

CHAPTER 102. PRACTICES AND PROCEDURES--GENERAL PROVISIONS

28 TAC §§102.4, 102.5, AND 102.8

INTRODUCTION. The Texas Department of Insurance, Division of Workers' Compensation (DWC) proposes to amend 28 TAC §§102.4, 102.5, and 102.8, concerning claim electronic data interchange (EDI) reporting. The purpose of these amendments is to update the outdated workers' compensation claim EDI reporting standard from the currently required International Association of Industrial Accident Boards and Commissions (IAIABC) Release 1.0 to IAIABC Release 3.1.4. The claim EDI reporting standard is proposed in Chapter 124, new Subchapter B, concerning Insurance Carrier Claim EDI Reporting to the Division. DWC posted an informal draft of the rule text on its website on November 17, 2020, and held a stakeholder meeting on December 16, 2020. DWC received eight comments on the informal draft and considered those comments when drafting this proposal. DWC posted a second informal draft of the rule text on its website on May 25, 2021. DWC received no comments on the second informal posting.

EXPLANATION. Amending §§102.4, 102.5, and 102.8 are necessary to relocate and update current claim EDI reporting requirements to proposed Chapter 124, new Subchapter B, and to implement the new claim EDI IAIABC Release 3.1.4 reporting standard. The amendments are also necessary to clarify and update existing reporting and notification requirements. The proposal includes various effective dates for the sections and subsections. The purpose of the various effective dates is to align claim EDI reporting requirements in this chapter with the effective date of other requirements in proposed Chapter 124, new Subchapter B. The amendments also correct typographic, grammar, and punctuation errors in the current rule text and update rule language to conform the sections to the agency's current style. Some examples of these amendments include

changing "shall" to "must" and "facsimile" to "fax," adding "insurance" before "carrier," and updating "Commission" to "division."

Section 102.4 concerns General Rules for Non-Division Communications. The proposal amends §102.4(d) to add email addresses as a type of required business service insurance carriers and health care providers must provide in a sufficient quantity to receive required written communication on workers' compensation claims. This change is meant to recognize email as another mode of communication between injured employees and insurance carriers and health care providers. The proposal also amends "regarding" to "on" to conform language to the agency's current style.

The proposal amends §102.4(g) to remove "numbers person" and clarifies the language by specifying that insurance carriers must employ or provide a sufficient number of personnel, including adjusters appropriately licensed by the Texas Department of Insurance, to meet their obligations under the Texas Labor Code and this title.

The proposal amends §102.4(m) to remove the reference to "electronic communication." The term is no longer needed since the term "electronic transmission" adequately describes the type of communication.

The proposal amends §102.4(n) by removing "number of" and adding "numbers" to clarify that insurance carriers and health care providers must provide sufficient toll-free telephone numbers, fax numbers, or email addresses. The proposed language also amends §102.4(n) to conform with the changes made in Subsection (d), which adds email addresses as a type of required business service insurance carriers and health care providers must provide in a sufficient quantity to receive required written communication on workers' compensation claims.

The proposal amends §102.4(o) by removing "number of" and adding "numbers" to clarify that insurance carriers and health care providers must provide sufficient toll-free

telephone numbers, fax numbers, or email addresses. The proposed language also amends §102.4(o) to add email addresses as a type of required business service that insurance carriers and health care providers must provide in a sufficient quantity to receive required written communication on workers' compensation claims.

The proposal adds new subsection (q), which clarifies that the section is effective on adoption since other portions of this proposal are effective on that same date as the proposed Chapter 124, new Subchapter B requirements for claim EDI reporting.

Section 102.5 concerns General Rules for Written Communications to and from the Division.

The proposal amends §102.5(a) by removing the ability for the injured employee to request delivery of communications from DWC to be delivered only to the injured employee's representative. DWC's claims management systems limit the ability for it to fulfill this kind of request.

The proposal amends §102.5(c) by updating language on where to send written communications to DWC. DWC no longer manages claims in specific field offices because technological enhancements allow DWC staff to receive and send documents to the appropriate program areas.

The proposal amends §102.5(d) by clarifying and updating that DWC maintains the insurance carrier's Austin representative's box in an electronic format. The amendments also clarify that documents DWC transmits electronically are considered electronic transmission as defined by §102.5(h).

The proposal amends §102.5(e) to clarify that EDI and other required notices under §124.2, concerning Insurance Carrier Notification Requirements, and Chapter 134, Subchapter I, concerning Medical Bill Reporting, are the types of notices required to be filed under the subsection. The proposal also amends §102.5(e) by deleting references to

EDI reporting requirements related to timeframes, edit checks, rejected records, and resubmission of records with errors. The claim EDI reporting requirements are relocated and updated in proposed Chapter 124, new Subchapter B, concerning Insurance Carrier Claim EDI Reporting to the Division.

The proposal amends §102.5(e) by deleting outdated and unnecessary references to claim and medical EDI reporting.

The proposal amends §102.5(h) by abbreviating "electronic data interchange" as "EDI" because the term is defined earlier in the subsection. This amendment is nonsubstantive and conforms to the agency's current style. DWC reminds insurance carriers of 28 TAC §102.3(e) that states, unless otherwise specified by rule, any written or telephonic communications required to be filed by a specified time will be considered timely only if received prior to the end of normal business hours on the last permissible day of filing.

The proposal adds new subsection (i), which clarifies that subsection (e) is effective July 26, 2023, to align with the effective date of the claim EDI requirements in proposed Chapter 124, new Subchapter B. The other subsections are effective on adoption.

Section 102.8 concerns Information Requested on Written Communications to the Division. The proposal amends §102.8(a) by deleting "FEIN" because the abbreviation is not used elsewhere in the section.

The proposal amends §102.8(b) to update references to proposed Chapter 124, new Subchapter B, concerning Insurance Carrier Claim EDI Reporting to the Division, and deletes references to mandatory and conditional data elements for claim EDI reporting. The claim EDI reporting requirements are relocated and updated in proposed Chapter 124, new Subchapter B. The proposal also amends §102.8(b) to specify that the subsection

refers to claim EDI and updates the reference to the amended title of §124.2, concerning Insurance Carrier Notification Requirements.

The proposal adds new subsection (c), which clarifies that subsection (a) is effective on adoption. Amended subsection (b) is effective July 26, 2023, to align with the effective date of the claim EDI requirements in proposed Chapter 124, new Subchapter B.

FISCAL NOTE AND LOCAL EMPLOYMENT IMPACT STATEMENT. Deputy Commissioner of Business Process Joseph McElrath has determined that during each year of the first five years the proposed amendments are in effect, there will be no measurable fiscal impact on state and local governments as a result of enforcing or administering the sections, other than that imposed by the statute. This determination was made because the proposed amendments do not add to or decrease state revenues or expenditures, and because local governments are not involved in enforcing the proposed amendments. Local and state government entities, when acting in the capacity of an insurance carrier, will experience a cost impact in the same manner as other insurance carriers that are required to comply with the proposed amended §124.2, concerning Insurance Carrier Notification Requirements, and proposed amended §§102.4, 102.5, and 102.8 concerning Insurance Carrier Claim EDI Reporting to the Division. Costs that apply to local and state government entities are detailed in the proposal for that chapter. Deputy Commissioner McElrath does not anticipate any measurable effect on local employment or the local economy as a result of this proposal. The amendments to Chapter 102 reflect other changes made to proposed amended §124.2, concerning Insurance Carrier Notification Requirements, and proposed Chapter 124, new Subchapter B, concerning Insurance Carrier Claim EDI Reporting to the Division, and do not impose more requirements that could produce a fiscal impact.

PUBLIC BENEFIT AND COST NOTE. For each year of the first five years the proposed amendments are in effect, Deputy Commissioner McElrath expects that administering the proposed amendments will have the public benefit of ensuring that the rules conform to Labor Code §§401.024 and 411.032, and that the requirements of the subsections align with the claim EDI reporting requirements in proposed Chapter 124, new Subchapter B, concerning Insurance Carrier Notification Requirements. New Subchapter B will adopt updated national data reporting standards that meet DWC's business needs.

Deputy Commissioner McElrath expects that the proposed amendments will not increase the cost to comply with Labor Code §§401.024 and 411.032 because it does not impose requirements beyond those in the statute. Labor Code §401.024 allows the commissioner of workers' compensation to require the use of an electronic transmission of claim data. Labor Code §411.032 requires an employer to file with DWC a report of each on-the-job injury that results in the employee's absence from work for more than one day, or an occupational disease of which the employer has knowledge. As a result, the cost associated with electronic transmission of claim data or with an employer reporting an employee's on-the-job injury or occupational disease does not result from the enforcement or administration of the proposed amendments.

ECONOMIC IMPACT STATEMENT AND REGULATORY FLEXIBILITY ANALYSIS. DWC has determined that the proposed amendments will not have an adverse economic effect or a disproportionate economic impact on small or micro businesses, or rural communities because it simply implements statutory requirements. As a result, and in accordance with Government Code §2006.002(c), DWC is not required to prepare a regulatory flexibility analysis.

EXAMINATION OF COSTS UNDER GOVERNMENT CODE §2001.0045. DWC has determined that this proposal does not impose a possible cost on regulated persons. However, no additional rule amendments are required under Government Code §2001.0045 because proposed §§102.4, 102.5, and 102.8 are necessary to implement legislation. The proposed rule implements Labor Code §§401.024 and 411.032, as added by HB 2511, 76th Legislature, Regular Session (1999) and HB 7, 79th Legislature, Regular Session (2005), respectively. Those required to comply with proposed Chapter 124, new Subchapter B, concerning Insurance Carrier Notification Requirements will incur costs to comply. Those costs are addressed in the proposal for that chapter.

GOVERNMENT GROWTH IMPACT STATEMENT. DWC has determined that for each year of the first five years that the proposed amendments are in effect, the proposed rule will not:

- create or eliminate a government program;
- require the creation of new employee positions or the elimination of existing employee positions;
- require an increase or decrease in future legislative appropriations to the agency;
- require an increase or decrease in fees paid to the agency;
- create a new regulation;
- expand, limit, or repeal an existing regulation;
- increase or decrease the number of individuals subject to the rule's applicability;

or

- positively or adversely affect the Texas economy.

TAKINGS IMPACT ASSESSMENT. DWC has determined that no private real property interests are affected by this proposal, and this proposal does not restrict or limit an

owner's right to property that would otherwise exist in the absence of government action. As a result, this proposal does not constitute a taking or require a takings impact assessment under Government Code §2007.043.

REQUEST FOR PUBLIC COMMENT. DWC will consider any written comments on the proposal that DWC receives no later than 5 p.m., Central time, on January 24, 2022. Send your comments to RuleComments@tdi.texas.gov; or to Texas Department of Insurance, Division of Workers' Compensation, Legal Services, MC-LS, P.O. 12050, Austin, Texas 78711.

The commissioner of workers' compensation will also consider written and oral comments on the proposal in a virtual public hearing at 10 a.m., Central time, on January 18, 2022.

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28 TAC §§102.4, 102.5, AND 102.8.

STATUTORY AUTHORITY. DWC proposes amended §§102.4, 102.5, and 102.8 under Labor Code §§401.024, 402.00111, 402.00116, 402.021, 402.061, and 411.032.

Labor Code §401.024 allows the commissioner of workers' compensation to require the use of an electronic transmission; prescribe the form, manner, and procedure for transmitting any authorized or required electronic transmission, including requirements related to security, confidentiality, accuracy, and accountability; and designate and contract with one or more data collection agents to fulfill claim data collection requirements. The section also provides that a data collection agent may collect from a reporting insurance carrier, other than a governmental entity, any fees necessary for the agent to recover the necessary and reasonable costs of collecting data from that reporting

insurance carrier. The section also provides that the commissioner of workers' compensation may adopt rules necessary to implement the section.

Labor Code §402.00111 provides that the commissioner of workers' compensation must exercise all executive authority, including rulemaking authority under Title 5 of the Labor Code.

Labor Code §402.00116 provides that the commissioner of workers' compensation must administer and enforce this title, other workers' compensation laws of this state, and other laws granting jurisdiction to or applicable to DWC or the commissioner.

Labor Code §402.021 provides the basic goals of the workers' compensation system and specifically directs that the system take maximum advantage of technological advances to provide the highest levels of service possible to system participants and to promote communication among system participants.

Labor Code §402.061 provides that the commissioner of workers' compensation must adopt rules as necessary to implement and enforce the Texas Workers' Compensation Act.

Labor Code §411.032 provides that an employer must file with DWC a report of each on-the-job injury that results in the employee's absence from work for more than one day, or an occupational disease of which the employer has knowledge. The section also requires the commissioner of workers' compensation to adopt rules and prescribe the form and manner of reports filed under the section. The section also provides that an employer commits an administrative violation if it fails to report to DWC as required unless the commissioner determines good cause exists for the failure.

CROSS-REFERENCE TO STATUTE. Sections 102.4, 102.5, and 102.8 implement Labor Code §§401.024 and 411.032.

TEXT.

§102.4. General Rules for Non-Division [~~Non-Commission~~] Communications.

(a) All written communications to a claimant (who is either an employee, an employee's legal beneficiary, or a subclaimant) must [~~shall~~] be sent to the most recent address or fax [~~facsimile~~] number supplied by the claimant. If an address has not been supplied by the claimant, the most recent address provided by the employer must [~~shall~~] be used.

(b) After an insurance carrier, employer, or health care provider is notified in writing that a claimant is represented by an attorney or other representative, copies of all written communications related to the claim or to the claimant must [~~shall thereafter~~] be mailed or delivered to the representative as well as the claimant, unless the claimant requests delivery to the representative only.

(c) Insurance carriers must [~~shall~~] provide a toll-free [~~toll-free~~] telephone number for receipt of communication from claimants or [~~and/or~~] their representatives with a sufficient quantity of lines to service their volume of business.

(d) Insurance carriers and health care providers must [~~shall~~] provide telephone numbers, fax [~~and facsimile~~] numbers, and email addresses [~~in~~] sufficient [~~quantity of lines~~] to service the volume of business for receiving required verbal and written communications on [~~regarding~~] workers' compensation claims.

(e) Insurance carriers must ensure effective and timely communication with claimants and other parties in the system. If a claimant is unable to communicate with an insurance [~~a~~] carrier due to a language barrier, and the claimant is unable to provide a person that [~~who~~] he or she trusts to serve as a translator, the insurance carrier must [~~shall~~] provide a means to translate except as needed for a division [~~Commission~~] proceeding. The claimant must [~~shall~~] not be required to contract with or otherwise employ a translator.

(f) When a claimant contacts an insurance [a] carrier and requests a response on [regarding] their claim, the response must [shall] be verbally provided or sent in writing by the insurance carrier within five working days of receiving the request, unless the request is redundant or the response duplicates [is duplicative of] information previously provided.

(g) Insurance carriers must [shall] employ or provide a sufficient number [numbers] of personnel, [person,] including adjusters appropriately licensed by the Texas Department of Insurance, to meet their obligations under the Act and this title.

(h) Unless the great weight of evidence indicates otherwise, written communications will [shall] be deemed to have been sent on:

(1) the date received[,] if sent by fax, personal delivery, or electronic transmission; or[,]

(2) the date postmarked if sent by mail through [via] United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must [shall] be the next previous day that [which] is not a Sunday or legal holiday.

(i) An insurance carrier must [shall] maintain adjuster's notes on activities and verbal communications involved with the administration of a claim, with the exception of privileged attorney-client communications. The adjuster's notes must, [shall,] at a minimum, include the date of the activity or communication, the identity of the insurance carrier staff involved in the contact, the person contacted by or contacting the insurance carrier, and a summary of the activity or communication.

(j) An insurance carrier, employer, or health care provider that receives a written communication related to a workers' compensation claim must [shall] date stamp or

otherwise note ~~[annotate]~~ on the document ~~[indicating]~~ the date the written communication was received.

(k) Written communications include all records, reports, notices, filings, submissions, and other information contained either on paper or in an electronic format.

(l) For purposes of this title, if a written communication is required to be filed with both the division ~~[Commission]~~ and another person by the Act or division ~~[Commission]~~ rules, the other person will ~~[shall]~~ be presumed to have received the written communication on the date the division ~~[Commission]~~ received its copy, unless the other person noted ~~[annotated]~~ the date of receipt as provided in subsection (j) of this section, or the means of delivery of the communication was different. In this situation, the other person has the burden of proving that they ~~[it]~~ did not receive or timely receive the written communication.

(m) ~~[Electronic communication refers to the electronic transmission of claim or medical information.]~~ Electronic transmission is defined as transmission of information by fax, ~~[facsimile,]~~ electronic mail, electronic data interchange (EDI), or any other similar method and does not include telephonic communication. ~~[Electronic communication for reporting purposes is described in §102.5(e) of this chapter (relating to General Rules for Written Communications to and from the Commission), §124.2 of this title (relating to Carrier Reporting and Notification Requirements), and §134.802 of this title (relating to Insurance Carrier Medical Electronic Data Interchange to the Commission).]~~

(n) If the division ~~[Commission]~~ receives an allegation that an insurance ~~[a]~~ carrier or health care provider has failed to provide ~~[a]~~ sufficient ~~[number of]~~ toll-free telephone numbers, ~~[toll]~~ telephone numbers, fax numbers, ~~[or facsimile lines,]~~ or email addresses, or that an insurance ~~[a]~~ carrier has not provided a sufficient number of adjusters as required by this section, unless the violation appears to be willful or intentional, the

division [~~Commission~~] will not issue a monetary penalty or other sanctions before [~~prior to~~]:

(1) notifying the alleged violator of the allegation;

(2) affording the alleged violator the opportunity to either disprove the allegation or provide mitigating information; and

(3) if the violator is unable to disprove the allegation, issuing a written warning to the violator allowing a reasonable grace period of not less than 30 days to correct the noncompliance. The grace period may be less than 30 days if the noncompliance prevents the violator from fulfilling other obligations under this title.

(o) A violation as described in subsection (n) will be considered willful or intentional if the violator has been advised of complaints such that the violator knew or should have known that the [~~number of~~] toll-free telephone numbers, [~~toll~~] telephone numbers, fax numbers, [~~facsimile lines~~] email addresses, or number of adjusters was insufficient, and the violator cannot establish that it made good faith efforts to correct the deficiency or if the violator otherwise exhibited willful or intentional conduct.

(p) For purposes of determining the date of receipt for non-division [~~non-commission~~] written communications, unless the great weight of evidence indicates otherwise, the division will [~~Commission shall~~] deem the received date to be five days after the date mailed through [~~via~~] United States Postal Service regular mail,^[;] or the date faxed or electronically transmitted.

(q) This section is effective on adoption.

**§102.5. General Rules for Written Communications to and from the Division.
[~~Commission~~]**

(a) After the division [~~Commission~~] is notified in writing that a claimant is represented by an attorney or other representative, all copies of written communications to the claimant will [~~shall thereafter~~] be sent to the representative as well as the claimant.

~~[,unless the claimant requests delivery to the representative only. However, copies]~~ Copies of settlements, notices setting benefit review conferences and hearings, and orders of the division will ~~[Commission shall]~~ always be sent to the claimant regardless of representation status. All written communications to the claimant or claimant's representative will be sent to the most recent address or fax ~~[facsimile]~~ number supplied on either the employer's first report of injury, any verbal or written communication from the claimant, or any claim form filed by the insurance carrier through ~~[via]~~ written notice or electronic transmission.

(b) All written communications to people ~~[persons]~~ other than insurance carriers and claimants will be sent to the most recent address or fax number reported to the division ~~[Commission]~~ by the intended recipient or, in the absence of an address or fax number supplied by the intended recipient, to an address or fax number identified by the division. ~~[Commission.]~~

(c) Unless otherwise specified by rule, written communications required to be filed with the division may ~~[Commission should]~~ be sent to the division headquarters or any division field office. ~~[the local a Commission managing the claim, however, written communications shall also be accepted at any Commission office.]~~

(d) For purposes of determining the date of receipt for ~~[those]~~ written communications sent by the division, ~~[Commission]~~ which require the recipient to perform an action by a specific date after receipt~~;~~ unless the great weight of evidence indicates otherwise, the division will ~~[Commission shall]~~ deem the received date to be the earliest of: five days after the date mailed through ~~[via]~~ United States Postal Service regular mail~~;~~ the first working day after the date the written communication was placed in an insurance ~~[a]~~ carrier's Austin representative's electronic ~~[representative]~~ box~~;~~ or the date faxed or electronically transmitted as defined in subsection (h) of this section.

(e) EDI and other required notices must ~~[Electronic communications shall]~~ be filed or submitted in the format, form, and manner prescribed by the division ~~[Commission]~~ under §124.2 of this title (concerning Insurance Carrier Notification Requirements), and Chapter 134, Subchapter I of this title (concerning Medical Bill Reporting). ~~[Electronic communication is considered filed if on the date received, the record meets the required edit checks to insure data quality. Electronic communication is defined in subsection (h) of this section, §102.4(m) of this chapter (relating to General Rules for Non-Commission Communications), and §134.802 of this title (relating to Insurance Carrier Medical Electronic Data Interchange to the Commission. Claim Electronic Data Interchange records filed pursuant to §124.2 of this title (relating to Carrier Reporting and Notification Requirements):~~

~~(1) which do not pass the required edit checks in accordance with the International Association of Industrial Accident Boards and Commissions (IAIABC) and Texas EDI Implementation Guides shall be rejected back to the trading partner. Rejected records are not considered received by the Commission and must be corrected and re-submitted. Rejected records must be re-submitted by the original due date to be considered timely filed;~~

~~(2) which are accepted but in which the Commission identifies errors shall be corrected and resubmitted, in accordance with the Texas EDI Implementation Guide, within 90 days of receipt of the notification of the acceptance with errors through the corresponding transaction acknowledgment.]~~

(f) Unless the great weight of evidence indicates otherwise, written communications received by the division will ~~[Commission by means other than electronic filing described in subsection (e) of this section and §124.2 of this title, and §134.802 of this title (relating to Insurance Carrier Medical Electronic Data Interchange to the Commission shall]~~ be deemed to have been sent on:

(1) the date received if sent by fax, personal delivery, or electronic transmission; or

(2) the date postmarked if sent by United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent will ~~shall~~ be the next previous day that ~~which~~ is not a Sunday or legal holiday.

(g) Written communications include all records, reports, notices, filings, submissions, and other information contained either on paper or in an electronic format.

(h) Electronic transmission is defined as transmission of information by fax, ~~facsimile,~~ electronic mail, EDI, ~~electronic data interchange~~ or any other similar method and does not include telephonic communication.

(i) Subsection (e) is effective July 26, 2023. All other subsections are effective on adoption.

§102.8. Information Requested on Written Communications to the Division.

(a) Unless the division-prescribed ~~division-prescribed~~ form, format, or manner of a written communication specifies otherwise, all written communications to the division about ~~regarding~~ an injured employee or claim for benefits must ~~shall~~ include the following information, if known:

(1) the injured employee's full name, date of injury, address, and Social Security ~~social security~~ number. If no Social Security ~~social security~~ number has been assigned, insert the numerical digits "999" followed by the claimant's birth date or if unknown, the claimant's date of injury~~;~~ listed by the month, day, and year (MMDDYY)~~;~~ ~~use of~~ Do not use "999" ~~shall not be used~~ in place of a valid Social Security ~~social security~~ number ~~in order~~ to meet timeliness of reporting requirements.


- (2) the name and address of the claimant, if other than the injured employee;
- (3) the workers' compensation number assigned to the claim by the division;
- (4) the employer's name and address;
- (5) the employer's Federal Employer's Identification Number; ~~[(FEIN)];~~
- (6) the insurance carrier's name;
- (7) the insurance carrier's policy number; and
- (8) the insurance carrier's claim number.

(b) Written communications filed by claim EDI under [Electronic Data Interchange (EDI) pursuant to] §124.2 of this title (concerning [relating to] Insurance Carrier [Reporting and] Notification Requirements) must comply with the requirements of Chapter 124, Subchapter B of this title (concerning Insurance Carrier Claim Electronic Data Interchange Reporting to the Division). ~~[include all mandatory data elements and all applicable conditional data elements required by the International Association of Industrial Accident Boards and Commissions (IAIABC) and Texas EDI Implementation Guides.]~~

(c) Subsection (a) is effective on adoption. Subsection (b) is effective July 26, 2023.

CERTIFICATION. This agency certifies that legal counsel has reviewed the proposal and found it to be within the agency's authority to adopt.

Issued in Austin, Texas, on December 13, 2021.

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Kara Mace
Deputy Commissioner for Legal Services
Texas Department of Insurance,
Division of Workers' Compensation