JUDGE DAVID L. BAZELON CENTER FOR MENTAL HEALTH LAW

April 7, 2025

The Honorable Robert F. Kennedy Jr., Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy,

The Bazelon Center for Mental Health Law submits these comments in response to Ohio's Group VIII 1115 Demonstration Waiver Application. The Bazelon Center is a national non-profit legal advocacy organization that promotes equal opportunity for individuals with mental disabilities in all aspects of life, including health care, community living, housing, education, employment, voting, and other areas.

Ohio's Medicaid expansion has been tremendously successful. By Ohio's own account, there will be over 750,000 individuals enrolled in the Expansion group by calendar year 2025.[1] The Expansion has helped cut Ohio's uninsured rate in half, from 14% in 2010 to 7% in 2022.[2] In particular, the percentage of working-age Ohio adults (ages 19-64) with lower incomes who were uninsured dropped by 62% from 2012 to 2023 and the percentage who enrolled in Medicaid increased by 61%.[3] Medicaid expansion's association with improvements in access to care and outcomes related to mental health care and substance use disorder (SUD)[4] has also improved coverage in the state. As of 2018, 630,000 Medicaid expansion enrollees had received treatment for mental illness or SUD.[5]

Granting the proposed waiver, which the state estimates will impact over 60,000 Ohioans[6] and other sources estimate could impact up to 450,000,[7] would likely be unlawful and would undermine that success. Work requirements imposed on Medicaid expansion beneficiaries are likely to deter, rather than promote, access to health care and lead to significant numbers of

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[1] State of Ohio, Ohio Department of Medicaid, Group VIII 1115 Demonstration Waiver Application 5-6 (February 28, 2025) [hereinafter Ohio Application].
[2] *Id.* at 2.
[3] Health Policy Institute of Ohio, *Policy Considerations: The future of Group VIII (expansion) Medicaid coverage in Ohio* (March 2025), https://www.healthpolicyohio.org/files/publications/policyconsiderationsmedicaidexpansionfinal.pdf.
[4] Madeline Guth and Meghana Ammula, KFF, *Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021* (May 6, 2021), https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/.
[5] *Policy Considerations*, *supra* note 3.
[6] Ohio Application 12.
[7] Emily Campbell, The Center for Community Solutions, *Ohio's proposed Medicaid work requirement could cost thousands of Ohioans their healthcare coverage* (January 13, 2025), https://www.communitysolutions.com/resources/ohio-medicaid-work-requirement-lose-healthcare-coverage.

people inappropriately losing needed coverage, not because they are failing to work or look for work, but because they are caught in bureaucratic red tape with respect to reporting requirements. State commenters highlighted this reality in their overwhelming opposition to the proposal. Only 6.7% of comments supported Ohio's waiver, and 90.1% opposed it.[8] Despite this near universal opposition to the work requirement, Ohio stated that although the comments were "carefully considered, the waiver has not been modified other than for revisions to improve clarity."[9]

We urge CMS to reject Ohio's proposal because it does not promote the objectives of the Medicaid program; is not an experiment, pilot, or demonstration of the sort contemplated by the Medicaid statute; and would be particularly harmful for beneficiaries with disabilities.

1. **The Department of Health and Human Services (HHS) does not have the authority to grant Ohio's request.**

HHS lacks authority to approve the proposal to condition Medicaid eligibility for Section 1115 waiver participants on these individuals engaging in work, work-related activities, or community engagement activities. In accordance with Congress's direction, and as HHS has repeatedly acknowledged, Section 1115 waivers may only be approved for "any experimental, pilot, or demonstration project which, in the judgment of the secretary, is likely to assist in promoting the objectives of the Medicaid program."[10] Ohio's proposal is not a demonstration pilot and would not promote the objectives of Medicaid.

A. *Ohio's proposed work requirements do not promote the objectives of Medicaid.*

The statutory objectives of the Medicaid program are to furnish (1) "medical assistance" to people with disabilities, seniors, and families with dependent children, whose income and resources are insufficient to secure needed medical services, and (2) services to help such individuals and families attain or retain independence and self-care.[11] As the D.C. Circuit has held, "'the intent of Congress is clear' that Medicaid's objective is to provide health care coverage, and, as a result, the Secretary 'must give effect to [that] unambiguously expressed intent of Congress.'"[12] "The Secretary's discretion in approving or denying demonstrations is guided by the statutory directive that the demonstration must be 'likely to assist in promoting the objectives' of Medicaid."[13] The Secretary should not approve Ohio's proposal because it would not further the statutory goal of providing health care coverage.

Past experience with Medicaid work requirements has consistently shown that these requirements do not assist individuals in obtaining employment and that they do the opposite of furthering Medicaid's goal of furnishing health care coverage: they cause widespread loss of

[8] Ohio Application 16.
[9] *Id.*
[10] U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, *About Section 1115 Demonstrations*, https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations.
[11] 42 U.S.C. 1396-1.
[12] Gresham v. Azar, 950 F.3d 93, 100 (D.C. Cir. 2020).
[13] *Id.* at 99.

health care coverage due to misunderstandings about or failure to correctly adhere to opaque and confusing requirements to report work or job searches.[14] Arkansas's Medicaid work requirements were suspended by a federal court after they resulted in 25% of recipients losing coverage in just seven months,[15] and subsequent analysis determined that they failed to increase employment.[16] Work requirements in New Hampshire were suspended one month after implementation, once it became clear that 67% of those subject to the requirement were on track to lose coverage,[17] despite a majority of beneficiaries meeting exemption criteria.[18] In Michigan, where the state spent $28 million on outreach,[19] the work requirements program was suspended two months into implementation because one-third of recipients subject to the requirement failed to report and were about to lose coverage.[20]

Similarly, experience with work requirements in the Temporary Assistance for Needy Families (TANF) program has shown that: (1) stable employment among recipients subject to work requirements was the exception rather than the norm, and (2) most recipients who had significant barriers to employment never found employment.[21] Indeed, within five years, "employment

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[14] Jennifer Wagner and Jessica Schubel, Center on Budget and Policy Priorities, *States' Experiences Confirm Harmful Effects of Medicaid Work Requirements* (Nov. 2020), https://www.cbpp.org/sites/default/files/atoms/files/12-18-18health.pdf (due to complex rules, insufficient and ineffective outreach, complex reporting systems, and a lack of staff support, in Arkansas, Michigan, and New Hampshire "people who were working and people with serious health needs who should have been eligible for [work requirement] exemptions lost coverage or were at risk of losing coverage due to red tape"); Michael Karpman et al., The Urban Institute and the Robert Wood Johnson Foundation, *Assessing Potential Coverage Losses among Medicaid Expansion Adults under a Federal Medicaid Work Requirement* (Mar. 2025), https://www.urban.org/sites/default/files/2025-03/AssessingPotential-Coverage-Losses-among-Medicaid-Expansion-Adults-under-a-Federal-Medicaid-WorkRequirement.pdf (Study of Arkansas, the only state to fully implement Medicaid work requirements, and New Hampshire, which made significant progress toward implementation, showed that despite nearly all those subject to the requirements either working or qualifying for an exemption, "enrollees faced a range of barriers to compliance with the new requirements, including low awareness or understanding of the policy, confusion related to state notices, and difficulties accessing or using online portals or other reporting systems.").

[15] Sophia Tripoli et al., Families USA, *Medicaid Work Reporting Requirements*: *Bureaucratic Burdens That Threaten Working Families, Providers and Local Economies* (Mar. 2025), https://familiesusa.org/wpcontent/uploads/2025/03/Medicaid-Work-Reporting-Requirements-Fact-Sheet.pdf; Gresham v. Azar, 363 F. Supp. 3d 165 (D.D.C. 2019).

[16] Benjamin D. Sommers et al., *Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, and Affordability of Care*, 39 Health Affairs 1522 (2020), https://doi.org/10.1377/hlthaff.2020.00538.

[17] Ian Hill et al., The Urban Institute, *New Hampshire's Experience with Medicaid Work Requirements* (Feb. 2020), https://www.urban.org/sites/default/files/publication/101657/new_hampshires_experience_with_medicaid_work_requirements_v2_0_7.pdf.

[18] *States' Experiences Confirm Harmful Effects*, *supra* note 14; Rachel Garfield et al., KFF, *Understanding the Intersection of Medicaid and Work: What Does the Data Say?* (Aug. 2019), https://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work-What-Doesthe-Data-Say.

[19] *States' Experiences Confirm Harmful Effects*, *supra* note 14.

[20] *Id.*; Robin Erb, Bridge Michigan, *Gretchen Whitmer Asks to Stop Michigan Medicaid Rules; 80,000 At Risk* (Feb. 25, 2020), https://www.bridgemi.com/michigan-health-watch/gretchen-whitmer-asks-stopmichigan-medicaid-work-rules-80000-risk.

[21] See, e.g., LaDonna Pavetti, Center on Budget and Policy Priorities, *Work Requirements Don't Cut Poverty, Evidence Shows* (June 2016), https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows. See also Ladonna Pavetti, Center on Budget and Policy Priorities, *Work Requirements Don't Work* (Jan. 10, 2018), https://www.cbpp.org/blog/work-requirements-dont-work; Marybeth Musumeci, KFF, *Medicaid Enrollees and Work Requirements: Lessons From the TANF Experience* (Aug. 18, 2017),

among recipients not subject to work requirements was the same as or higher than employment among recipients subject to work requirements in nearly all of the programs evaluated."[22] In response to a state commenter citing such concerns, Ohio stated that its proposal is specific to the Medicaid program,[23] but as described above, prior experience with Medicaid work requirements indicates the result will be no different.

Ohio's plan would require that beneficiaries enrolled in Group VIII, the state's Medicaid expansion program, ages 19 to 54 who do not qualify for an exemption to engage in work or work-related activities for 80 hours per month.[24] To assist beneficiaries in meeting that requirement, Ohio states that it is "developing procedures for supporting more job training and employment opportunities" through another program that "offers job-searching, upskilling, and career-pathing activities," as well as partnering with the state's Medicaid managed care plans, some of which offer job training and placement for their Medicaid members.[25] However, it offers no specific plans for how it will develop those procedures or partnerships, or how it will meet the needs of Group VIII enrollees at risk of losing coverage because they need employment services in order to meet the requirements. In response to comments referencing an analysis that found Ohio's Medicaid expansion coverage made it easier for individuals to get and maintain employment, the state merely reiterated the vague development of procedures and partnerships.[26] By its own estimate, Ohio is expecting at least 61,826 individuals to lose coverage as a result of the work requirement.[27] Another estimate puts the number at 450,000 individuals at risk of losing coverage.[28] A demonstration that cuts off large numbers of people from coverage does not further Medicaid's primary goal of providing health coverage. The proposal simply fails to provide any assurance that the employment services it mentions will be available or sufficient to provide everyone subject to the work requirement the support that they need to comply.

Furthermore, Ohio does not indicate how it intends to handle the additional administrative costs associated with the program, and its own estimate of the projected cost for the first five years is significant.[29] The proposal states that Ohio "plans to implement the waiver in a way that is least burdensome while maintaining the intent of the legislative mandate," including by leveraging existing systems and processes,[30] but offers little in terms of concrete approaches. Between 2018 and 2020, Arkansas,[31] New Hampshire,[32] and Michigan[33] all implemented work requirement

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https://www.kff.org/medicaid/issuebrief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/.

[22] *Id.*

[23] Ohio Application 18.

[24] Ohio Application 2.

[25] *Id.* at 3.

[26] *Id.* at 17.

[27] *Id.* at 12.

[28] *Ohio's proposed Medicaid work requirement*, *supra* note 7.

[29] Ohio Application 10-11.

[30] *Id.* at 19.

[31] MaryBeth Musumeci et al., *Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees*, KFF (Dec. 18, 2020), https://www.kff.org/medicaid/issue-brief/medicaid-work-requirements-in-arkansas-experience-and-perspectives-of-enrollees/.

[32] *States' Experiences Confirm Harmful Effects of Medicaid Work Requirements*, *supra* note 14.

[33] *Id*.

programs that cost each state tens of millions of dollars in a short span of time, with millions more projected had the programs not been suspended shortly after implementation.

Even if Ohio were able to identify sufficient funding and resources to administratively manage the work requirement program, the structure of the proposal would almost certainly lead to many people losing coverage not because they were not gainfully employed, but because they were mistakenly deemed ineligible and unable to cut through the red tape to get coverage back. Ohio's proposal states that there will be no regular reporting requirement for enrollees.[34] Instead, Ohio proposes using data available to the state to assess an individual's eligibility and/or whether they meet any exemptions at either the application or renewal stage.[35] Ohio plans to attempt to verify via its own data initially, and then to employ a third-party data vendor if its own data is insufficient.[36] Individuals will be required to confirm or dispute the data provided to county caseworkers, and will have an "opportunity to provide documentation prior to caseworker determination."[37] However, prior automatic enrollment attempts resulted in incomplete, outdated, or inaccurate data. When the COVID related continuous enrollment requirement was lifted in 2023, only 47% of enrollees in Ohio were automatically re-enrolled, demonstrating significant gaps in the state's data.[38] Further, CMS cited possible malfunctions with the computer system used to determine Medicaid eligibility, a backlog in application processes, and a high error rate when terminating the state's prior work requirements program in 2021.[39]

Any individual who is incorrectly disenrolled will be required to dispute that finding and prove eligibility or exemption status—a bureaucratic barrier that could result in loss of coverage for those who are eligible. Evidence from states that have implemented work requirement programs points to a clear lack of understanding or awareness among beneficiaries as to whether they are subject to the requirement and how to report if it is required, ultimately resulting in inappropriate terminations.[40] Robust outreach campaigns prior to and during implementation of these programs made little difference.[41] Ohio's proposal does not identify a means by which individuals will be notified of their status, nor how to apply for an exemption. The state notes that it plans to use a variety of outreach methods, "including direct outreach, to communicate details of this waiver to the Group VIII population," and that further details will be developed at a later date.[42] This approach of automatically enrolling, re-enrolling, or disenrolling an individual from Medicaid coverage using potentially incomplete data systems and without clearly communicating processes for individuals to report a mistake or exemption threatens access to coverage in the state.

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[34] Ohio Application 2-3.
[35] *Id.* at 5.
[36] *Id.*
[37] *Id.* at 5, 23.
[38] Georgetown University McCourt School of Public Policy Center for Children and Families, *What is happening with Medicaid renewals in each state?*, https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/.
[39] U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Letter to Ohio Department of Medicaid, Aug. 10, 2021, https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-requirement-community-engagement-state-ltr-08102021.pdf.
[40] *States' Experiences Confirm Harmful Effects of Work Requirements*, *supra* note 14.
[41] *Id.*
[42] Ohio Application 28.

B. *Ohio's proposed work requirements are not an experiment, pilot, or demonstration of the sort contemplated by the Medicaid statute.*

The waiver proposal has no experimental value and should be rejected. 1115 Waiver and Demonstration programs are intended to contain clearly defined goals, identify a specific problem that is being addressed, have a reasonable basis to believe that the demonstration is likely to address the problem effectively and without harm, and put measures in place to ensure that individuals are not harmed.

Ohio's proposed work requirements have no experimental value. Work requirements have been tested repeatedly. They are neither new nor innovative. As discussed above, work requirements have been tested through Medicaid programs in Arkansas,[43] as well as frequently through TANF and other programs, and have not been shown to be successful in lifting individuals out of poverty.[44] State commenters expressed concerns about work requirements in Ohio's TANF program and Supplemental Nutrition Assistance Program (SNAP) program, citing its lack of impact on increasing employment or cutting poverty.[45] Ohio did not refute that failure, but simply responded that this proposal "is specific to the Medicaid program and is based upon enrollment criteria and requirements that are different from those of the SNAP and TANF programs."[46] But past implementation of work requirements in the Medicaid context has shown the same results. Ohio has offered no information related to how these work requirements will be different, nor how they will actually help individuals attain and maintain employment.

Further, Ohio's proposal does not describe a problem that needs solving, much less a hypothesis about how work requirements will solve it. Its justification for the waiver is that it will (1) "promote economic stability and financial independence" and (2) "improve health outcomes by encouraging individuals to be engaged with their health and healthcare."[47] But it states that the group at risk of losing coverage, Group VIII beneficiaries, are already enrolled in managed care plans that (1) "may increase beneficiaries' financial independence," and (2) "go beyond just routine medical care and focus on interventions that drive better health outcomes."[48] It appears as though Ohio's Medicaid expansion is already accomplishing the goals of its proposed work requirements. The state offers no explanation of how terminating coverage for at least 61,826 beneficiaries, if not many more due to bureaucratic barriers and red tape, would further those goals.

2. Ohio's proposal will have a harmful impact on people with disabilities

Ohio's proposal is particularly troubling for people with disabilities. While the waiver application proposes an exemption for those who "cannot work due to underlying mental health, substance use, or medical conditions," particularly those with a serious mental illness, those

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[43] *Medicaid Work Requirements In Arkansas*, *supra* note 16.
[44] *Work Requirements Don't Work*, *supra* note 21.
[45] Ohio Application 18.
[46] *Id.*
[47] *Id.* at 2.
[48] *Id.*

categories are highly unlikely to be implemented in a way that captures all people with disabilities that interfere with work and ensures that they do not inappropriately lose coverage.

The overwhelming majority of people with disabilities want to and can work, but many are not working as a result of attitudinal barriers among employers, the need for reasonable accommodations that have not been provided, the need for supported employment services that are scarcely available, or the lack of reliable, accessible transportation. Because of those barriers, the employment rate of people with disabilities has remained far lower than that of any other group tracked by the Bureau of Labor Statistics. Among working age adults, the employment rate of people with disabilities is half of that for people without disabilities.[49] For people with serious mental illness, the employment rate is even lower; it has been estimated over time at about 22%, with approximately 12% working full-time.[50] The dramatic gap between the desire of people with serious mental illness to work and their low employment rates is not an inability to work, but rather "attitudinal, service, and system barriers" such as stigma and discrimination, inadequate treatment, and lack of employment services.[51]

Additionally, many people with disabilities who are working may be working part-time schedules of fewer than 80 hours/month as an accommodation, or may have seasonal, temporary, or contractor work, which would potentially lead to loss of coverage between work opportunities or even while working. In other programs that have implemented work requirements, participants with physical and mental health issues were more likely to be sanctioned for not completing the work requirement.[52] Even when there is an explicit exemption for individuals unable to comply due to health conditions, in practice, those exemption processes have failed, leaving individuals with disabilities more likely than others to lose benefits. After Arkansas implemented its work requirements, a study found that "people with disabilities were particularly vulnerable to losing coverage under the Arkansas work and reporting requirements, despite remaining eligible."[53]

Several state commenters raised concerns that individuals with disabilities would lose coverage as a result of this program. Ohio responded that "[i]ndividuals who qualify for Medicaid based on their disability status are generally not included in the Group VIII Medicaid eligibility

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[49] U.S. Department of Labor, Bureau of Labor Statistics, *Persons with a Disability: Labor Force Characteristics* (Feb. 25, 2025), https://www.bls.gov/news.release/pdf/disabl.pdf (among persons age 16 to 64, the employment-population ration in 2024 for people with disabilities was 37.4 percent, in contrast to 74.9 percent for people without disabilities).

[50] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy, *Federal Financing of Supported Employment and Customized Employment for People with Mental Illness: Final Report* vii (Feb. 1, 2011) http://aspe.hhs.gov/daltcp/reports/2011/supempFR.pdf.

[51] Written Testimony of Dr. Gary Bond, *U.S. Equal Employment Opportunity Commission public meeting on Employment of People with Mental Disabilities* (March 15, 2011), https://www.eeoc.gov/eeoc/ meetings/3-15-11/bond.cfm.

[52] See, e.g., Yeheskel Hasenfeld et al., *The Logic of Sanctioning Welfare Recipients: An Empirical Assessment Departmental Pape*r, University of Pennsylvania School of Social Policy and Practice (2004), http://repository.upenn.edu/spp_papers/88.

[53] MaryBeth Musumeci, *Disability and Technical Issues Were Key Barriers to Meeting Arkansas' Medicaid Work and Reporting Requirements in 2018*, KFF (June 11, 2019), https://www.kff.org/medicaid/issuebrief/disability-and-technical-issues-were-key-barriers-to-meeting-arkansas-medicaid-work-and-reporting-requirements-in-2018/.

category and would not be subject to the requirements of this waiver."[54] That ignores that nearly three-fifths of all non-elderly adult Medicaid enrollees with disabilities do not receive their benefits through Medicaid's Supplemental Security Income (SSI) program,[55] and therefore likely would be subject to requirements under an expansion program like the Group VIII category in Ohio.

In particular, state commenters expressed concern that individuals with disabilities would not be exempted as stated because the exemption is described as applicable to those with "serious mental illness," without further explanation, and because the process of getting a disability diagnosis from a health care provider may prove challenging. Ohio responded that "[i]ndividuals with a disability who are in Group VIII will likely meet the eligibility criteria related to having … serious mental illness,"[56] but failed to clarify how Ohio defines serious mental illness or what specific eligibility criteria may be, offering only that the Special Terms and Conditions of an approved waiver would define criteria further.[57] In response to comments raising potential barriers to getting proof of disability from a provider, Ohio's sole response was that "[t]he waiver is not in effect today. Individuals presently enrolled in Group VIII have access to healthcare providers."[58] When state commenters alerted Ohio to the fact that a loss of coverage and delayed care for those with behavioral health conditions could result in acute crises, leading to increased emergency room visits, hospitalizations, and interactions with the criminal legal system, Ohio stated simply that it "will work to preserve access to Medicaid for those who qualify."[59] Such vague and unsupported assurances are insufficient to justify approval.

The work requirements also fail to ensure that beneficiaries who come into compliance after coverage is suspended will regain immediate access to care. The proposal states that an individual's eligibility will be verified either at application or renewal, and if "basic eligibility criteria" are not met, a notice of denial or termination will be issued.[60] The individual then has the right to appeal that decision, but Ohio offers no additional information on the appeal and re-enrollment process, including a likely timeline for re-enrollment or how it might impact an individual's coverage in the meantime. Any coverage interruptions, even brief, may have severe consequences for many beneficiaries, particularly those with disabilities.[61]

While the Bazelon Center agrees with the general goals of increasing employment and encouraging involvement in the community, it is utterly unclear how implementing the work requirements proposed by Ohio that will result in loss of health care coverage helps to achieve those goals. Losing health care will make it harder, not easier, for people, especially those with

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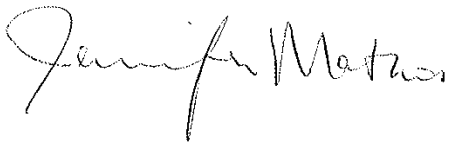
[54] Ohio Application 16.
[55] Center on Budget Policy and Priorities, *Taking Away Medicaid for Not Meeting Work Requirements Harms People With Disabilities* (Mar. 2020), https://www.cbpp.org/sites/default/files/atoms/files/1-26-18health.pdf.
[56] Ohio Application 16.
[57] *Id.* at 17, 20, 24, 28.
[58] *Id.* at 20.
[59] *Id.*
[60] *Id.* at 27-28.
[61] Anna Bailey and Judith Soloman, Center on Budget and Policy Priorities, *Medicaid Work Requirements Don't Protect People with Disabilities* (Nov. 14, 2018), https://www.cbpp.org/research/health/medicaid-work-requirements-dont-protect-people-with-disabilities.

mental health needs, who are unemployed and facing challenges securing work to get and keep a job. The proposal, which lacks any evidence to the contrary, should be rejected.

We appreciate the opportunity to provide comments on the Ohio Application. Our comments include citations to supporting research including direct links for the benefit of HHS in reviewing our comments. We direct HHS to the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for the purposes of the Administrative Procedure Act.

Respectfully submitted,



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