Hearing Summary Report

Hearing Date: 11/20/18 Today's Date: 11/20/18

Agency: Ohio Bureau of Workers' Compensation

Rule Number(s): **4123-6-21.3**

If no comments at the hearing, please check the box: **X**

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question:

N/A

Consolidated Summary of Comments Received

Please review all comments received and complete consolidated summary paragraph of the comments and indicate the rule number(s).

N/A

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

N/A