

MINUTES OF MEETING
OF THE INDUSTRIAL COMMISSION OF ARIZONA

Held at 800 West Washington Street
Auditorium and Conference Room 308
Phoenix, Arizona 85007
Thursday, August 17, 2017 – 1:00 p.m.

Present:	Dale L. Schultz	Chairman
	Joseph M. Hennelly, Jr.	Vice Chair
	Robin S. Orchard	Commissioner
	Steven J. Krenzel	Commissioner
	James Ashley	Director
	Jason M. Porter	Chief Legal Counsel
	Melinda Poppe	Deputy Director
	Trevor Laky	Legislative Affairs Chief / Public Information Officer
	Renee Pastor	Self Insurance
	William Warren	ADOSH Director
	Phillip Murphy	ADOSH Assistant Director
	Steven Welker	Labor Director
	Jonathan Hauer	Assistant Chief Legal Counsel
	Kara Dimas	Commission Secretary

Chairman Schultz convened the Commission meeting at 1:00 p.m.

Public Hearing regarding Senate Bill 1332's directive to "review and determine a process for streamlining the authorization process for treatment that is within the evidence-based treatment guidelines."

The following attendees addressed the Commission during the Public Hearing: Randall S. Prust, M.D. with Rincon Pain Management; David Parker; Cathy Vines with CopperPoint; and Debra Runbeck with AALIW.

A written transcript of the Public Hearing is attached hereto.

Chairman Schultz recessed the meeting at 1:45 p.m. The meeting reconvened at 1:53 p.m. in Conference Room 308. Also present was Elena Puevner with Schoeller Allibert US, Inc.; Frank Garcia and Dale Gillaspay with Premier Risk Management; David Danowski and Chris Yonker with Tolin Mechanical Systems Company; David Parker; and Jessica Aceves with Snell & Wilmer.

Approval of Minutes of August 11, 2017 Regular Meeting.

Chairman Schultz postponed approval of the August 11, 2017 regular meeting Minutes and moved the item to the agenda of the August 31, 2017 Commission Meeting.

Consent Agenda:

All items following under this agenda item are consent matters and will be considered by a single motion with no discussion unless a Commissioner asks to remove an item on the consent agenda to be discussed and voted on separately. The Commission may move into Executive Session under A.R.S. § 38-431.03(A)(2) to discuss records exempt by law from public inspection. Legal action involving a

final vote or decision shall not be taken in Executive Session. If such action is required, then it will be taken in General Session.

a. Approval of Proposed Civil Penalties Against Uninsured Employers.

1. 2C-16/17-1977 A & M Renovations, LLC
2. 2C-16/17-2098 Beyond Massage Therapy LLC
3. 2C-15/16-1425 IL Tocco, LLC
4. 2C-16/17-2149 JOM Enterprises LLC, dba Arizona Southwest Shuttle
5. 2C-15/16-2416 Reborn Assistance Association

b. Approval of Requests for Renewal of Self-Insurance Authority.

1. Arizona Municipal Risk Retention Pool
2. Freeport-McMoran, Inc.
3. QuikTrip Corporation
4. Southwest Gas Corporation
5. TMC Healthcare
6. Van Tuyl Group, LLC dba Berkshire Hathaway Automotive, Inc.

Chairman Schultz removed item b.3. (QuikTrip Corporation) from the Consent Agenda. He applauded Southwest Gas Corporation and TMC Healthcare for their excellent experience modification rating.

Vice Chair Hennelly moved to approve the remaining items on the Consent Agenda and Commissioner Krenzel seconded the motion. Chairman Schultz, Vice Chair Hennelly, Commissioner Orchard, and Commissioner Krenzel voted in favor of the motion. The motion passed.

QuikTrip Corporation.: Chairman Schultz discussed the safety record of QuikTrip Corporation, the company's experience modification rating, and the Commission's expectations for self-insureds. He requested that the self-insurance renewal be conditioned on the company's agreement to work with the ADOSH Consultation Division in an effort to improve their safety record.

Commissioner Orchard moved to approve QuikTrip Corporation's request for renewal of self-insurance authority with the condition that they work with the ADOSH Consultation Division. Commissioner Krenzel seconded the motion. Chairman Schultz, Vice Chair Hennelly, Commissioner Orchard, and Commissioner Krenzel voted in favor of the motion. The motion passed.

Discussion and Action of Arizona Division of Occupational Safety and Health Proposed Citations and Penalties.

Chairman Schultz discussed the purposes and processes involved in the Commission's consideration of ADOSH citations and proposed penalties.

Schoeller Allibert US, Inc, a Delaware Corporation
4320 S Cotton Lane Ste 200
Goodyear, AZ 85338

Site Location: 4320 S Cotton Lane Ste 200
Goodyear, AZ 85338

Inspection No: Q6169-1235164

Inspection Date: 05/02/2017

Unprogrammed Related
Years in Business: 50/6
Empl. Covered by inspection: 14

a) 4320 S Cotton Ln., Goodyear, AZ: One employee on a roof, during construction related activities, was not protected from falling approximately 40 feet to the ground below by the use of guardrail systems, safety net systems, or personal fall arrest systems. (29 CFR 1926.501(b)(1)).

- Div. Proposal - \$1,750.00

Formula Amt. - \$1,750.00

Div. Proposal - \$1,750.00

Formula Amt. - \$1,750.00

TOTAL PENALTY - \$3,500.00

TOTAL FORMULA AMT. - \$3,500.00

Commissioner Orchard, Mr. Warren, and Mr. Murphy discussed the scope of the project to replace roof-top HVAC units, the involvement of Schoeller Allibert's employee, the involvement of Tolin Mechanical Systems (contractor), and the nature of the hazards existing on the roof. Chairman Schultz noted the citation was not based on Schoeller Allibert being a "controlling employer" of Tolin Mechanical's workers, but rather based on the exposure of its own employee.

Commissioner Krenzel and Mr. Murphy discussed the owner of the building (Huhtamaki) and the relationship between Huhtamaki and Schoeller Allibert.

Commissioner Krenzel and Mr. Murphy discussed the tools found on the roof and the involvement of Schoeller Allibert's employee.

Commissioner Krenzle moved to approve the citation and proposed penalties as presented and Vice Chair Hennelly seconded the motion.

Commissioner Orchard and Mr. Murphy discussed Photograph No. 4 and how employees accessed the roof. Chairman Schultz and Mr. Murphy discussed the fixed ladder and how it was in compliance with ladder standards.

Chairman Schultz, Vice Chair Hennelly, Commissioner Orchard, and Commissioner Krenzel voted in favor of the motion. The motion passed.

Tolin Mechanical Systems Company
3901 E Roeser Rd
Phoenix, AZ 85040

Site Location: 4320 S Cotton Lane, Ste 200

Unprogrammed Related	
Years in Business:	69
Empl. Covered by inspection:	2

Goodyear, AZ 85338
Inspection No: Q6169-1235186
Inspection Date: 05/03/2017

SERIOUS – Citation 1 - Item 1 – 4320 S Cotton Ln., Goodyear, AZ: Five employees removing/installing HVAC units on a roof, were not protected from falling through skylights (8 feet 6 inches long x 4 feet 6 inches wide) approximately 40 feet to the ground below by the use of guardrail systems, safety net systems, or personal fall arrest systems. (29 CFR 1926.501(b)(4)(i)).

Div. Proposal - \$2,250.00

Formula Amt. - \$2,250.00

SERIOUS – Citation 1 - Item 2 –

a) 4320 S Cotton Ln., Goodyear, AZ: One employee anchored to a stanchion of an HVAC unit duct work as part of their complete personal fall arrest system which was not capable of supporting at least 5,000 pounds per employee or maintained a safety factor of at least two. (29 CFR 1926.502(d)(15)), (29 CFR 1926.502(d)(15)(i)).

b) 4320 S Cotton Ln., Goodyear, AZ: One employee used an anchor attached to their personal fall arrest system that was not designed, installed and used under the supervision of a qualified person. (29 CFR 1926.502(d)(15)(ii)).

Div. Proposal - \$2,250.00

Formula Amt. - \$2,250.00

SERIOUS – Citation 1 - Item 3 – 4320 S Cotton Ln., Goodyear, AZ: Three employees working at heights greater than 6 feet and exposed to falls were not provided training to recognize the hazards of falling or the procedures to be followed in order to minimize these hazards. (29 CFR 1926.503(a)(2)).

Div. Proposal - \$2,250.00

Formula Amt. - \$2,250.00

TOTAL PENALTY - \$6,750.00

TOTAL FORMULA AMT. - \$6,750.00

Mr. Murphy summarized the citation and proposed penalties and reviewed the photographs.

Chairman Schultz and Mr. Murphy discussed the location depicted in Photograph No. 7 and the need to “tie off” while working at that location. Mr. Warren noted the large number of skylights on the roof.

Commissioner Orchard, Mr. Warren, and Mr. Murphy discussed the inadequate use of fall protection, the presence of numerous skylights, and the circumstances leading to a fatality at the worksite. Commissioner Orchard and Mr. Warren discussed the company’s provision of fall protection equipment, but noted that the employer did not seem to take the skylights into consideration.

Commissioner Krenzel and Mr. Warren discussed the circumstances leading to the inspection and various methods of protecting employees from skylight hazards.

Mr. Yonker discussed challenges facing their industry and acknowledged Tolin Mechanical’s failures at the worksite. He discussed fall protection equipment and training provided by the company, the difficulties associated with working on old buildings, and efforts of the company to develop an electronic “app” to assist employees in properly assessing worksites and taking appropriate steps to avoid hazards. He noted that the company has a lot of employees who work alone and commented that the new fall protection standards are helpful. He acknowledged that the worksite had not been properly assessed before work began and asserted the company’s commitment to employee safety. He discussed actions taken after the inspection to correct deficiencies in the company’s safety program.

Mr. Danowski discussed additional safety training provided by the company related to fall protection, aerial lifts, and scissor lifts. He discussed frustrations with having to compete against companies who do not include safety costs in project bids and having to educate building owners about fall protection and workplace safety. He asked whether the Commission had ideas on how to incentivize building owners to take steps to make their buildings safe *before* contractors are hired to work at those sites.

Chairman Schultz discussed ADOSH's partnership with the Arizona State University Del Webb School of Construction and efforts to make safety part of every step of the design and building process. He also discussed Commission partnerships with various contractor associations, including efforts to promote safe worksites. He acknowledged the importance of owners effectively maintaining their buildings, including by engineering safety controls into the buildings.

Mr. Yonker and Chairman Schultz discussed: (1) efforts of the company to educate property owners about building safety; (2) the ADOSH Consultation Division; and (3) Commission alliances with various trades focused on helping industries improve workplace safety (sometimes at significant expense).

Commissioner Krenzel and Chairman Schultz discussed the Chairman's Roofers Alliance and efforts of the Commission to bring various industry groups together to encourage trades to work together on job sites to improve safety for all. Mr. Warren noted that some protective equipment for skylights is relatively inexpensive and noted that there are a variety of things employers can do to protect against skylight hazards. He noted that sometimes skylight hazards go unnoticed by employers.

Commissioner Orchard and Mr. Yonker discusses the company's safety training program and the training that had been provided to the employees who were at the worksite.

Commissioner Orchard noted Tolin Mechanical's good faith, including its robust safety program and efforts to prevent similar future safety hazards, including by developing a worksite assessment "app" to assist employees with workplace safety. She moved to amend the proposed penalties, as follows: (1) the proposed penalty for Citation 1, Item 1 be reduced by 30% (from \$2,250.00 to \$1,575.00); (2) the proposed penalty for Citation 1, Item 2 be reduced by 30% (from \$2,250.00 to \$1,575.00); and (3) the proposed penalty for Citation 1, Item 3 be reduced by 30% (from \$2,250.00 to \$1,575.00), for a total penalty of \$4,725.00. Commissioner Krenzel seconded the motion. Chairman Schultz, Vice Chair Hennelly, Commissioner Orchard and Commissioner Krenzel voted in favor of the motion. The motion passed.

Field Operation Manual Inspection Scope (III. Penalty Factors) Discussion.

Mr. Warren discussed OSHA's penalty policy under the OSH Act and the ADOSH Field Operations Manual ("FOM"). He discussed the purposes of the penalty policy, A.R.S. § 23-418, penalties for violations contributing to a fatality or serious injury, statutory penalty ranges for the various citations classifications, penalties for failure to correct a violation, additional penalties permitted in cases involving permanent disability or death, the reduction factors under § 23-418(i) and the FOM, and ADOSH's gravity-based penalty evaluation.

Commissioner Orchard, Mr. Warren, Mr. Murphy, and Chairman Schultz discussed the requirements for good faith reductions under the FOM.

Discussion, Action, and Potential Resolution regarding Final Rulemaking to Title 20, Chapter 5, Article 12 of the Arizona Administrative Code relating to the Fair Wages and Healthy Families Act (Proposition 206), including proposed rulemaking to R20-5-1201; 20-5-1202; R20-5-1205; R20-5-1206; R20-5-1208; R20-5-1209; R20-5-1210; R20-5-1211; R20-5-1213; and R20-5-1218.

Mr. Welker discussed proposed final rulemaking to Title 20, Chapter 5, Article 12 of the Arizona Administrative Code arising out of the Fair Wages and Healthy Families Act (Proposition 206). He summarized the rulemaking process to date, which included two public comment sessions. He recommended that the Commission authorize the Labor Department to proceed with final rulemaking consistent with the Notice of Supplemental Proposed Rulemaking.

Vice Chair Hennelly moved to authorize the Labor Division to proceed with final rulemaking to Title 20, Chapter 5, Article 12 of the Arizona Administrative Code and Commissioner Krenzel seconded the motion. Chairman Schultz, Vice Chair Hennelly, Commissioner Orchard, and Commissioner Krenzel voted in favor of the motion. The motion passed.

Discussion and/or action regarding Industrial Commission goals, objectives and key initiatives for 2017. This Agenda Item may include discussion regarding the Commission budget and review of Division, Department, and Section specific objectives.

Mr. Ashley discussed the results of the employee engagement survey, including employee feedback regarding professional development. He discussed efforts by Commission staff to develop policies related to tuition and professional education reimbursement. Chairman Schultz, Mr. Ashley, and Commissioner Orchard discussed the scope of the programs being designed.

Chairman Schultz commented on his participation in a Gemba Walk, noting the amazing work being done across all Divisions. He noted that a Gemba Walk would be scheduled for the Commissioners to see how the Huddle Boards have improved.

Announcements, Scheduling of Future Meetings and Retirement Resolutions.

Ms. Dimas confirmed upcoming Commission meeting dates through October 2017. Commissioner Orchard, Vice Chair Hennelly, and Commissioner Krenzel noted possible scheduling conflicts.

Ms. Dimas presented a retirement resolution for Melissa Smith, Workers' Compensation Insurance Claims Processing Supervisor in the Claims Division, for 32 years of state service. Mr. Ashley commended Ms. Smith for her outstanding efforts in reducing the backlog of 104 Forms (Notice of Claim Status).

Public Comment.

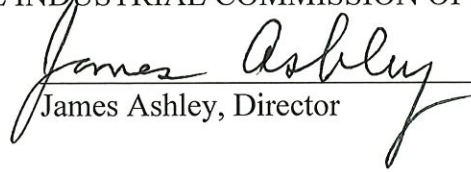
Mr. Parker noted that it is good to see the Commission conducting its business so well. He discussed the FOM and its value. He discussed how the "Three E's" of highway safety (engineering, education, and enforcement) apply to employee safety. He mentioned a "Fourth E" (evaluation) to provide for ongoing monitoring. He noted the "Three E's" of child-rearing (education, employment, and eviction).

There was no other public comment.

Vice Chair Hennelly moved to adjourn and Commissioner Krenzel seconded the motion. Chairman Schultz, Vice Chair Hennelly, Commissioner Orchard, and Commissioner Krenzel voted in favor of the motion and the meeting was adjourned at 3:11 p.m.

THE INDUSTRIAL COMMISSION OF ARIZONA

By


James Ashley, Director

ATTEST:


Kara Dimas, Commission Secretary

BEFORE THE INDUSTRIAL COMMISSION OF ARIZONA

PUBLIC HEARING REGARDING "PROCESS FOR STREAMLINING THE
AUTHORIZATION PROCESS FOR TREATMENT THAT IS WITHIN THE
EVIDENCE-BASED TREATMENT GUIDELINES"

Phoenix, Arizona
August 17, 2017
1:00 p.m.

APPEARANCES:

Dale Schultz, Chairman
Joe Hennelly, Vice-Chair
James Ashley, Director
Jason Porter, Chief Legal Counsel
Robin Orchard, Commissioner
Steve Krenzel, Commissioner

PREPARED BY:

Vicki L. O'Ceallaigh Champion, RPR
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ORIGINAL

Perfecta Reporting
(602) 421-3602

'17 AUG 31 PM 02:21 ICR MEINDES/KS

Phoenix, Arizona
August 17, 2017
1:00 p.m.

P R O C E E D I N G S

17:00:00 6 CHAIRMAN SCHULTZ: We have reached the appointed
7 time. I'd like to call this meeting in the Industrial
8 Commission to order. I'd like to start the meeting with the
9 Pledge of Allegiance.

13:01:12 10 (Pledge of Allegiance.)

11 CHAIRMAN SCHULTZ: Now I'd like to have
12 introductions here so that you all know. We won't extend it
13 to all of you folks, but at least so you'll know who is up
14 here. I'm Dale Schultz, and I'm Chairman of the Industrial
15 Commission.

16 MR. HENNELLY: Joe Hennelly, Commissioner.

17 MR. KRENZEL: Steve Krenznel, Commissioner.

18 MR. ASHLEY: James Ashley, ICA Director.

19 MS. ORCHARD: I'm Robin Orchard, Commissioner.

20 MR. PORTER: Jason Porter, Chief Counsel.

21 CHAIRMAN SCHULTZ: Great. Thank you.

22 Our first order of business today is to have this
23 public hearing at which we are discussing the issue of
24 streamlining the authorization process for treatment that is
13:01:58 25 within the evidence-based treatment guidelines.

PHOENIX 17 AUG 31 PM 02:21 CHAIRMAN SCHULTZ

1 By way of a summary in April of 2012, Arizona
2 lawmakers passed House Bill 2368, which required the
3 Industrial Commission to develop and implement a process for
4 the use of evidence-based treatment guidelines where
5 appropriate to treat injured workers. With significant input
6 from stakeholders, the Commission developed and implemented a
13:02:29 7 series of 12 rules published in Title 20, Chapter 5 of
8 Arizona's Administrative Code.

9 Among other things, the treatment guidelines
10 prescribes a limited use of evidence-based treatment
11 guidelines as a tool to support clinical decision making and
12 quality health care delivery to injured employees within the
13 context of the Arizona Worker's Compensation System. It
14 adopted Work Loss Institute's Official Disability Guidelines,
13:02:58 15 ODG, Treatment and Worker's Compensation as the standard
16 reference for evidence-based medicine.

17 It limited the applicability of ODG to the
18 management of chronic pain and the use of opioids for all
19 stages of pain management. It outlined a noncompulsory
20 process for a medical provider or injured worker to seek
21 preauthorization from a payor for medical services for
22 treatment, established an administrative review process to
13:03:29 23 help resolve disputes between medical providers, injured
24 employees, and payors, and outlined procedures for bringing
25 unresolved disputes to the Industrial Commission for hearing.

1 Under the treatment guidelines, medical providers
2 are committed to seek preauthorization from a payor for
3 medical treatment or services for an injured worker.
4 Preauthorization requests must be in writing and may be
13:03:58 5 submitted by mail, electronically, or by fax directly to a
6 payor. When a preauthorization request is properly
7 submitted, the payor is required to respond
8 within 10 business days. A payor may respond by
9 communicating its preauthorization decision to the provider
10 or notifying the provider that an IME, an independent medical
13:04:25 11 evaluation or exam, has been requested under Arizona
12 Administrative Code Section 20-5-114.

13 When a payor requests an IME, the time for rendering
14 a preauthorization decision is suspended. In these
15 circumstances, the payor's decision on a preauthorization
16 request must be issued no later than 10 business days after
17 the final IME report has been received by the payor. If a
13:04:57 18 payor does not communicate its preauthorization decision
19 within 10 business days, the payor's nonaction is deemed a
20 no-response, and the provider or injured employee may bypass
21 the reconsideration process and immediately request
22 administrative review from the Industrial Commission.

23 Administrative review is a process that includes a
24 peer review of the requested treatment or services. The
13:05:26 25 administrative review process is expeditiously administered

1 by the Industrial Commission's medical resource office. The
2 payor is responsible for paying the cost of the peer review.

3 Following the issuance of the administrative review
4 determination, an interested party, which includes the
5 employer, employee, and insurance carrier or their
6 representative, who is dissatisfied with the administrative
7 review determination may request that the dispute be referred
13:05:58 8 to the Industrial Commission's Administrative Law Judge
9 Division for hearing. Parties may elect to participate in a
10 fast track ALJ dispute resolution program designed to
11 expedite review of contested cases.

12 Section 5 of Senate Bill 1332 of the 53rd
13 Legislature, First Regular Session, directed the Commission
14 to review and determine a process for streamlining the
13:06:27 15 authorization process for treatment that is within the
16 evidence-based treatment guidelines. The Commission is
17 required to complete the process on or before December 31,
18 2017.

19 We now welcome you to present your oral comments
20 regarding your concerns with the current authorization
21 process and suggestions for streamlining the process for
13:06:57 22 treatment that is within the evidence-based treatment
23 guidelines. Those wishing to speak may do so by filling out
24 a speaker's slip, which is available at the door. I will
25 call each speaker who will have five minutes to speak,

1 thereabouts. It depends upon the number of speakers. If we
2 can allow additional time and that additional time is
3 necessary, then we will permit some additional time, but I
13:07:28 4 reserve the right to hold your comments to five minutes per
5 person.

6 Although the public hearing will end when oral
7 comments have concluded, written comments will be accepted
8 through Friday, September 15. Friday, September 15. So
9 there is considerable additional time for you all to submit
13:07:55 10 and for anyone else to submit written comments. The
11 Commission will carefully consider all written comments along
12 with your oral comments. The Commission will discuss and
13 take action on the issue at a future regular public meeting
14 of the Commission.

15 Please keep in mind that this oral proceeding is for
16 the Commission to receive public comment on the issue of
17 streamlining the process for treatment that is within the
18 evidence-based treatment guidelines. If you have questions
19 regarding the treatment guidelines, the Commission has posted
13:08:30 20 an extensive list of frequently asked questions on the
21 Commission's medical resource office website.

22 In the event that the F.A.Q.s do not answer your
23 questions, we would invite you to submit questions directly
24 to Jackie Kurth, manager of the medical resource office.
25 Ms. Kurth's e-mail address and phone number are available on

1 the Commission's website.

2 With that, we now open the floor to public comment,
13:08:58 3 and I would ask each of you as a speaker to please introduce
4 yourself and indicate who you are representing for the
5 purpose of our record of the proceedings.

6 Our first speaker is Randall Prust, M.D.

7 Dr. Prust, welcome.

8 DR. PRUST: Thank you very much.

13:09:30 9 So I am Randy Prust. I am a board certified pain
10 management specialist in Tucson, Arizona representing Rincon
11 Pain Management. I was one of the six physicians that was
12 appointed by Laura McCrary to the physician advisory board
13 that made suggestions to the actual board that would make a
14 final decision on which guidelines would be adopted. The six
15 physicians all voted against ODG, and part of it was because
13:10:00 16 of this authorization process.

17 Ken Eichler is the CEO of ODG, and he came and
18 talked to us a number of times. Most of his talks were about
19 the success stories about using and implementing the guides
20 and how this was done successfully in other states. The
21 State of Arizona ultimately decided not to adopt those
13:10:27 22 recommendations of Dr. -- or Mr. Eichler. Specifically, the
23 evidence-based medicine guidelines that -- let's just take my
24 example of, let's say, an epidural steroid injection. There
25 is a section, and it's evidence-based medicine on the

1 criteria the patient needs to meet in order to qualify for
2 that procedure.

13:10:55 3 There is a separate section, the Utilization Review
4 Advisement, which was not adopted by the State, but
5 recommended by Mr. Eichler, because this takes out the
6 authorization process when the patient meets all that
7 criteria, so you don't incur that 10-day delay or more. It
8 gets the patients -- Mr. Eichler showed that patients get
9 back to work faster, because they get treatment earlier.
10 They have better outcomes, and of course, the cost is less.

13:11:28 11 So I'm suggesting that you use this evidence-based
12 medicine portion of the guidelines, the Utilization Review
13 Advisor. It's very easy to use. If the patient meets those
14 criteria and then you look up the procedure and diagnosis, it
15 will have a colored box. The only one I'm interested in
16 today is the green box. The green box is an automatic "go."
17 The others, "yellow" as an example, we would require some
18 more utilization review, and then there is a black box.

13:11:59 19 So there's different colors that definitely you
20 would have to contact the adjuster and work it out, but for
21 those procedures, where the doctor has determined that they
22 meet all the evidence-based medicine guidelines, I would
23 suggest using that utilization review advisor that the ODG
24 already has in their framework. So use that total package as
25 part of the streamlining of the authorization process. Thank

1 you.

2 CHAIRMAN SCHULTZ: Any questions for Dr. Prust?

13:12:30 3 Okay. Thank you very much.

4 Our next speaker is Kris Yonker, is it?

5 MR. YONKER: I signed up for one of the other agenda
6 items.

7 CHAIRMAN SCHULTZ: Oh, okay. We will be continuing
8 our meeting upstairs, third floor, and you all are invited if
13:12:58 9 you wish to join us for the rest of our agenda.

10 MR. YONKER: Okay.

11 CHAIRMAN SCHULTZ: We will see you upstairs. Thank
12 you.

13 David Danowski?

14 MR. DANOWSKI: I'm with Kris.

15 CHAIRMAN SCHULTZ: Same? Okay. We are getting
16 through this stack in a hurry here.

17 David -- is it -- what do you think, Robin?

18 MS. ORCHARD: Parker.

13:13:29 19 CHAIRMAN SCHULTZ: Dave Parker. I've heard of you.

20 MR. PARKER: I guess my handwriting needs a little
21 more work, too.

22 CHAIRMAN SCHULTZ: Yeah, well, it's me, too, Dave.
23 Sorry.

24 MR. PARKER: Thank you, Chairman Shultz,
25 Commissioners, Director Ashley, for the opportunity to

1 provide my thoughts on a topic that is of statewide
2 significance to employers, employees --

3 CHAIRMAN SCHULTZ: For the record, you're
4 David Parker and --

5 MR. PARKER: David Parker, representing myself.

6 CHAIRMAN SCHULTZ: Thank you.

7 MR. PARKER: Of significant statewide interest to
13:13:59 8 employers, employees, insurers, and even the Special Fund.

9 My name is David Parker. I speak today from the
10 perspective of a risk management practitioner, worker's
11 compensation administrator, regulator, insurer, industry
12 association member, and at times, injured worker. I will
13 keep my comments to the conceptual and policy level and leave
14 specific application to those who work in the process daily
15 and administer claims daily.

16 The objective of post-injury medical care is to
13:14:29 17 return an injured employee as far as possible, as fast as
18 possible. The objective has additional benefits of helping
19 to manage costs, but the best outcome possible is what we're
20 looking for.

21 There is a general recognition that worker's
22 compensation contains significant frictional costs and
23 delays, much of it caused by disagreements on compensability
24 or treatment plans. The uncertainty and extremely long tail
13:14:56 25 and claim costs exacerbates this issue, and as you're reading

1 the process, we can see that we have this piece of time, and
2 then you have this piece of time, and this piece of time, and
3 it's conditioned upon which parties can agree to play, so it
4 delays the care and ultimately the outcome.

5 While most claims resolve quickly with little cost,
6 only 10 percent of the claims that will eventually reach the
7 excess insurer level were identified early on as catastrophic
8 claims, and 90 percent of the claims that will ultimately get
9 to excess layer were never identified as claims that were
10 likely to become bad. They just never resolved.

11 A full five years will pass before insurers receive
12 notification of just 50 percent of the claims that will
13 ultimately get to their layer. So it's an issue that's
14 important for the injured worker, who has got a claim that's
15 continuing, and the payors, who are trying to resolve those
16 claims.

17 The general tenet of worker's compensation is that
18 we take employees the way that we find them. Some will be
19 more fragile than others, some will be more resilient.
20 Employees come with all types of comorbidities, that while
21 they are not the responsibility of the employers or worker's
22 compensation insurer, will influence the extent of injury and
23 recovery from that injury.

24 Evidence-based medicine is founded on peer review
25 research that has documented effective treatment protocols

13:16:26 1 for specific conditions and injuries. The guidelines
2 document what works well for many people, hopefully most
3 people, and provides reasonable expectations and
4 rehabilitation and recovery. Because of the length of time
5 that it takes to perform and publish peer-reviewed research
6 followed by the time until that research is reviewed and
7 incorporated into updated guidelines, E.B.M. guidelines may
8 lack the most current science and medicine. So E.B.M.
9 guidelines provide a body of consensus, but they are not
10 exhaustive in their content.

13:17:00 11 I would like to use an analogy. In the same way
12 that in education we teach the way that most students learn,
13 but not all students, E.B.M. documents what works well for
14 most people, but not all people.

15 Essentially, E.B.M. says that if an injured worker
16 has a specific diagnosis, then a defined range of treatment
17 should result in a certain prognosis or outcome. Employees
18 should not languish in their care or recovery. I think we've
19 all seen ones that just hung on so long you wondered why.
13:17:30 20 That should not happen.

21 The logical corollary to E.B.M. suggests that an
22 employee who is not progressing, may have an incorrect
23 diagnosis or unidentified comorbidities, or this employee may
24 just not respond well to that treatment or that range of
25 treatment.

1 So in the same way that a teacher must identify
2 another way for some students to learn, the system, including
3 physician, patient, employer, and insurer, must have a means
4 to identify early the treatment isn't working for this
13:17:59 5 employee and to identify a plan that will succeed.

6 We must also recognize that science and medicine
7 will not progress if everyone keeps doing just the same old
8 thing, even if that seems to work well for most. Treatment
9 recommendations in the guidelines should not be the only
10 authorized path of care.

11 However, the guidelines have proven to be effective
12 for most people. While not necessarily presumptive, the
13 approval process for care consistent with the guidelines
13:18:29 14 should be as streamlined or automatic as practicable. The
15 guidelines become a tool comparing an employee's progress to
16 expectations, helping to insure that the employee's recovery
17 does not languish. If not progressing as expected, the
18 treatment plan should be reevaluated.

19 When medical providers want to follow another
20 treatment plan, they should document the reason for
21 deviation, the proposed care and expected outcomes, and how
13:18:57 22 they will measure outcome and anticipated cost. Arizona's
23 Worker's Compensation process relies upon good communication,
24 knowledgeable professionals, and a flow that needs to have
25 very little regulatory action. Essentially, we deal with the

1 exceptions, and those exceptions need to represent a very
2 small percentage.

13:19:29 3 The E.B.M. approval process should follow the same
4 principles. Almost all treatment that is consistent with
5 adopted guidelines should proceed without need for approval
6 when an injury has been identified as compensable. The
7 process should facilitate communication, and early
8 identification of injured workers who are not progressing as
9 expected. The process should also facilitate agreement on an
10 alternate treatment plan, where conventional treatment has
11 not been effective, or where the physician can reasonably
12 anticipate that the alternate treatment is reasonable,
13 necessary, technically feasible, and cost effective.

13:19:58 14 A regulatory approval process should resolve
15 conflicts when necessary, but without adding additional
16 burden, delay, or frictional cost to most care. Also, it
17 would be easy to see this issue as just impacting the
18 providers and payers, but injured workers must also have a
19 reasonable opportunity to be heard and participate in the
20 decision-making process.

13:20:28 21 Ultimately, I am pleased to see the treatment
22 guidelines have been successfully implemented and am looking
23 forward to a broader implementation of treatment guidelines.
24 I think it will be good for all.

25 I'd like to end with one thing. I had lunch at my

1 favorite downtown restaurant today, got my fortune cookie,
2 and this is a good one. It says, " A difference, to be a
3 difference, must make a difference." That's what we want
4 with E.B.M. Thank you.

5 CHAIRMAN SCHULTZ: Thank you, Mr. Parker.

6 Questions for Mr. Parker? Okay. Thank you.

7 MR. PARKER: Thank you.

13:20:53 8 CHAIRMAN SCHULTZ: Cathy Vines.

9 MS. VINES: Good afternoon. Cathy Vines with
10 Copperpoint. First, good afternoon, Chairman, Commissioners,
11 Director Ashley.

12 I'd like to add my own personal support to the
13:21:30 13 comments that were submitted by Todd Lundmark, fellow
14 committee member for those many months and evenings, where we
15 had some lively debate and dialogue as to the necessity for
16 evidence-based medicine. That was after we identified what
17 evidence-based medicine even was, how it could benefit
18 Arizona, and then ultimately the arduous process of
13:21:59 19 developing a process and a form and a system. I can agree
20 with Todd. We did have debates about automatic
21 authorizations. As a group, we did not feel that that was
22 the approach that was necessary to take at that time.

23 I don't know that we have evidence that says
24 anything has changed since then, so personally, my support
25 for the comments that were submitted by Mr. Lundmark.

13:22:28 1 I am here this afternoon representing collective
2 comments that were submitted earlier today to the Commission
3 by a group of business and industry stakeholders. We, as a
4 group, appreciate the opportunity to provide a unified
5 business and industry perspective on this most important
6 issue.

7 The inclusions of the provisions in Senate Bill 1332
13:22:58 8 was really in response to concerns raised by some of the
9 stakeholders involved in our process with the intent that the
10 process could be improved. We're offering the following
11 concepts and do believe that there is an opportunity to
12 enhance the existing process.

13 First, we would request that providers requesting
13:23:27 14 authorization be required to do so, required to do so, using
15 a standardized, simplified form. Currently, the requests for
16 authorization come to payors and adjustors in a variety of
17 formats. Sometimes there is a fax. Most often, it's
18 included within page 5, 6, or 7 of an electronically
19 generated medical report. Adjustors may not necessarily see
13:23:59 20 these routine medical reports as a priority document. So we
21 would suggest that a standardized form would more easily be
22 identifiable as a priority, and the issues could be addressed
23 in an expedited fashion.

24 Secondly, we would request that the number of
25 mandatory fields that exist in the current commission form be

13:24:28 1 reduced. There are some that are probably of minimal
2 administrative benefit, but really do not work to expedite
3 the process, so review and development of a simplified form
4 would be recommended.

5 Lastly, if the commission were to require the use of
6 a standardized, simplified form, we would support shortening
7 the time period that the payor or the adjuster has to respond
13:24:57 8 to this request from the current 10 days to a 7-day period.

9 CHAIRMAN SCHULTZ: Cathy, would that be business
10 days or calendar days?

11 MS. VINES: I would suggest business days.

12 CHAIRMAN SCHULTZ: Thank you.

13 MS. VINES: We would also note that what is
14 currently referenced in the statutory directive applies only
15 to the authorization process associated with treatment that
13:25:30 16 is within the evidence-based treatment guidelines, pursuant
17 to the rules that you have referenced. We would support and
18 think it's a reasonable time period currently, to expand the
19 applicability of the treatment guidelines to address the
20 additional body parts and conditions.

21 Were the Commission to proceed with this
22 consideration of this issue, each of the undersigned, the
23 group that is supportive of these recommendations, would be
13:25:58 24 able to produce material and detailed information supporting
25 the proposition to expand, and then indicating that this will

1 improve medical treatment for injured workers, make treatment
2 and claims processing more efficient and more cost effective,
3 and if the guidelines, and the fact that the guidelines do
4 adequately address many additional body parts and conditions.

13:26:28

5 We consider implementation of evidence-based
6 medicine guidelines within the worker's compensation system
7 to be essential to the sustainability of our system that
8 improves medical treatment to injured workers in an efficient
9 and cost-effective fashion.

13:26:59

10 To the extent that certain stakeholders have raised
11 issues regarding the authorization process, we do believe
12 that the suggestions that I've mentioned today, certainly do
13 address these concerns. The guidelines do address the
14 additional body parts and conditions that we all frequently
15 see in worker's compensation injuries, and we would all
16 welcome the opportunity to provide additional comments in
17 support of expanding the treatment guidelines. Thank you.

18 CHAIRMAN SCHULTZ: Thank you. Questions?

19 MS. ORCHARD: Thank you for your perspective.

13:27:29

20 Cathy, I have a question, and I feel like I should know this.
21 I'm sorry, but I don't. Is there a current form that you'd
22 like to see streamlined, or would you like to see development
23 of a brand-new form?

24 MS. VINES: Probably the best answer is both. If we
25 are looking at expanding the process and the rule and the

1 applicability, I would recommend a review of the existing
2 form. If we're looking at assisting in authorization of
3 routine treatments that are not currently part of the form, I
4 would suggest that it would be helpful for the Commission to
5 publish a form, very simple, certainly not as complicated as
13:27:59 6 what is out there, because adjustors do get this information
7 in various forms and fashions now. It just isn't always
8 recognized in document management systems or mailrooms as
9 something that was urgent, expedited, and there is a time
10 frame from which to respond.

11 MS. ORCHARD: So, currently, the Commission does not
12 have a standardized form?

13 MS. VINES: The current Commission I do not believe
14 has a form for authorizations beyond the chronic pain and
13:28:30 15 opioid narcotic medication.

16 MS. ORCHARD: Thank you.

17 MR. PORTER: Commissioner Orchard, the MRO office
18 does have a form. It's the MRO-1 form. As Cathy indicated,
19 it was designed for the process as it exists now and the
20 scope that it exists, so it does only pertain to pain
21 management and the use of opioids and all, but that form is
13:28:56 22 not required to be used. While the Commission in its F.A.Q.s
23 has strongly encouraged providers to use that form, for some
24 of the reasons that Cathy has outlined, our rules don't
25 mandate its use.

1 CHAIRMAN SCHULTZ: And explicit in your
2 recommendation is that this would be a mandatory form? If
3 you are going to be reducing --

4 MS. VINES: Yes. I believe that we do need a
5 mandatory form, and yes, support it for the reduction of the
6 number of days down to the 7 from the 10.

13:29:29 7 CHAIRMAN SCHULTZ: Thank you.

8 MS. VINES: Thank you.

9 CHAIRMAN SCHULTZ: Any other questions? Thank you,
10 Cathy.

11 Debra Runbeck.

13:30:01 12 MS. RUNBECK: Mr. Chairman, members of the
13 Commission, Director Ashley, Mr. Porter. My name is Debra
14 Runbeck, and I am here speaking on behalf of the Arizona
15 Association of Lawyers for Injured Workers. Thank you very
16 much for inviting us all to be here today. We appreciate the
17 opportunity.

18 This is an important topic for everybody concerned.
19 The ICA had previously adopted the guidelines with the stated
13:30:28 20 intention of providing a more efficient method of getting
21 appropriate medical care to injured workers. Along those
22 lines, it's crucial to get a rapid response to a doctor's
23 request for authorization for treatment.

24 Many of the insurers now use the ODG under all
25 circumstances to either authorize or deny treatment. The

13:31:00 1 problem that's being encountered is that many times the
2 treating doctor might request something that actually falls
3 within the ODG guidelines and is appropriate under those
4 guidelines, but they don't get a response to their
5 authorization request.

6 Often they'll wait a month or so with no response
7 until after repeated requests the treatment is finally
8 approved, which basically leaves the injured worker for that
9 amount of time without any treatment and possibly a worsening
10 condition. Often other times, they make their requests
11 repeatedly over the course of several months only to have it
12 eventually denied. At that point, a request for hearing must
13:31:29 13 be filed, and that often takes six months or more. All
14 together, that can leave the injured worker going for
15 eight months or more without any treatment. Again, not good
16 for the worker, not good for the carrier, and not good for
17 the ICA.

18 One suggestion that we had, which has been echoed by
19 a few other people here to ameliorate this problem is to
20 incorporate a provision of rules that would provide the
13:31:57 21 carrier with a window of we'd say five business days,
22 certainly, that's something that could be discussed, to
23 consider a request. They can still deny the request, within
24 an indication of why they are denying it, if it's under the
25 ODG, or they can authorize it, but if they don't respond at

1 all within the given time frame, and it's under the ODG, then
2 it would be considered automatically authorized. This would
3 result in quicker care for the injured worker, and it would
13:32:27 4 still follow the recommendations of the ODG, which was the
5 intent and hope of the Commission in adopting these.

6 Referring to Cathy Vines, her suggestions for the
7 standardized form I think are good. You know, we can
8 certainly discuss how that would play in and could be
9 incorporated into the auto authorization idea.

10 Over the past few years, the stakeholders in this
11 system have generally had great success in working together
13:32:59 12 and coming up with solutions that everybody can live with.
13 We would respectfully request that the current effort would
14 follow that procedure, and ask that -- you've already
15 indicated that there will be additional time to submit
16 written suggestions, and we would ask that there be allowed
17 enough time for the stakeholders to have some meetings and
18 see if we can come up with something that everybody can be
19 happy with.

20 We would love the Commission to be involved in these
13:33:28 21 meetings and would certainly be happy to keep you advised as
22 to when those meetings are held and have ICA input into it,
23 also.

24 Thank you very much for allowing me the opportunity
25 to speak. I'll be happy to take any questions.

1 CHAIRMAN SCHULTZ: Questions?

2 MS. ORCHARD: Thank you for your time. This might
3 be a question for both you and possibly Dr. Prust. I know of
4 an example where a medication such as Wellbutrin is in the
5 formulary both under green and under red. It's under green
13:33:59 6 for depression, if that is related to the worker's comp
7 injury, but it's under red for pain.

8 So what solution would you have in terms of you
9 requesting auto auth, because it's under green, but it would
10 be probably ordered, in this case, for pain, which would be
11 red?

12 MS. RUNBECK: That probably is better addressed by
13 Dr. Prust, because the doctors have certainly become more
14 familiar with the guidelines. My knee-jerk reaction would be
13:34:22 15 that if it falls within the guidelines of recommended use for
16 it, then it would be subject to the auto authorization.
17 Obviously, if it's not under the recommended use for it, then
18 it would have to be considered whether it's appropriate
19 anyway.

20 MS. ORCHARD: So that could be accomplished in the
21 form, a section of the form?

22 MS. RUNBECK: Yes.

23 MS. ORCHARD: Okay. Thank you.

24 MS. RUNBECK: Anything else?

25 CHAIRMAN SCHULTZ: Yes. I actually have two

1 questions, and then Dr. Prust, if you would like to address
2 the question Commissioner Orchard asked.

13:35:00 3 My two questions are, it appeared that many of your
4 comments were sort of directed at what the processes will
5 look like if the ODG is expanded beyond it's current for pain
6 management and use of opioids. Am I correct in assuming that
13:35:29 7 you sort of were looking a bit ahead?

8 MS. RUNBECK: I apologize if I gave that impression.
9 We are certainly not recommending that they be expanded at
10 this time. We do think that we need more time with it in
11 trying to streamline the process before it would be expanded
12 to anything else. This would basically be designed to help
13 with the problems.

14 Many, many, many injured workers are going through
15 pain management procedures, and you know, they are into that
13:36:00 16 chronic pain area already. So it's a very, very common
17 problem to be dealing with. So many of the procedures that
18 are being requested fall within the ODG guidelines for the
19 pain management.

20 So our suggestion would be specifically geared
21 toward dealing with pain management and opioid use that we
22 use some kind of an auto authorization when things fall
13:36:27 23 within those guidelines and they meet the criteria for them.

24 CHAIRMAN SCHULTZ: Okay. Then my second question is
25 relative to our period of time of September 15. Would that

1 give you sufficient time to have any meetings you might wish
2 to have before submitting final comments to us?

3 MS. RUNBECK: I'm looking up at Mr. Kendell, who
4 would obviously be -- and Suzy, who would obviously be
5 involved in the meetings. Just knowing how hard it is to get
13:36:59 6 such a large group of people together within a month, I
7 suspect that they may not be sufficient. We certainly would
8 like to be able to come up with something that everybody is
9 okay with before presenting it. So in order to have enough
10 time to have everybody get together and be able to hash
11 things out over a couple of meetings, I suspect it would end
12 up running longer than an month.

13 CHAIRMAN SCHULTZ: I have concerns about that, I
13:37:30 14 think, as you and I have discussed before. I don't think the
15 Commission -- the Commission has a deadline to take an
16 action, and I don't want to be held hostage to calendars over
17 which I have no control, because I believe in the past
18 those series of those meetings have turned into a series of
19 meetings, because people were not available on common dates.

20 So I would encourage you very strongly to do
13:37:59 21 whatever you can to get the group together, whoever you
22 believe you need to meet, and that's another issue is the
23 group seemed to expand over time.

24 So I believe that September 15 is a fair amount of
25 time, and yes. It puts pressure on you to get together and

1 meet to give us your written comments or suggestions, but I
2 do very much want to keep the Commission having the ability
13:38:28 3 to take action as it needs to to meet its legislatively
4 imposed deadline. So please do everything you can to get us
5 that information. Have your meetings before that
6 September 15 deadline

7 MS. RUNBECK: Absolutely, Mr. Chairman.

8 CHAIRMAN SCHULTZ: Thank you.

9 MS. RUNBECK: We are already trying to gather people
10 together and figure out dates and get everybody on the same
11 page for dates. I think that the issue is just going to be
13:38:57 12 how long it takes, how many of those meetings it takes for
13 us. It's not always an easy sit down, and we all agree, but
14 we are certainly going to work at meeting your deadline.
15 Absolutely.

16 CHAIRMAN SCHULTZ: Thank you.

17 MS. RUNBECK: Thank you.

18 CHAIRMAN SCHULTZ: Dr. Prust.

19 DR. PRUST: Thank you. Very briefly, so the
20 formulary for the ODG came about like any formulary with
21 United Health Care, Blue Cross Blue Shield. There's not a
13:39:28 22 lot of evidence-based medicine to it, because the Food and
23 Drug Administration, as an example, has given authorization
24 to use all these nonsteroidal anti-inflammatories, but the
25 guides, half of them are red, half of them are green, and

1 it's relatively arbitrary, Ken said.

2 What they've done, though, is made provisions for
3 that. So when you talk about using the antidepressants for
4 pain, with neuropathic pain, there are provisions when you
5 read through the formulary. As an example, if a patient
13:39:59 6 fails other neuropathic pain agents like Gabapentin, Lyrica,
7 then you can start going to the red drugs, so it does not say
8 you cannot use them. It says, let's go the more traditional
9 route first.

10 So that's the way the guidelines, that's the way I'm
11 using them, and that's working for me, that's what Ken
12 recommended. So the red doesn't mean absolutely no. It
13 means, you know what, let's start out with what we feel is a
13:40:27 14 better pathway, and if that doesn't work, then we can go to
15 some of the drugs that are in red.

16 Does that answer your question?

17 MS. ORCHARD: It does. Can you speak to, as
18 somebody who's very familiar with worker's compensation and
19 has worked really well within our system, can you speak to
20 the burden that a form -- one single form for authorization,
21 poses for you or not?

22 DR. PRUST: There's two things. The electronic
13:40:54 23 medical record is a curse and a necessary evil, and each one
24 is different. I find it on the insurance side, I understand
25 where they are coming from, because when I get records from a

1 primary care with a different electronic medical record than
2 myself, they are never the same, never. The only thing
3 that's the same is that at least at the end you have the
4 discussion part, and you can go there.

13:41:26 5 So I think that in the submission of just a single
6 form from every doctor, to have all that information on there
7 and have to transcribe that to another form, and that's -- I
8 mean, that's why my notes are particularly detailed and
9 specifically make sure that I put all the evidence-based
10 medicine criteria into my notes, and I don't know that
11 another form that I have to fill out beyond that is going to
12 really be that much more useful.

13 So I understand where Cathy is coming from, but I'm
13:41:59 14 not so sure how to come up with a universal form that I could
15 then -- that I would have to fill out, because I've already
16 got all that information in my notes. So it would create
17 another burden for my office and increase our costs also, but
18 I do understand the problem, though. I get it.

19 MS. ORCHARD: Thank you.

20 CHAIRMAN SCHULTZ: By the way, Dr. Prust, I want to
21 thank you very much for coming up from Tucson today to talk
13:42:29 22 to us. We appreciate your effort and concerns.

23 DR. PRUST: Well, I appreciate it. I came up every
24 third Monday for what, two years, three years, Cathy? It was
25 a pleasure. Thank you.

1 MS. VINES: Mr. Chairman, let me just provide brief
2 clarity. I do not believe that a simple authorization form
3 would need to contain, nor should it contain, all of the
13:43:00 4 clinical findings that would be within an examination report.
5 We really need a single document that comes in code red, says
6 we need "X" treatment authorized, and most of the time we see
7 some of those referencing examination that occurred on 10/1.

8 So we would not at all be looking for duplication of
13:43:30 9 that, perhaps it even comes with the report, but it's really
10 more a flag to the adjuster that this does contain a request
11 for treatment, should be handled quickly, and certainly can
12 reference MRI dated this date or other documentation that has
13 already been submitted.

14 MS. ORCHARD: Thank you.

15 MR. SCHULTZ: Thank you. And, Cathy, by the way, I
16 very much appreciate what you are saying. We have the same
13:43:55 17 effect here. So a medical report comes in. It may be your
18 standard process that it gets attached to a file or filed, if
19 there's a normal file review date coming up. So it might
20 very well be several days or longer before that file gets
21 reviewed unless you have this, the end, and I agree. I would
22 envision this form to be something simple to start the
23 process, and yes. You are still going to have to review
13:44:28 24 other records before taking action. So I believe I
25 understand the scope of what you are proposing.

1 MS. VINES: Thank you.

2 CHAIRMAN SCHULTZ: Any other questions? Okay.

3 Great. Having received no other slips requesting the
4 opportunity to speak, this will conclude the public hearing
5 concerning the issue of streamlining the authorization
6 process for treatment that is within the evidence-based
7 treatment guidelines.

8 As a reminder, although the oral proceeding has
13:44:59 9 concluded, written comments will be accepted through Friday,
10 September 15. That's close of business Friday, September 15.
11 Thank you.

12 We will now adjourn and move upstairs to the third
13 floor for the rest of our agenda, and you are all invited.
14 It is a public meeting, so please join us if you wish. Thank
15 you.

16 (The proceedings concluded at 1:45 p.m.)

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