15. Click here to enter text.

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Hearing Date: 12/21/2023 Today's Date: 12/29/2023 Agency: Ohio Bureau of Workers' Compensation Rule Number(s): 4123-6-21.3 and 4123-6-21.6 If no comments at the hearing, please check the box.  $\square$ List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question. 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text. 6. Click here to enter text. 7. Click here to enter text. 8. Click here to enter text. 9. Click here to enter text. 10. Click here to enter text. 11. Click here to enter text. 12. Click here to enter text. 13. Click here to enter text. 14. Click here to enter text.

HSR p(200196) d: (839994) print date: 10/19/2025 10:37 AM

## **Hearing Summary Report**

## **Consolidated Summary of Comments Received**

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

No comments received.

## **Hearing Summary Report**

## **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.

No comments received.