miller

Maria Kwiatkowski – *No comment. Thank you.*

Sarah Wohlford: Thank you.

Alicia LaBeau – *No comment. Thank you.*

Sarah Wohlford: Thank you.

Lee Haripko – *No comment.*

Sarah Wohlford: Thank you.

Lisa Robinson – *No comment.*

Sarah Wohlford: Thank you.

Laurie Ambrose – *No comment at this time.*

Sarah Wohlford: Thank you.

Lori McAllister – *No comment. Thank you.*

Sarah Wohlford: Thank you.

Lynn Brouwers – *No comment. Thank you.*
Sarah Wohlford: Thank you.

Margaret Kroese – *Hi, this is Margaret. Um, thank you for the time to make a quick comment. I, too, have concerns about the Rule 66 that Katie Tucker just spoke about in terms of the practical considerations if all appeals need to go through that process. So, and, I'm also of course interested in the form that's referenced in Rule 65 to make the appeal under Rule 66. And, that's my comments.*

Sarah Wohlford: Thank you very much.

Sarah Wohlford:
Mark Evans – *No comment. Thank you.*
Sarah: Thank you.

Mark Urbanowitz – *No comment. Thank you.*
Sarah: Thank you.

Martha Levandowski

Mary Capelli-Schellpfeffer – *Good morning. No comment. Thank you.*
Sarah: Thank you.

Maureen Kinsella – *Good morning. Yes, I do have a comment. May I go ahead and start?*
Sarah: Yes, whenever you are ready. Thank you.

Maureen Kinsella: Good morning again Sarah and Catherine. I am Maureen Kinsella and I appreciate the opportunity to speak to you on behalf of the Michigan Brain Injury Provider Counsel. By way of very brief background, the Michigan Brain Injury Provider Counsel, also known as MBIPC is a 501c6 trade association. Since 1987, MBIPC has served providers in professions related to brain injury rehabilitation. Its purpose is to enhance the ability of its members to provide high quality, ethical rehabilitation, care and services to people with a brain injury. We have 150 members throughout the State. Many of whom are small businesses and several serve rural areas. Our members are physicians, nurses, therapist, brain injury rehabilitation centers, case managers, guardians, pharmacies, durable medical equipment providers, and other specialty service providers. Utilization Review process effects all of our members. And for that reason, we are particularly invested in providing you with comment and concerns to this second draft of the Utilization Review rules.

Before I turn to those comments, I first just want to say thank you, Sarah and Catherine and DIFS, on behalf of all MBIPC members. Utilization Review has long occurred under the no-fault act with insurers powers to investigate, to have medical examinations, to seek documents and reports from providers. But now as the creation of these rules are statutorily mandated, we thank you very much for your diligence and thoughtfulness in the process of rule creation. We know that your work in drafting these rules has been onerous and we received your first published draft. We reviewed each of those 15 pages and provided you with detailed feedback. We know many of the concerns that we voiced were heard by you. Concerns do remain and I would like to use just a few minutes to briefly highlight four areas of concern. We will provide you with a more detailed written statement in advance of your April 17 deadline, as well.

The first significant area of concern is found at Rule 61 Sub J, the definition for medically accepted standards. We know that this Rule is to fluctuate the new statutory requirement found in Section 3157.A.3.a. We believe medically accepted standard in the statute refers to those practices that are generally accepted in the medical community. The proposed rule as currently drafted instead defines medically accepted standards to be set by "a competent authority". In the experience of MBIPC members and its patients, the patients that we serve, resort to a "authority" results in standards being set by insurance oriented organizations and those with credentials that are less than transparent. We suggest the approach instead reflect the practices in the medical community. Therefore, we recommend the Rule 61, Sub J, be revised to read as follows:

"Medically accepted standards mean standards or criteria that are generally accepted by practicing physicians for evaluating quantity or quality of medical care insuring that the medical care is suitable for a particular person, condition, occasion, or place. This definition will reflect a community standard rather than a supposed authority of unknown origin."

The second area of concern can be found at Rule 66, and the issue of exclusive remedy. We note that the changes in this rule, from the first published draft, to this second draft, most notably at Section 1, it now says that providers may appeal, and, at Sub-Section 7, it states that a provider that files an appeal does not waive its right to seek civil remedies as to those things not appealed. But there remains concern. In order for Rule 66 to be consistent with Section 3112 and the direct right of action given to providers, we believe Rule 66, Sub 7, should more broadly state four points. First, that a provider is not obligated to resort to appeal under these rules. Second, a provider may choose to exercise its right to civil remedies. Third, a provider that files an appeal with the Department under this rule, does not waive its right to seek civil remedies. And, four, nothing in these rules limit an injury person's right to pursue his or her civil remedies to secure benefits under the no-fault act.

Those four brief statements, if stated at Rule 66, Sub 7, will alleviate any concern about exclusivity of remedy. It will then be consistent with Section 3112 of the act.

The third area of concern is an issue in Rule 64 and 65. And generally stated, it is the lack of identified deadlines imposed on insurers for response to providers. By way of example, at Rule 65, insurers are instructed that certain information must be stated in their written determination notice to providers. We thank you for that, however, lacking from the proposed rule is a period of time within which the determination must be made by the insurer and given to the provider. Conversely, there are very clearly stated deadlines placed on providers within these rules. In Rule 64, for an example, an insurer may request from the provider a written explanation regarding the necessity or indication for medical care. At Rule 64, Sub-Section 2, providers are told they must respond to that request, and they are told they must do so within 60 days. Likewise providers are instructed at Rule 66 about the deadline to file an appeal. As providers we appreciate deadlines of these kinds, but we note that opportunities to impose the same on insurers have not been stated in these draft rules. To be clear, MBIPC seeks these rules impose on insurers, much like providers, deadlines for insurer action to respond and issue determinations. Without these kind of short time periods under which insurers must respond or make determinations, the usefulness of a review of this kind for providers is undermine significantly.

In the final issue that I will touch on very briefly, is a concern to raise with you, regarding Rule 67.2.c. This rule refers to independent medical examinations pursuant to Section 3151 of the No-Fault Law.

Examinations done pursuant to Section 3151 are not “independent”, as they are done at the request of the insurer by an examiner of their choosing. Importantly, Section 3151 of the act does not use the phrase independent medical examination, and, thus, Rule 67.2.c., as currently drafted, while referencing 3151, goes beyond the language of that statute by calling this examination independent. Therefore, MBIPC seeks Rule 67.2.c. revised to remove reference as to the examination as independent.

Thank you very much. That concludes my remarks on behalf of MBIPC. We are hopeful that you will consider its requested changes as it will help reduce the burden on providers as effected entities under these rules. Thank you.

Sarah: Thank you.

Sarah Wohlford:

Michael Elliott – *No comment.*

Michele Hibbert-Iacobacci – *No comment.*

Sarah Wohlford: Thank you.

Michael Andary – *Yes, Mike Andary. I am a provider and I don't have prepared comments. I just want to support what Maureen Kinsella and Katie Tucker have said with regards to changes to the law.*

Sarah Wohlford: Thank you very much.

Monique Kurkowski – *No comment. Thank you.*

Sarah: Thank you.

Pam Feinberg-Rivkin – *No comment. Thank you.*

Sarah: Thank you.

Pamela Steffens

Patricia Evans

Patrick Salazar

Patty O'Reilly – *No comment. Thank you.*

Phil Goodrich – *No comment. Thank you.*

Sarah Wohlford: Thank you.

Phil Weaver

Keith Rankin (sp?) – *No comment. Thank you.*

Sarah: Thank you.

Richard Gianino – *No comment. Thank you.*

Sarah: Thank you.

Rob Lamont – *No comment. Thank you.*

Sarah: Thank you.

Robert Bartlett - *No comment.*

Sarah: Thank you.

Pete Alacarie (sp?) – *No comment.*

Sarah: Thank you.

Russell Butcher – *No comment. Thank you.*

Ryan Schmitt

Sanjog Patel – *No comment. Thank you.*

Sarah: Thank you.

Sarah Willson

Shannon Stremkowski

Stacey Hettiger – *Hello. No comment. Thank you.*

Sarah: Thank you.

David Standin (sp?)

Steve Armenti – *Good Morning. Steve Armenti with Medilogix. We are a medical claims management company based in New Jersey. We have been handling New Jersey's pre-certification since the inception of the law. I would agree with my colleague from Cure that while the UR program is certainly a positive step forward, we would recommend the UR program takes a more prospective approach using pre-certification as opposed to being completely retrospective program in nature, as designed today. Further, we would recommend that in reference to, not only Rule 66, the appeals to the Department, but also Rule 64, insurers request for an explanation, also require standardized forms that were similarly recently implemented in New Jersey and have significantly made the program more efficient. Thank you.*

Sarah: Thank you.

Tonya _____ - *No comment. Thank you.*

Sarah: Thank you.

Tim Hoste

Timothy Mucha

Tom Judd – *I just would like to support the comments made on behalf of the Michigan Brain Injury Provider Counsel.*

Sarah: Thank you.

Sarah Wohlford – *Alright, I am going to run back through the list really quickly and make sure, if I have called your name twice, forgive me, but as we have had several people join after we started running down the list. So I want to make sure we get everybody and then I'll do a general call for additional comments.*

Adam Fowler

Brock Perkes – *No comment. Thank you.*

Sarah: Thank you.

Dan Bogosian - *No comment. Thank you.*

Sarah: Thank you.

Jamie Nickloff - *No comment. Thank you.*

Sarah: Thank you.

Karen Katko

Sarah Wohlford: Alright, I think I have called on everyone that had a first and last name in our list. If there is anyone else who would like to comment, we will give you a couple of minutes to, if you can utilize the chat function to let us know you would like to comment, then we can call on you. I know we have several people who have joined by phone only. So if you would like to comment, I would ask that you just chime in and if multiple people start talking at once we'll have to be patient and let one another speak. So if anybody who is logged in through the teams functionality wants to leave a message in the chat, I can call on you. And if you are just on the phone if you have a comment you would like to provide, please feel free to unmute yourself and comment. Please be sure to give us your name and organization you represent, if any.

Devin Hutchings with Eisenhower Center in Ann Arbor, Michigan. I would like to provide support for the comments made for MBIPC. Thank you.

Sarah: Thank you.

Sarah: I'll give you another minute.

This is Pam Feinberg-Rivkin. I also want to support both Katie Tucker and Maureen Kinsella comments. I'm a case manager working with clients.

Sarah: Thank you.

Sarah Wohlford: Is there anyone else who would like to provide a comment?

Can you hear me? My name is John Cornack with the Eisenhower Center. I'm president of C-Pan and I support George Sinas Dramis organization of Michigan and their comments.

Sarah: Thank you, John.

Sarah Wohlford: I'll wait just a couple of more minutes. I know that this is an unusual format. So if anyone else would like to provide a comment, we want to be sure to provide you with that opportunity. So please feel free to chime in. If you are having difficulty unmuting yourself, you can let us know in the chat function. Um, sometimes it also works if you're having trouble is logging out and logging back in. I'll admit you again from the lobby.

Catherine Hart: It looks like Timothy Mucha is in the chat. Would you wish to speak Timothy?

Timothy Mucha – *No. I'm just I am now. I was just voicing my support for the comments and feedback from MBIPC. I wasn't sure if my note went through or if I needed to verbally say the thing. But any ways, that's it. Thank you.*

Catherine Hart: Perfect. Thank you.

Sarah Wohlford: Thank you very much.

Sarah Wohlford: While we are waiting for anybody else to chime in, if they would like to comment I just want to reiterate that we have extended the period to accept written public comments through close of business to next Friday, April 17. And again, those written public comments can be submitted to Michele Estrada. We'll give out the email address at the end of the meeting. But if you have any questions or comments you can feel free to contact either me or Catherine Hart as well. And we appreciate everybody's participation today. Would anyone else like to speak?

Yes, this is Jeff Byron from TheraSupport. I would like to give my support to the MBIPC and their comments. Thank you.

Sarah Wohlford: Jeff can you please spell your last name for us.

Jeff Byron – B y r o n.

Sarah Wohlford: Oh, ok. I didn't hear you. Thank you.

Lynn Brouwers, Rainbow Rehabilitation Center. I would also like to support the MBIPC and Sinas comments.

Sarah Wohlford: Thank you Lynn.

Sarah Wohlford: I will leave this open just for a couple of more minutes to make sure that we have given everybody an opportunity to speak given the unusual nature of the meeting. So bear with us and again we appreciate everybody's participation.

Hi this is Tim _____ from the Eisenhower Center again. I just wanted to say one more thing, In addition to supporting the MBIPC comments, which I'm sure covered basically everything I'm going to say. Just as a citizen and concern person who sees the effects of auto accidents on a daily basis, I would just like to point out the current reading from my perspective of the proposed rules or regulations, kind of seems not very balanced towards protecting not only the injured party but also providers. So there doesn't seem to be a lot of protection across either of those two individuals, and most of the protection seems to go towards insurance companies under the assumption that you know providers are fraudulent or individuals who are receiving care are fraudulent. And so more protection in that avenue would be fantastic from my perspective. So, thank you.

Sarah Wohlford: Thank you. I apologize for mispronouncing your last name before.

Tim _____ – Oh, it is ok.

Sarah Wohlford: Ok. Thanks.

Catherine Hart: Just to be sure it shows up on the transcribed record, Karen Gatko, from McClaim Homecare supports George Sinas and the Michigan Brain Injury Provider Counsel remarks.

Sarah Wohlford: Ok. Last call for any other comments.

Sarah Wohlford: Ok. Thank you. Again, please feel free to submit written comments. We have one more from Kim Spanding from Onward Therapy Services who supports George Sinas and Michigan Brain Injury

Provider Counsel remarks. Also, one from Monica, from Willowbrook Rehabilitation Services. Monica if you could leave your last name in the chat, we can make sure to get that in the record too. That would be great.

Sarah: Again, Tim from _____? Thank you.

It seems like we have a couple of people whose microphones are not working, so I'm going to leave this open so they can leave comments in the chat. I am unable to unmute anybody whose microphone isn't working, so I apologize for that. But, um, certainly please feel free to leave a comment in the chat. We can receive your comment that way.

(pause)

Sarah Wohlford: Ok, we have a new comment here from John Prosser from Home Partners Homecare supporting Katie Tucker's comments and those of MBIPC, as well.

Sarah Wohlford: Thank you very much.

Catherine Hart: And, Pam Feinberg-Rivkin from Feinberg Consulting, Incorporated. She supports all comments supporting MBIPC, Maureen Kinsella and Katie Tucker. Thank you.

(pause)

Sarah Wohlford: Ok, we will leave it up for two more minutes until 9:50. To make sure we have gotten everybody that wants to speak or leave a comment.

(pause)

Catherine Hart: Ok, it looks like Martha Levandowski supports comments on behalf of MBIPC, the Director of C-Pan. And, Kathleen Coll supports balanced UR rules as detailed by those comments representing MBIPC.

(pause)

Catherine Hart: Alright, as there looks to be no further comments, I hereby declare the hearing closed. Any additional comments regarding the proposed rules that you may wish to share must be submitted in writing either by email to Michele Estrada at EstradaM1@michigan.gov or via postal mail to the Department of Insurance Financial Services no later than 5:00 p.m. Eastern Time on April 17, 2020.

The current time is 9:50 a.m.

Thank you for attending and again, thank you for your patience and understanding concerning the virtual nature of this hearing. We surely appreciate it.

Sarah Wohlford: Thank you very much.