Health Committee Testifies before House Ways and Means

by Jeanne Casey

There will be both winners and losers under H.R. 3626,” Nancy Nelson told the House Ways and Means Subcommittee on Health at a March 12 hearing on private health insurance reform legislation.

“H.R. 3626 will address the problem of availability of coverage through its guaranteed access provisions,” commented Nelson, a consultant with Tillingshast/Towers Perrin, speaking for the Academy’s Health Committee. “Unfortunately, the high cost of insurance coverage will continue to be a concern, and H.R. 3626 will contribute to this concern,” said Nelson.

H.R. 3626 is one of three health insurance reform bills under consideration by the House Ways and Means Health Subcommittee. Among other things, H.R. 3626 would require insurers to guarantee issue to all who apply for small-group coverage and restrict rate variation through rating-band limitations.

Certainly, there would be short term winners: those who obtain coverage under the guaranteed issue provision. But even these insureds stand to lose if insurance becomes unaffordable—as it could when low-risk groups drop coverage or seek less expensive alternatives.

Nelson explained that by guaranteeing issue, H.R. 3626 would prompt individuals who are high-risk to seek group coverage in greater numbers. Because the rating bands under H.R. 3626 would restrict the insurer from collecting sufficient premium from high-risk groups to cover expected claims costs, premium rates for healthier, low-risk individuals and groups within the pool would have to be raised to subsidize the less healthy ones.

As more high-risk individuals and groups obtain coverage and premium rates continue to go up, low-risk individuals and groups have increasing incentive to leave the pool and seek alternative coverage.

“Cost is now, and will remain, the major consideration for small groups,” commented Nelson. Cost will affect whether employers choose to purchase insurance at all, she observed.

Representative Pete Stark (D-CA) questioned members of the first hearing panel, which included Nelson, Allen Feezor of the North Carolina Department of Insurance, and Judy Waxman of Families U.S.A. Gary Hendricks, director of government information and chief economist for the Academy, accompanied Nelson on the Hill.

Rep. Stark asked panelists to respond to the Bush Administration’s claim that, under H.R. 3626, the reduction in premiums for high-risk groups would be greater than the increase in premiums for low-risk groups. Nelson responded, “If you looked [at it] on a specific group basis, that could very well be true.” She explained that the overall effect, however, would be

Continued on page 8
Although the Society of Actuaries (SOA) is an international organization, the majority of its members are also members of the Academy in the United States. With 13,368 and 10,577 members respectively, the SOA and Academy are the two largest professional organizations of actuaries in North America.

The significant overlap in our membership means that the SOA and Academy must depend on each other to meet the needs of the profession in the United States. Maximizing resources to create effective and efficient programs is our common goal.

The Academy and the SOA recently cooperated in the publication of the 1992 Directory of Actuarial Memberships. The directory includes data on the 16,529 actuaries who are members of one or more of the six associations representing actuaries in North America. Eliminating the duplicative membership listings in the SOA and Academy yearbooks saved the profession approximately $70,000.

If you examine the statistics in the directory, you will see that 7,956 actuaries are members of both the SOA and the Academy, 5,412 are members of the SOA but not the Academy, and 2,621 are members of the Academy but not the SOA. Only 540 out of all 16,529 actuaries in any of the six organizations are not members of either the SOA or the Academy. Together, our two organizations have 15,989 members.

Today, encouraging cooperation between the Academy and SOA is the focus of the Joint Task Force on Insurer Solvency. Co-chaired by William Carroll and Larry Zimpleman, the joint task force is charged with identifying ways to enhance our effectiveness in serving our members. Please send the task force your suggestions.

The SOA plans to pursue other means of cooperation, and at the head of the list is the actuarial initiative with respect to insurer solvency. As you probably know, John Harding, president-elect of the Academy, is chairing the Task Force on Insurer Solvency that is developing a public stand for the profession on this crucial issue. The Society of Actuaries is well represented on that task force by Walter Rugland, SOA president-elect; Daphne Bartlett, SOA immediate past president; and David Holland, SOA vice president.

As was reported in the March 1992 Update, the SOA Board of Governors issued a public statement on solvency through the task force. A portion of that statement included the comment, “Evaluation of a life insurer’s future viability and financial strength over the long term must include, at a minimum, actuarial analysis of risk, considering current and possible future conditions.”

In last month’s Update, John Harding, in his editorial, “Insurer Solvency: Shaping Our Future,” stated that, with a few exceptions, “… most insurance companies are sound. The problem is that public confidence in the industry has been diminished, and public confidence is critical to the business of insurance. It is essential that our actuarial profession play an active role in the restoration of public confidence.”

The Task Force on Insurer Solvency has identified key factors for restoring public confidence. Any solution should recognize the legitimate needs of the public. If we are successful, we will not only be making a major contribution to the profession’s future but to the public’s as well. As Robin Leckie indicated in the March 1992 Actuary, it is important for each individual actuary to take personal responsibility for “doing the right thing” and to be less concerned with “doing the right thing.”

As the major issue of life insurance company solvency in the United States is being addressed by our organizations, other issues, for example health care reform, will also need our attention—as individuals and as a profession.

In recent months, under the auspices of Forecast 2000, representatives of our profession have met with state legislators and other government leaders in Florida and Michigan to offer guidance on various health insurance reform bills. From all accounts, these meetings have been productive. Certainly, cooperation and communication are at the heart of our efforts and will be the watchwords of our success.

### Membership Statistics

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Statements of fact and opinion in this publication, including editorial and letters to the editor, are made on the responsibility of the writer alone and do not necessarily imply or represent the position of the American Academy of Actuaries, the editors, or the members of the Academy.
Roping Our Actuarial Balance

In the March 1992 Update, Richard Foster claims that, "We are wasting what little actuarial influence we have by continuing to argue the respective positions so rigidly" concerning the appropriate measures of the long-range actuarial balance for the Hospital Insurance (HI) and Old Age Survivors and Disability Insurance (OASDI) funds. While I agree that there is currently little actuarial influence being exerted upon the nation's policy makers with respect to the OASDI program, I believe three factors have contributed just as much, if not more, to the diminution of the profession's influence in this area than have our debates over the funds' long-range actuarial balance:

—The OASDI program has been running significant annual surpluses at the same time that measures of the program's actuarial status have been deteriorating. This situation is expected to continue for about the next twenty-five years. Under these circumstances, the nation's policy makers have been reluctant to place the program in long-range actuarial balance by enacting changes that would either take effect immediately or far into the future. Their solution apparently is to ignore the long-range actuarial measurements altogether.

—Based on the approach used to measure the program's long-range actuarial status in 1983, the OASDI Trustees proclaimed the OASDI program to be out of "actuarial balance." As a result, the new test was adopted for 1988. Even this new test was dropped in 1989, however, when it too failed to show the program to be in close actuarial balance. In 1991, yet another test was adopted.

What can the profession do to answer Foster's cry for help? In my opinion, the answer lies in the establishment of actuarial standards of practice for this very visible practice area. Unfortunately, to date, progress on such a standard has been slow.

Kenneth A. Steiner
Wellesley Hills, Massachusetts

Education for Professionalism

In the March 1992 Update, Steve Malerich discusses whether the Academy should set up a program to get across to new members the importance of professional standards. The Society of Actuaries (SOA) now emphasizes professional ethics and the code of professional conduct in its Fellowship Admissions course, and the Casualty Actuarial Society (CAS) has a course on professionalism as well.

In both of these courses, most participants have been practicing long enough to relate to the issues of professional ethics. Less experienced actuaries might not relate in the same way, and educational programs for them would have to be more traditional in approach.

In addition, the Fellowship exams of the SOA bring up specific professional standards when applicable to the exam topic. For example, the Actuarial Compliance Guidelines, which help pension actuaries comply with Statements of Financial Accounting Standards Nos. 87 and 88, are required reading for course P-461U, which covers U.S. pension accounting. Most of the Actuarial Standards Board's (ASB) standards appear in the Fellowship exams somewhere.

Most SOA Associates eventually attend the "new associates workshop," which is offered at each SOA meeting. We are considering making a presentation on professional standards a regular feature of that program, to make people aware of this subject at an earlier point in their career.

Meanwhile, it might make sense for the Academy to require its new members to take a course in professionalism within a year or two of membership. The Academy could either develop its own program, or accept as a substitute the CAS course on professionalism. The SOA Fellowship Admissions Course, or an equivalent course from a foreign actuarial organization. The Academy's program might last a day, describe the work of the ASB and why it is essential, and explain the discipline process. Case studies could make the program interesting, although traditional presentations could be included as well.

Granting professional designations is a serious business. Steve Malerich is right to be concerned about granting these designations without requiring exposure to professional standards.

Linden N. Cole
Schaumburg, Illinois

Editor's note: Cole is education actuary for the Society of Actuaries.

Casualty Loss Reserve Seminar

Learn state-of-the-art techniques for setting casualty loss reserves and gain fresh understanding of traditional reserving methods and models by attending this year's Casualty Loss Reserve Seminar (CLRS). The two-day meeting will be held September 21-22, at the Marriott City Center Hotel in Denver.

Select from such sessions as Basic, Intermediate, and Advanced Loss Reserve Techniques, Common Pitfalls in Reserve Analysis, Case Studies, Workers Compensation, Looking Beyond the Numbers, and Valuing Reinsurance Security. In all, there are more than 30 sessions to choose from. Panelists use slides and printed handouts to enhance their presentations. Audience participation is encouraged.

Registration materials will be available in mid-June. To receive a packet, call the Casualty Loss Reserve Seminar at (202) 223-8319. Register by July 22 for an early-registration discount.
Health Care Reform: Academy Meets with Florida Lawmakers

by Christine Sand

On March 13, the Florida Legislature overwhelmingly passed a comprehensive health care reform package (SB2390) that includes a provision to create a state health agency. The program would provide basic health benefits to some 2.5 million residents. The plan includes many of the provisions called for by Governor Chiles in his bill (SB2186).

On March 9, Executive Vice President Jim Murphy and Vice President Robert Dobson (Health Practice Council chairperson) met with state legislators and the governor’s staff to discuss the actuarial soundness of numerous proposals. Representing the Academy, Dobson and Murphy described the basic elements of the governor’s plan as actuarially sound but noted certain provisions that needed attention before enactment.

They praised the plan for its incremental reforms. The two-phase plan first calls for employers to voluntarily offer health coverage to employees. The second phase, enacting state mandates, would be put into place if lawmakers find the voluntary program is ineffective. In that event, the governor plans to implement a “play or pay” program.

Murphy and Dobson believe it is unlikely that Florida will meet the voluntary targets and cautioned against a “play or pay” system. They emphasized the faults of such a system and encouraged lawmakers to examine other options.

Although the bill addresses increased access through voluntary coverage programs, Murphy and Dobson pointed out that it does little to improve affordability. The plan attempts to increase availability and affordability of health insurance through pooled health care purchasing and Medicaid buy-in arrangements. Murphy and Dobson explained the antislection problem that can occur in certain insurance pools and recommended a closer study of this provision, since it does not address the increased costs resulting from potential high-risk insureds.

“Selection issues are basic to actuarial science,” noted Murphy, “but not well understood by legislators or the general public.”

In an effort to reach cost-containment goals, the new health agency will submit interim recommendations to lawmakers. The agency is charged with “promoting accessibility of care and controlling costs.” The Academy will continue to work with the agency and lawmakers to establish affordable approaches.

“We believe objective actuarial analysis can improve any proposal,” said Dobson. “The legislation itself, by necessity, leaves a lot open to interpretation.”

Sand is government information specialist for the Academy.

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ADA Could Increase Employee Benefit Claims

by Lauren M. Bloom

The Americans with Disabilities Act (ADA), a federal law to reduce discrimination against the disabled, is expected to alter significantly all aspects of employment in the United States, including the costs of workers compensation, health insurance, and other employee benefits. The ADA prohibits employers from firing, refusing to hire or promote, or otherwise discriminating against disabled employees and applicants who possess the necessary qualifications to perform the “essential functions” of a job, with or without “reasonable accommodation.”

An individual is deemed disabled under the ADA if that individual has a physical or mental impairment that substantially limits one or more major life activities (such as walking or speaking), a history of such impairment (e.g., an earlier bout with cancer), or is perceived to have such an impairment (for example, a harmless facial disfigurement).

A “reasonable accommodation” is any modification to a particular job or working environment that permits a disabled person to perform the essential functions of the job. Such accommodations might include, for example, widening doorways for wheelchairs, altering equipment, or providing readers to assist visually impaired employees.

Employers are not required to make any accommodation that is an “undue hardship,” that is, unjustifiably expensive or disruptive. However, if an accommodation is too expensive for an employer to make, an individual who is otherwise qualified for the job must be permitted to pay for the needed modification before being excluded from the job.

The ADA and its implementing regulations are intentionally broad and offer little guidance as to whether an employer is required to make accommodation in a given case. Federal agencies responsible for enforcing the ADA will do so on a case-by-case basis; they anticipate that negotiation and, in many cases, litigation will be required to define the scope of the statute’s requirements. The agencies have indicated, however, that an employer may not exclude a job applicant or terminate an employee because that individual’s disability may worsen or because health or workers’ compensation insurers are likely to raise premiums because of that individual’s employment. Further, regulators suggest that large
employers will be required to make accommodations more often than smaller companies, which may be less able to afford expensive changes.

The ADA almost certainly will increase employers’ legal fees; the statute provides a powerful incentive for litigation by permitting disabled individuals to sue employers for up to $300,000 in punitive damages, in addition to compensation for wage loss or other injury, when they believe themselves to be the victims of employment discrimination.

It is less clear, however, to what extent the ADA will increase employers’ costs to provide workers’ compensation and health insurance. Employees’ claims under health, short-term disability, and workers compensation policies are likely to increase as more disabled individuals enter, or are permitted to remain in, the work force. However, claims for long-term and permanent disability benefits may decrease as disabled workers are placed on light duty or otherwise accommodated and, thereby, are able to return to work sooner than they would have been before enactment of the ADA.

Insurers, when setting the price of health and workers compensation insurance, will face the challenge of estimating just how much the ADA will alter the work force and, as a result, increase the number of employee claims that will be made against those insurance policies.

The ADA recently took effect for government employers. Private employers with twenty-five or more employees, unions, and employment agencies must comply with the ADA as of July 26, 1992. Employers with fifteen to twenty-four employees must come into compliance by July 26, 1994.

The ADA embodies a congressional policy decision that the nation loses when disabled individuals are prevented from participating in the work force. The costs to employers and insurers of making accommodations that are laudable policy compliance with the ADA have yet to be determined.

Bloom is general counsel for the Academy.

Meet Government Information Specialist Christine Sand

Before coming to the Academy, Christine Sand worked for three years as legislative assistant and PAC director for the National American Wholesale Grocers’ Association in Washington, D.C. “The party politics just about broke me,” she says with a smile. “I really enjoyed working with our members, it’s just that more often than not I was on the wrong side of the fence.”

On health care and environmental issues, she often felt in conflict with what she was pushing for on the Hill. For example, the grocers strongly opposed any health care reform that would increase employer responsibility or extend health benefits to the uninsured through additional funding. She had to present that opposition persuasively to Senator George Mitchell’s staff, although it wasn’t her own position. Sand also lobbyed on the Clean Air Act, food safety and labeling legislation, the Americans with Disabilities Act, and other labor initiatives.

Sand’s political views were forged five or more years ago when she was a political science major at Iowa State University. For two years, she was the legislative aide for State Senator Ralph Rosenberg, who was then a state representative and chairman of the House Environment Committee. Sand ran Rosenberg’s successful re-election campaign in Ames. Rosenberg sponsored some interesting environmental legislation. Sand remembers two bills in particular: One supported manufacture of garbage bags from corn husks (no shortage of this biodegradable material in Iowa!); another involved recycling plastic milk cartons into durable parking lot partitions.

As a caucus state, Iowa sees a lot of presidential hopefuls come through. In 1987, Sand met Senator Joseph Biden in Iowa and decided to join his campaign staff as a field coordinator. Biden dropped out of the race five months later. “I would love to do another campaign,” says Sand. Does she have political aspirations herself? “No, I’d rather be behind the scenes as staff,” she acknowledges.

Sand says that her real interest in working for the Academy lies in being able to follow health care legislation and other issues for members who are providing information to policy makers, not trying to influence their votes. In her present position, Sand will communicate information about legislative and regulatory developments to members through the Academy Alert subscription service and her “Capitol Views” column in The Update.

“I want the legislative column to serve the membership by providing concise information on legislative issues that are pertinent to the members,” Sand emphasizes. She encourages members who hear of legislative developments on the state level to contact her.
Actuaries Give P/C Formula Conceptual Framework

by Stephen P. Lowe

A ll those interested in the National Association of Insurance Commissioners' (NAIC) risk-based capital formula for property/casualty insurance companies will have to wait just a little longer. The NAIC may adopt such a formula in June 1992, effective for the 1993 annual statement. In the meantime, observers may consider the recent work of the actuarial advisory committee.

In October 1991, the chairman of the NAIC's Property/Casualty Risk-Based Capital Working Group, Vincent Laurenzano of the New York State Insurance Department, appointed an actuarial advisory committee to assist in devising and testing a risk-based capital formula.

The advisory committee developed a conceptual framework to help the NAIC Working Group evaluate any proposed risk-based capital formula for property/casualty insurers, in terms of the mechanics of the formula, behavior induced by the formula, and economic consequences of the formula.

Formula Mechanics

A proposed risk-based capital formula should be tested extensively before it is adopted by the NAIC. The formula's ability to discriminate accurately between strong and weak companies should be evidenced in the testing. The formula should focus on major risk elements, while reflecting individual company circumstances as much as is practical. The formula should be simple to apply, so that a particular result can be readily explained to company management and regulators.

The formula should produce reasonably consistent results from year to year, both for the industry and for individual companies. For example, risk-based capital levels suggested by the formula should not be oversensitive to underwriting cycles. Finally, the formula should be revised periodically to reflect new risk concepts and market conditions.

Behavior Prompted by Formula

The NAIC wants the formula to motivate companies to strengthen their financial positions. Unfortunately, solvency-regulation tests sometimes create powerful disincentives for management to deal with financial problems in a straightforward manner. For example, a company that needs to strengthen its loss reserves knows that increasing its reserves may trigger several insurance regulatory information system (IRIS) tests. Therefore, the company might either choose to increase its reserves gradually so as not to fail the IRIS tests or enter into a reinsurance agreement that masks the strengthening of reserves.

According to the advisory committee, risk-based capital requirements indicated by the formula should reflect meaningful differences in company circumstances and not differ merely because of accounting treatment. Care should be taken by the NAIC to prevent potential abuse of the formula once it is publicly released. For example, if the formula produces a minimum capital requirement, some may be tempted to propose rate regulations that allow a return only on that capital, thereby denying a fair rate of return on the capital above the minimum.

Economic Consequences

One cannot legislate capital requirements for insurers without due consideration of the economic forces of supply and demand. Capital will flow into the insurance industry only if those supplying the capital perceive the opportunity to earn a fair return. Establishing capital requirements at higher than existing levels will not cause capital to flow magically into the insurance industry. To require higher levels of capital than currently exist (either for a particular line or for the industry) will necessitate higher prices to produce returns that attract that additional capital.

The individual components of the formula must also conform to economic reality in order to prevent distortions in specific markets. For example, if risk-capital factors applicable to a particular line of business are set too high, companies may reduce their writings in that line, creating availability problems.

The formula should neither unfairly disadvantage the insurance industry vis-a-vis alternative risk-transfer mechanisms nor give unfair advantage to one segment of the industry over another. The formula should maintain a level playing field among primary insurers and reinsurers, stock and mutual companies, well-established and new companies.

The formula should minimize insolvencies, in terms of companies having sufficient assets to meet liabilities, but not prevent them. Risk-based capital requirements would raise the regulatory safety net off the floor and place it at a level where intervention can occur before insolvency. Companies would then have to withdraw when their capital fell below the minimum, rather than at the point of insolvency. This would significantly improve the current system, which doesn't provide much room for anything but a hard landing. Instead of preventing failures from happening, the formula would minimize the economic and social consequences of failures that occur.

Continued on page 8
The incremental health care reform package included in the Senate’s tax bill was dropped from the final conference bill, which the President then vetoed. Senator Lloyd Bentsen’s (D-TX), who sponsored the reform package, plans to move his health care legislation separately later this year. The legislation, S.1872, would require insurers that market small group insurance in a state to offer insurance to any small employer that could meet the insurer’s minimum participation requirements; restrict the range of rate differentials for similar benefits; limit exclusions from coverage for preexisting conditions to six months; mandate that all insurers offer a standard benefit package that would be the same for all insurers, as well as a basic package that could differ among insurers. Both the standard and basic benefit packages would be exempt from any state-mandated benefits.

The bill would also require that each state adopt a mechanism for reinsuring high-risk small groups. The Academy’s Committee on Health is preparing comments on Bentsen’s bill.

Insurance solvency has been a key issue in many state legislatures in recent years. More than 260 insurance solvency bills were introduced in 46 states in 1991, and more than 39 states passed solvency-related legislation. This trend of state legislation is sending a message to Congress that it does not need to get involved with insurance regulation. The Academy’s Committee on Property and Liability Financial Reporting has completed an insolvency study with regard to statements of actuarial opinions.

The Department of Labor announced that pension plan administrators who file late or fail to file annual reports will be subject to fines under its expanded civil penalty program. The department’s Pension and Welfare Benefits Administration will give pension and welfare plan administrators a one-time only opportunity from March 23 until September 30 to file overdue annual reports without incurring the full penalty. The penalty for a late filing is $1,000 a day.

For more information on the regulatory or legislative actions noted above, contact Christine Sand at the Academy’s Washington office.
Formula’s Review Underway

The advisory committee has now turned its attention to analyzing the draft of the NAIC’s risk-based capital formula and considering various alternatives, as the proposed formula is being tested and refined. If it is ready for exposure at the June 1992 NAIC meeting, the risk-based capital formula for property/casualty insurers could be adopted in December and become effective for the 1993 annual statement.

Lowe is a member of the advisory committee to the NAIC Property/Casualty Risk-Based Capital Working Group.

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Nominations for Jarvis Farley Service Award

Last year the Academy established the Jarvis Farley Service Award to honor individuals whose volunteer efforts on behalf of the actuarial profession are long-standing and exemplary. The award was created in memory of Jarvis Farley, who served the profession devotedly until his death last year. If a worthy recipient is found, the award will be given for the first time this year.

The Academy is now soliciting nominations. Eligible nominees include Academy members, including past and present committee members and chairpersons, board and committee members of the Actuarial Standards Board, and directors of the Academy. Academy officers currently serving are ineligible.

To nominate an Academy member for this award, fill out the postcard included in this mailing. Be sure to indicate your name and telephone number; you may be contacted for additional information in support of your nomination(s). Nominations should be received in the Academy’s Washington office no later than June 8. If given this year, the award will be presented during the Academy’s Annual Meeting in September.

HEALTH COMMITTEE

different. The average cost of providing coverage will increase as low-risk groups have greater incentive to seek alternative coverage. What you have is selective disenrollment, according to Nelson. As low-risk groups exit the market, the average cost of insuring those that are left will continue to increase. Ultimately “the bill will increase uncertainty concerning the continued availability and affordability of this coverage,” Nelson said.

Other individuals testifying at the hearing included Deputy Secretary Kevin Moley of the U.S. Department of Health and Human Services; Mary Nell Lehnhard, representing the Blue Cross and Blue Shield Association; and Richard Helms of the Principal Financial Group, who testified on behalf of the Health Insurance Association of America.

The Academy’s Committee on Health provided written testimony on both H.R. 3626 and H.R. 2121 to the Health Subcommittee in advance of the hearing. The Academy has also submitted written testimony on H.R. 1565.

Copies of the Health Committee’s testimony on these bills can be obtained from the Academy’s Washington office by requesting PS-92H-3.