COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 1383-07
Bill No.: HCS for SS for SB 262
Subject: Insurance - Medical
Type: Original
Date: April 25, 2013

Bill Summary: This proposal changes the laws regarding health insurance.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
General Revenue	Could exceed $1,513,747	Could exceed $15,700,014	Could exceed $17,198,564
Total Estimated Net Effect on General Revenue Fund	**Could exceed $1,513,747**	**Could exceed $15,700,014**	**Could exceed $17,198,564**

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
County Foreign Insurance*	$0	$0	$0
County Stock*	$0	$0	$0
Insurance Dedicated	(Up to $255,552)	($286,205)	($289,279)
Road	(Unknown, less than $50,000)	(Unknown, less than $100,000)	(Unknown, less than $100,000)
Other State	$0 to ($1,538)	$0 to ($3,398)	$0 to ($3,755)
Total Estimated Net Effect on Other State Funds	**(Up to $307,090)**	**(Up to $389,603)**	**(Up to $393,034)**

*** Savings and Losses net to $0.**
Numbers within parentheses: ( ) indicate costs or losses.
This fiscal note contains 15 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Federal	$0 to ($2,460)	$0 to ($5,437)	$0 to ($6,007)
Total Estimated Net Effect on All Federal Funds	**$0 to ($2,460)**	**$0 to ($5,437)**	**$0 to ($6,007)**

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Insurance Dedicated	5	5	5
Total Estimated Net Effect on FTE	**5**	**5**	**5**

☒ Estimated Total Net Effect on All funds expected to exceed $100,000 savings or (cost).

☒ Estimated Net Effect on General Revenue Fund expected to exceed $100,000 (cost).

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Local Government	**(Unknown, up to $1,300,000)**	**(Unknown, up to $1,300,000)**	**(Unknown, up to $1,300,000)**

FISCAL ANALYSIS

ASSUMPTIONS

Sections 354.410-354.603 - HMOs to have coinsurance and deductibles:

Officials from the **Department of Insurance, Financial Institutions, and Professional Registration (DIFP)** provide the following assumptions:

The legislation allows HMO to have coinsurance and deductibles. HMO plans have historically not been allowed to use coinsurance and deductibles in Missouri. Since HMOs do not pay premium tax (HMOs pay income tax), some of the Missouri's current 411 PPO plans could establish HMO plans and cease writing under the PPO. Of the 411 plans, 214 primarily write individual policies and could have incentive to move the business from the PPO to the HMO model. Of the 214, 60 have premiums in excess of $2 million and are estimated to be the most likely to move their business.

A reduction of premium tax revenues up to $2.6 million dollars as a result of the PPOs to HMOs change is possible. It is unknown how much in income taxes the newly established HMOs would pay; therefore the department cannot estimate the gain in income tax general revenue vs. the loss of premium tax general revenue. A reduction of up to $1.3 million to the County Foreign Insurance Fund may occur as premium tax is split 50/50 between General Revenue and County Foreign Insurance Fund.

If 10 or more of the PPOs establish new Missouri domestic HMOs, the department would require one (1.00) Insurance Financial Analyst FTE to complete the ongoing financial analysis that would be needed to meet accreditation standards established by the National Association of Insurance Commissioners (NAIC), which requires analysis to be completed within certain timeframes, generally 60-90 days from receipt. Many insurers prefer to establish HMOs specific to a state because state laws can vary considerably with regard to health insurance from a market conduct perspective. Analysts are currently assigned 8-9 companies each. There are some different requirements for HMOs, but all companies must follow statutory accounting practices. Should workload be greater than anticipated the department would request additional appropriation and/or FTE through the budget process.

In addition, under Missouri law, HMOs are subject to network adequacy requirements. The department must ensure that consumers have adequate access to all types of providers and specialists within that network arrangement. Depending upon the workload the department may need at least one (1.00) Planner II FTE to perform the additional network adequacy reviews for HMOs.

ASSUMPTIONS (continued)

Sections 376.410 - 376.1363 - Deadline for review of health policy forms:

Officials from the **Department of Insurance, Financial Institutions, and Professional Registration (DIFP)** provide the following assumptions:

This proposal would institute a review deadline of 45 days for health policy forms and modify the department's duties and ability to ensure compliance with state law, if a noncompliant provision is identified after this time period. For example, if a provision excluding a state mandated benefit were not caught during the department's initial review, this legislation would prohibit the department from directing the health carrier to make consumer or provider restitution for those unpaid benefits, or to pay fines based on that behavior. The department will have to focus greater resources to the front end review of policy forms to ensure all potential compliance issues are identified and addressed.

Reducing the review time and modifying the department's duties and enforcement authority will require additional staffing to ensure policies are in compliance with state statutes and regulations. A minimum of five to eight additional FTEs are needed to ensure compliance before the polices are deemed approved - two (2.00) Insurance Product Analyst II FTEs will be needed to review group health policy filings, one (1.00) Insurance Product Analyst II FTE will be needed to review individual health policy filings, one (1.00) Attorney FTE and one (1.00) Senior Office Support Assistant FTE are required to review policy compliance with state statute and regulations. If the filing workload is greater than anticipated, additional appropriation and FTE will be requested through the budget process.

Section 376.1363 would result in insurers being required to submit amendments to their policies to comply with the legislation. Policy amendments must be submitted to the department for review along with a $50 filing fee. The number of insurance companies writing these policies in Missouri fluctuates each year. One-time additional revenues to the Insurance Dedicated Fund are estimated to be up to $5,700.

Sections 376.961 - 376.973 - MO Health Insurance Pool:

Officials from the **DIFP** state this legislation would phase out the Missouri Health Insurance Pool (MHIP). MHIP is a non-profit organization, created by state statute, which provides medical and drug coverage to Missourians who cannot get insurance in the standard market because of health conditions, exhaustion of COBRA Benefits, or other lack of availability. MHIP assesses all health insurers in the state the difference between premiums collected and actual pool costs. Insurers are then allowed a tax credit for this assessment. The credit is taken against General Revenue.

ASSUMPTION (continued)

Since this legislation would phase out MHIP the assessments would phase out as well. The fiscal impact is dependent upon when the final assessment would be; the department estimates a fiscal impact savings of up to $3,000,000 in FY14, up to $17,013,832 in FY15 and $18,513,832 in FY16.

Section 376.1192 - Actuarial analyses:

Officials from the **Oversight Division** note this proposal provides that the Committee on Legislative Research, Oversight Division shall perform an actuarial analysis of the cost impact to: 1) health carriers, 2) insureds with a health benefit plan, and 3) other private and public payers if state mandates were enacted to provide health benefit plan coverage for 1) orally administered anti-cancer medications and 2) the diagnosis and treatment of eating disorders. Each actuarial analysis is limited to a maximum cost of $30,000. Oversight assumes a total of six actuarial analyses are to be done. Oversight further assumes the fiscal impact of this proposal will be up to $180,000 to the General Revenue Fund for FY 14.

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state Section 376.1192 does not fiscally impact MCHCP. However, an actuarial analysis to examine the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if state mandates were enacted to provide health benefit plan coverage is likely to be greater than $30,000 for each analysis if utilizing any actuary contracted to perform services for the Missouri Consolidated Health Care Plan.

Section 376.1226 - Dental services:

Officials from the **MCHCP** state this section does not fiscally impact MCHCP. However, MCHCP members could pay additional out-of-pocket expenses because providers could charge the full fee for non-covered services rather than the discounted fee.

Officials from the **Department of Insurance, Financial Institutions, and Professional Registration (DIFP)** assume the proposal would not fiscally impact their agency.

Section 336.1237 - Eye drop prescriptions:

Officials from the **MCHCP** state the MCHCP currently has a limitation in place for certain eye drop prescriptions. In 2012, Quantity Level Limits (QLL) affected approximately 19 prescriptions that would otherwise have had a cost to the plan of $4,500.

ASSUMPTION (continued)

MCHCP also has a limitation on refilling prescriptions too soon, but allows exceptions for any of the following reasons:

1. Lost, stolen or broken prescriptions;
2. A member leaves or enters a nursing home requiring a new prescription;
3. An extra dispense is needed for school use for children grades K-12;
4. Natural disasters; or,
5. Travel

The MCHCP assumes this legislation would allow members to receive additional eye drop prescriptions beyond the exceptions listed above. MCHCP's pharmacy benefit manager indicates there is very little abuse of eye drops. However, there could be some potential waste and stockpiling with multiple refills that would inhibit MCHCP's ability to control plan costs.

In 2012, MCHCP's pharmacy benefit manager rejected approximately 1,700 eye drop prescriptions or approximately $79,000 in costs to the plan because the member was refilling too soon. The pharmacy benefit manager assumes about 80 percent of the prescriptions or $63,000 in costs to the plan was approved after the original rejection because the member met exception criteria. MCHCP assumes the other 20 percent or $16,000 would not meet current exception criteria but would be approved under this legislation. Therefore, the fiscal impact to MCHCP is less than or equal to $20,500 in the first year with minimal increases after the first year due to an estimated 10.5 percent annual drug trend.

Year One Fiscal Impact: $20,500
Year Two Fiscal Impact: $22,652
Year Three Fiscal Impact: $25,030

Oversight assumes the provisions of this proposal would become effective January 1, 2014 and will reflect six months of impact in FY 2014. In addition, Oversight will utilize MCHCP's annual growth rate of 10.5% for drug costs.

Officials from the **Department of Insurance, Financial Institutions, and Professional Registration (DIFP)** state insurers would be required to submit amendments to their policies to comply with legislation. Policy amendments must be submitted to the department for review along with a $50 filing fee. The number of insurance companies writing these policies in Missouri fluctuates each year. One-time additional revenues to the Insurance Dedicated Fund are estimated to be up to $5,000.

ASSUMPTION (continued)

Additional staff and expenses are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form reviews the department will need to request additional staff to handle increase in workload.

In response to similar legislation from last session, officials from the **Missouri Department of Transportation (MoDOT)** stated the proposed legislation prohibits health insurers from denying coverage for certain refills of prescription eye drops after January 1, 2013. The language requires health plans to provide renewal of drops when the renewal is requested by the insured prior to the date of the last day of the prescribed dosage period without regard to an early refill restriction as long as the prescribing provider authorized an early refill.

While the MoDOT/Missouri State Highway Patrol (MHP) Medical Plan would not fall under this definition of "health carrier," the Plan would arguably still be required to comply with the bill's requirements. If required to comply with the bill's requirements, this bill could have a fiscal impact on MoDOT/MHP Medical Plan. This bill prohibits the denial of coverage for the renewal of prescription eye drops and the Plan will be required to offer such coverage as well.

In a previous year, Independent Pharmaceutical Consultants, Inc. (IPC) reviewed the legislation on behalf of the MoDOT/MHP Medical Plan. According to IPC's review, the proposed language would impact the Plan. IPC provided a memorandum from the Centers for Medicare and Medicaid Services (CMS), dated June 2, 2010, discussing early refills edits on topical ophthalmic products. CMS recognizes the early refill edits are an important utilization management tool to promote compliance and prevent waste; however, it is important Part D sponsors implement such edits in a manner than does not members at risk of interruptions in drug therapy. They suggest Part D sponsors should be prepared to allow overrides of these edits on a case-by-case basis when appropriate and necessary to prevent interruptions in drug therapy. It is suggested to adopt the guidelines from the CMS memo for the entire populations, rather than issuing different guidelines for non-Medicare participants.

It is difficult to estimate the actual cost to the MoDOT Plan because there is no sure way of determining early refills requested at the pharmacy because the member's supply due to difficulty of administration. IPC pulled early refill rejections from 2010 and if all refills had been processed, the total cost to the Plan and the members would have totaled $30,500. Also with the additional costs to the prescription drug plan, our member's rates would need to be increased to ensure that the plan would have the required funds to support the additional costs. The impact cannot be determined; however, it would be less than $100,000.

ASSUMPTION (continued)

Sections 376.1575 - 376.1578 - Contracts between physicians and health carriers:

Officials from the **Department of Insurance, Financial Institutions, and Professional Registration (DIFP)** state these sections are anticipated to have no fiscal impact on the department. If the adoption of these sections result in an increase in consumer inquiries, the DIFP believes it could absorb the workload within existing appropriations. However, should the extent of the work be more than that anticipated, the DIFP would request additional appropriation and/or FTE through the budget process.

Section 376.1900 - Telemedicine:

Officials from the **Department of Insurance, Financial Institutions, and Professional Registration (DIFP)** state insurers would be required to submit amendments to their policies to comply with the legislation. Policy amendments must be submitted to the department for review along with a $50 filing fee. The number of insurance companies writing these policies in Missouri fluctuates each year. One-time additional revenues to the Insurance Dedicated Fund are estimated to be up to $5,700.

Additional staff and expenses are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form reviews the department will need to request additional staff to handle the increase in workload.

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state the MCHCP does not currently provide coverage for telehealth services or electronic visits (e-Visits). This legislation would require us to cover the telehealth benefit if the same services would be covered if provided through an office visit. Appropriate healthcare utilization may be increased in underserved areas by the presence of telemedicine services. However, the outcome created by this availability, is the early identification of an issue preventing hospitalization and emergency room visits. This section does not fiscally impact MCHCP.

Bill as a whole:

Officials from the **Department of Social Services (DSS)** state the proposal does not revise Chapter 208, RSMo. Therefore, it does not affect MO HealthNet (MHD) eligibility or benefits.

Although the legislation does revise Chapter 376, RSMo, the MHD Managed Care program has determined that the proposal legislation will not have a fiscal impact on MHD.

ASSUMPTION (continued)

Officials from the **Missouri Highway Patrol** state that the Department of Transportation Employee Benefits Section will be responding on behalf of the Highway Patrol.

Officials from the **Office of Secretary of State (SOS)** state many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The Secretary of State's office is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than $2,500. The SOS recognizes this is a small amount and does not expect that additional funding would be required to meet these costs. However, it is also recognized that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain within its core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Department of Mental Health (DMH)** assume any cost/savings due to this proposal will be included in the response of the Missouri Consolidated Health Care Plan. Therefore, this proposal creates no direct requirements that would result in a fiscal impact to the DMH.

Officials from the **Office of Administration (OA) - Division of Budget and Planning (BAP)**, **OA - Accounting**, **OA - Personnel**, the **Department of Corrections**, the **Department of Health and Senior Services** and the **Department of Revenue** each assume the proposal would not fiscally impact their respective agencies.

FISCAL IMPACT - State Government	FY 2014 (10 Mo.)	FY 2015	FY 2016
GENERAL REVENUE FUND			
Income - DIFP			
Increase in income taxes received (§§354.410-354.603)	Unknown	Unknown	Unknown
Elimination of MHIP tax credits (§ 376.961 to §376.973)	Up to $3,000,000	Up to $17,013,832	Up to $18,513,832
Total Income - DIFP	Unknown, could exceed $3,000,000	Unknown, could exceed $17,013,832	Unknown, could exceed $18,513,832
Costs - DIFP			
Loss of premium taxes (§§ 354.410-354.603)	(Unknown, up to $1,300,000)	(Unknown, up to $1,300,000)	(Unknown, up to $1,300,000)
Costs - Oversight Division of the Joint Committee on Legislative Research			
Actuarial studies (§ 376.1192)	Up to ($180,000)	$0	$0
Costs - MCHCP			
Eye drop refill frequency could increase (§376.1237)	$0 to ($6,253)	$0 to ($13,818)	$0 to ($15,268)
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	**Could exceed $1,513,747**	**Could exceed $15,700,014**	**Could exceed $17,198,564**
COUNTY FOREIGN INSURANCE FUND			
Savings - DIFP			
Reduced distributions to schools (§§ 354.410-354.603)	Unknown, up to $1,300,000	Unknown, up to $1,300,000	Unknown, up to $1,300,000
Loss - DIFP			
Loss of premium tax because of new split requirements with General Revenue (§§ 354.410-354.603)	(Unknown, up to $1,300,000)	(Unknown, up to $1,300,000)	(Unknown, up to $1,300,000)
ESTIMATED NET EFFECT ON COUNTY FOREIGN INSURANCE FUND	**$0**	**$0**	**$0**

FISCAL IMPACT - State Government	FY 2014 (10 Mo.)	FY 2015	FY 2016
COUNTY STOCK FUND			
Savings - DIFP			
Reduced distributions to counties (§§ 354.410-354.603)	Unknown	Unknown	Unknown
Loss - DIFP			
Loss of premium tax because of new split requirements with General Revenue (§§ 354.410-354.603)	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON THE COUNTY STOCK FUND	**$0**	**$0**	**$0**
INSURANCE DEDICATED FUND			
Income - DIFP			
Policy form amendments (§376.1237)	Up to $5,000	$0	$0
Policy form amendments (§376.1363)	Up to $5,700	$0	$0
Policy form amendments (§376.1900)	Up to $5,700	$0	$0
Total Income - DIFP	Up to $16,400	$0	$0
Costs - DIFP (§§354.410-354.603 and 376.405-376.1363)			
Personal service	($148,983)	($180,568)	($182,374)
Fringe benefits	($75,594)	($91,620)	($92,537)
Equipment and expense	($47,375)	($14,017)	($14,368)
Total Costs - DIFP	($271,952)	($286,205)	($289,279)
FTE Change - DIFP	5 FTE	5 FTE	5 FTE
ESTIMATED NET EFFECT ON THE INSURANCE DEDICATED FUND	**(Up to $255,552)**	**($286,205)**	**($289,279)**
Estimated Net FTE Change to the Insurance Dedicated Fund	5 FTE	5 FTE	5 FTE

FISCAL IMPACT - State Government	FY 2014 (10 Mo.)	FY 2015	FY 2016
ROAD FUNDS			
Costs - MoDOT			
Increase in state share of health care costs (§ 336.1237)	(Unknown, less than $50,000)	(Unknown, less than $100,000)	(Unknown, less than $100,000)
ESTIMATED NET EFFECT ON ROAD FUNDS	**(Unknown, less than $50,000)**	**(Unknown, less than $100,000)**	**(Unknown, less than $100,000)**
OTHER STATE FUNDS			
Costs - MCHCP			
Eye drop refill frequency could increase (§376.1237)	$0 to ($1,538)	$0 to ($3,398)	$0 to $3,755)
ESTIMATED NET EFFECT ON OTHER STATE FUNDS	**$0 to ($1,538)**	**$0 to ($3,398)**	**$0 to $3,755)**
FEDERAL FUNDS			
Costs - MCHCP			
Eye drop refill frequency could increase (§376.1237)	$0 to ($2,460)	$0 to ($5,437)	$0 to ($6,007)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	**$0 to ($2,460)**	**$0 to ($5,437)**	**$0 to ($6,007)**

FISCAL IMPACT - Local Government	FY 2014 (10 Mo.)	FY 2015	FY 2016
LOCAL GOVERNMENTS - SCHOOLS DISTRICTS			
Loss - Schools			
Reduction in premium taxes distributed (§§ 354.410-354.603)	(Unknown, up to $1,300,000)	(Unknown, up to $1,300,000)	(Unknown, up to $1,300,000)
Reduction in premium taxes distributed (§§ 354.410-354.603)	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS - SCHOOL DISTRICTS	**(Unknown, up to $1,300,000)**	**(Unknown, up to $1,300,000)**	**(Unknown, up to $1,300,000)**

FISCAL IMPACT - Small Business

This proposal may positively impact small business medical providers that use telemedicine technology to provide medical services. In addition, the proposal may positively impact small business pharmacies by allowing certain eye drop prescriptions to be refilled.

FISCAL DESCRIPTION

Sections 354.410 - 376.1363:

Under this proposal, HMO organizations will be allowed to have coinsurance and deductibles.

Sections 376.410 - 376.1363:

Under this proposal, the Missouri Health Insurance Pool is phased-out.

Section 376.1192:

Under this proposal, the Oversight Division of the Joint Committee on Legislative Research must conduct an actuarial analysis of the cost impact to consumers, health insurers, and other private and public payers if a state mandate was enacted to provide health benefit plan coverages for anti-cancer oral medications and the diagnosis and treatment of eating disorders that include residential treatment and access to psychiatric and medical treatments.

Under the terms of the proposal, the division director must submit a report of the actuarial

FISCAL DESCRIPTION (continued)

findings to the Speaker of the House of Representatives, President Pro Tem of the Senate, and the chair of the House Special Committee on Health Insurance and the Senate Small Business, Insurance and Industry Committee by December 31, 2013. The actuarial analysis shall assume that the mandated coverage will not be subject to any greater deductible or copayment than other health care services provided under a health benefit plan and will not apply to a supplemental insurance policy. The cost for each actuarial analysis cannot exceed $30,000 and the division may utilize any actuary contracted to perform services for the Missouri Consolidated Health Care Plan to perform the analysis required under the proposal. The provisions regarding the actuarial analysis expire December 31, 2013.

Section 336.1237 - Eye drop prescriptions:

Beginning on January 1, 2014, this substitute requires a health carrier that offers or issues plans that provide coverage for prescription eye drops to provide coverage for refilling the eye drop prescription prior to the last day of the insured's dosage period as long as the prescribing health care provider authorizes the early refill and the health carrier or health benefit plan is notified. Coverage must not be subject to any greater deductible or co-payment than other similar health care services provided by the health plan. The substitute exempts specified supplemental insurance policies from these provisions. The provisions of the substitute expire on January 1, 2017.

Section 376.1900 - Telemedicine:

Under this proposal, health carriers issuing or renewing health benefit plans on or after January 1, 2014, shall not deny coverage for a health care service on the basis that the service was provided through telemedicine if the same service would be covered when delivered in person.

The proposal does not requires a health carrier to reimburse a telemedicine provider or a consulting provider for technological fees or costs for the provision of telemedicine services. However, a health carrier must reimburse an telemedicine provider for the diagnosis, consultation, or treatment of an insured delivered through telemedicine on the same basis that the health carrier covers the service when it is delivered in person.

Under the proposal, a health care service provided through telemedicine services shall not be subject to any greater deductible, copayment, or coinsurance amount than would be applicable if the same health care service was provided through face-to-face diagnosis, consultation, or treatment.

FISCAL DESCRIPTION (continued)

The proposal has an effective date of January 1, 2014 for certain provisions.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of Administration -
Division of Budget and Planning
Division of Accounting
Division of Personnel
Department of Insurance, Financial Institutions,
and Professional Registration
Department of Mental Health
Department of Health and Senior Services
Department of Revenue
Department of Social Services
Missouri Department of Transportation
Missouri Consolidated Health Care Plan
Joint Committee on Administrative Rules
Missouri Department of Conservation
Oversight Division
Office of Secretary of State

Ross Strope
Acting Director
April 25, 2013

LO:LR:OD