CITY OF VANCOUVER

POLICE AND FIRE PENSION BOARDS

PENSION BOARD RULES

AND

REGULATIONS

March 2024

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Preamble

The purpose of these rules and regulations is to establish the general operating procedures and to reduce to writing the administrative policies of the Police and Fire Pension Boards. The Boards recognize that conditions may exist or come into existence that are not properly encompassed by these rules and regulations. In such cases, the Board reserves the right to take necessary action to properly deal with the situation as long as that action is consistent with applicable state law.

Scope

These rules and regulations shall be applicable to all employees and retirees covered by RCW Chapters 41.16, 41.18, 41.20, and 41.26, unless otherwise specifically provided herein or by law. All employees and retirees covered under the above statutes shall hereinafter be referred to as "members".

Effect of Rules and Regulations

Members are required to follow these rules and regulations at all times. A member's failure to follow these procedures may subject such member to the loss of benefits otherwise due under these rules.

Section I – Board Procedures

1. Meetings

Pursuant to RCW 41.20.030, the Police Board shall hold monthly meetings on the first Monday of each month, provided there is new business. If necessary, special meetings may be called by the chairperson or majority of the Board.

Pursuant to RCW 41.16.030, the Fire Board shall meet at least once a quarter, the date to be fixed by regulation of the Board. If necessary, special meetings may be called by the chairperson or majority of the Board.

Provisions of the Open Public Meetings Act (RCW 42.30) apply to all meetings of the Board.

2. Board Members – Police Pension

Pursuant to RCW 41.20.010, the Police Pension Board shall consist of seven members as follows: The Mayor or their designee shall be Chair (who must be an elected official of the City), Mayor Pro Tempore, City Clerk shall be Secretary, City Treasurer, and three elected (active or retired) police officers who shall serve in the elected capacity for three-year staggered terms.

In the event a vacancy occurs in the membership of the police members, the Board shall, in the same manner as the regular election, elect a successor to serve the remaining unexpired term.

Four members of the Board, including at least one (active or retired) police officer shall constitute a quorum and have power to transact all business. No action of the Board shall be effective unless a "majority of members voting" concur therein. The Chair has the same voting rights as any other member. No business of the Board can be conducted in the absence of a quorum, except to adjourn the meeting.

Each member shall have one (1) vote which must be cast in person or remotely (e.g., Microsoft Teams or telephone).

3. Board Member Elections - Police Pension

The Police members of the Board shall be nominated in accordance with RCW 41.20.010 and procedures established by the Police Pension Board; provided that, the election will be conducted by the Pension Board Coordinator. Nominations will be conducted by mail or electronically. If, after the expiration date for filing nominations, there is only one nominee, balloting will not be required, and the nominee will be declared elected. If there is more than one nominee, ballots will be mailed to all LEOFF 1 active and retired members.

A memo announcing election results will be distributed to all Pension Board members and will be reported at the Board meeting following the election. The list of current Board members will be updated on the City's website.

4. Board Members - Fire Pension

Pursuant to RCW 41.16.020, the Fire Pension Board shall consist of five members as follows: The Mayor or their designee shall be Chair (who must be an elected official of the City), City Clerk shall be Secretary, City Treasurer, and two elected (active or retired) Firefighters who shall serve two-year staggered terms. The two firefighters elected shall select a third firefighter who shall serve as an alternate in the event of an absence of one of the regularly elected firefighters. The name of the alternate shall be filed with the Pension Board Coordinator.

In the event a vacancy occurs in the membership of the firefighter members, the Board shall, in the same manner as the original election, elect a successor to serve the remaining unexpired term.

Three members of the Board, including at least one (active or retired) Firefighter shall constitute a quorum and have power to transact all business. No action of the Board shall be effective unless a "majority of members voting" concur therein. The Chair has the same voting rights as any other member. No business of the Board can be conducted in the absence of a quorum, except to adjourn the meeting.

Each member shall have one (1) vote which must be cast in person or remotely (e.g., Microsoft Teams or telephone); provided in the absence of one of the regular firefighter members, the alternate representative whose name is on file with the Pension Board Coordinator may vote.

5. Board Member Elections - Fire Pension

The firefighter members of the Board shall be elected in accordance with RCW 41.16.020 and procedures established by these rules, provided that the election will be conducted by the Pension Board Coordinator. Nominations will be conducted by mail or electronically. If, after the expiration date for filing nominations, there is only one nominee, balloting will not be required, and the nominee will be declared elected. If there is more than one nominee, ballots will be mailed to all LEOFF 1 active and retired members.

A memo announcing election results will be distributed to all Pension Board members and will be reported at the Board meeting following the election. The list of current Board members will be updated on the City's website.

6. **Board Member Absences – Police & Fire**

   In case of absence or inability of the chairperson to act, the City Clerk shall serve as chairperson pro tempore and shall perform the duties and exercise powers of the chairperson.

   It is the expectation of the Boards that each Board member will notify the Pension Board Coordinator prior to a meeting if that member will not attend the meeting. Such notice will serve to establish an excused absence. Typical examples of excused absences are illness, work, vacation, etc. The positions of Mayor, Mayor Pro Tempore (when applicable), City Clerk, and Treasurer are mandated by statute; the remaining positions are elected members. If an elected member is absent for three consecutive meetings or attends less than 25% of the total number of scheduled meetings in a period of one year, the Pension Board Coordinator shall notify the Board. The Board may review and discuss possible removal from the Board, either by resignation letter from the member or by a majority vote of the Board. Inability to perform the functions of the elected position to due incapacitation shall be cause for consideration of removal.

7. **Agenda and Order of Business**

   An agenda shall be prepared by the Pension Board Coordinator and distributed to the members prior to each regularly scheduled meeting. Claims that require Board approval must be submitted directly to the Pension Board Coordinator. All information to be submitted to the Board must be received no less than 14 calendar days prior to the meeting date. The Chair can change the date or cancel the regular meeting in accordance with state law. Notice of meetings shall be given pursuant to state law.

8. **Minutes**

   The Pension Board Coordinator shall take and prepare the official minutes of the Board meeting. Minutes should contain a record of the Board members present and absent, an account of proceedings, the actions of the Board, along with the ayes, nays, and abstentions of each member voting. The minutes shall be distributed to all Board members and approved at the next Board meeting after receipt of minutes. Board approved minutes, redacted of any medical information, are available to the public upon written public disclosure request.

Section II – Medical Services

1. **Necessary Medical Expenses & Services**

   Pursuant to RCW 41.26.150, whenever a member requires medical services as defined by RCW 41.26.030 (20), such services may be paid for by the City, only if those medical services are deemed medically necessary and not payable from another source, provided however, the condition which caused the need for such medical services was not caused or brought on by dissipation or abuse, as determined by the Board.

2. **City-Purchased Medical Insurance or Other Healthcare Coverage**

   Pursuant to RCW 41.26.150 (2), the Board will only pay for medical services not payable from another source. The amount paid from this plan, if any, will be reduced by; any amount received or eligible to be received by the member under workers' compensation; social security; Medicare; Medicaid; insurance provided by an employer or former employer; other pension plan, or any other similar source.

   All members shall be covered by a City-purchased medical insurance plan unless medical insurance and resulting expenses are covered through a prior employer or other source.

The member must submit opt out information to the Pension Board Coordinator. The medical insurance plan for LEOFF 1 members is through Regence Medicare Advantage or Kaiser Permanente Senior Advantage Plan (Medical Insurance). It is the member's responsibility to choose a Medical Insurance plan and apply for coverage. The member must assign their Medicare to the City-purchased Medical Insurance plan. The City designates the insurance plan that a member joins to be the designated provider of medical services for that member.

3. Prior Approval – Medical Services and Supplies NOT Covered by Medical Insurance

Medical services or supplies that are not covered by Medical Insurance or other source may be considered for reimbursement on a case-by-case basis if the member seeks prior Board approval and the medical services or supplies are prescribed by a health care provider and deemed medically necessary. "Healthcare provider" means any health professional, hospital, or other institution, organization, or person that furnishes health care services and is licensed to furnish such services. All healthcare providers must obtain and maintain in good standing certifications consistent with the requirements set forth by applicable state law.

Pre-approval is required for use of non-Kaiser facilities by Kaiser members except for optical charges under the conditions set forth below. If need is non-urgent, prior approval shall be obtained at regularly scheduled Board meetings. If need is urgent, please follow Kaiser's guidelines on medical emergencies.

It is the member's responsibility to submit pre-approval documents and/or treatment plans to the Board. In addition, members are required to consult first with their Medical Insurance plan to learn what is or is not covered in existing health insurance plans BEFORE incurring costs for medical services or supplies.

Members must submit the following required documents needed for Board review and pre-approval of costs not considered copay:

a. Denial of benefits coverage letter from medical insurance provider or Explanation of Benefits (EOB), and
b. Letter from healthcare provider explaining the medical necessity of services, and
c. Quotes from at least two (2) providers, and
d. Letter explaining the need for the Board's consideration for payment.

Some medical services or supplies not covered by Medical Insurance have more requirements before the Board considers reimbursement. Please see Section III for more details.

4. Medicare Part B Policy

The Board requires that all eligible members subscribe to Medicare Part B. The plan will reimburse members for their Medicare Part B premium payments. If the member does not enroll in Medicare Part B and pursuant to RCW 41.26.150, the Board will reduce payment of the member's medical bills by the amount Medicare would have paid had the member enrolled. Members must assign Medicare to the Medical Insurance plan provided by the City.

The City will only reimburse the standard Medicare Part B premium. The member is responsible for any additional charges for Medicare Income-Related Monthly Adjustment Amount (IRMAA), Part D, or late enrollment penalty fees.

Section III – Claims

1. Timeliness of Bills

Claims must be presented for payment within one year of the date of service or they will be rejected. On a case-by-case basis, the Board may consider bills beyond the date due to extenuating circumstances beyond the member's control. In such circumstances, the member must provide a written explanation for the delay.

2. Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance

All claims for medical copays and/or deductibles shall be processed in the following manner.

Claims shall be submitted to the third-party administrator on forms provided by the Board and must be accompanied by the following supporting documents:

a) LEOFF 1 Claim/Reimbursement Request Form
b) Explanation of Benefits (EOB)
c) Supplier's bill with itemized list of charges including insurance coverage and dates of service
d) Receipt of Payment

The member shall certify the claim as being true and correct and that the member has paid and/or is liable for payment of any claims that the claim is not collectible from another source. Members shall mail or fax all necessary documents to the following address.

Allegiance Claims Management, Inc.
PO Box 3018
Missoula, MT 59806
Fax: (866) 201-0522
Phone: (800) 877-1122

Upon receipt of copy of the completed claim form, the third-party administrator shall determine, where possible, any amount which the member has received or may be eligible to receive from such other sources and those amounts shall be deducted to determine the net amount of the claim. The claim will then be processed for payment by the third-party administrator. The third-party administrator shall act upon all claims promptly, advising the member and the Pension Board Coordinator in writing of any rejected claims, with a reason for the rejection.

3. Acupuncture Services

Acupuncture services are covered by Medical Insurance. Members shall use their Medical Insurance's preferred providers. Any medically necessary expenses received after insurance is billed will be considered a medical copay and does not require pre-approval for reimbursement. Please refer to the Section III (2): "Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance" for instructions on how to submit claims to the City's third-party administrator.

4. Chiropractic Services

Chiropractic services are covered by Medical Insurance. Members shall use their Medical Insurance's preferred providers. Any medically necessary expenses received after

insurance is billed will be considered a medical copay and does not require pre-approval for reimbursement. Please refer to the Section III (2): "Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance" for instructions on how to submit claims to the City's third-party administrator. After the member exhausts their Medical Insurance benefits, the Board will only pay Chiropractors according to the limits set forth below.

Annual Chiropractic Limits:
First Call/Exam: $129
Subsequent Adjustments: $40/visit or 25% of incurred costs, whichever is higher
X-Rays: $100

5. Hearing Aids

Hearing Aid coverage for members is provided by Medical Insurance. Members are encouraged to use their Medical Insurance's preferred providers. Any medically necessary expenses received after insurance is billed will be considered a medical copay and does not require pre-approval for reimbursement. Please refer to the Section III (2): "Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance" for instructions on how to submit claims to the City's third-party administrator.

If a member chooses not to use their Medical Insurance benefits, Board preapproval is required. **The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss.** City of Vancouver requires a "Hearing Aid Application Request Form" to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:

a) Documentation:
   i. Denial of hearing aid coverage from insurance provider or
   ii. Explanation of Benefits (EOB) and/or
   iii. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, and
b) Quotes from at least two providers, and
c) Current hearing aid test and hearing aid recommendation from a physician, Audiologists, licensed Hearing Aid Examiner or Hearing Instrument Specialist, and
d) Hearing aids must have a three-year warranty.

Out-of-Network Hearing Aid Limits for 3-year period:
Slight to Mild Hearing Loss (16-40dB): $1800/ear
Moderate – Moderately Severe Hearing Loss (41-70dB): $2500/ear
Severe - Profound Hearing Loss (71-90dB): $3500/ear

No prior approval is needed for hearing aid repairs under $300. The Board will not pay for repair or replacement due to carelessness on the part of the member or for hearing aid batteries. Reimbursement is limited to those charges necessary to achieve functional correction. Charges for optional accessories such as but not limited to sound transmitting units from the television and remote controls are not reimbursed. The Board will pay up to $50 for a hearing aid cleaner that will help extend the life of the hearing aid.

6. **Mental Health Services**

Mental Health services are covered by Medical Insurance. Members shall use their Medical Insurance's preferred providers. Any medically necessary expenses received after insurance is billed will be considered a medical copay and does not require pre-approval for reimbursement. Please refer to the Section III (2): "Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance" for instructions on how to submit claims to the City's third-party administrator.

7. **Prescription Coverage**

Prescription coverage for members is provided by Medical Insurance. When filling a prescription, the member shall use their Medical Insurance's participating pharmacies and present their card at the time the prescription is filled.

The Board may consider reimbursement for prescriptions at non-Kaiser, out-of-network pharmacies only in cases of emergency.

If a member elects to purchase a brand-name drug for which the Physician authorized the generic equivalent, the member is responsible for paying the difference in price between the brand-name drug and the generic drug. Over-the-counter remedies are subject to reimbursement if prescribed by a Physician.

8. **Substance Abuse Therapy**

Substance Abuse services are covered by Medical Insurance. Members shall use their Medical Insurance's preferred providers. Any medically necessary expenses received after insurance is billed will be considered a medical copay and does not require pre-approval for reimbursement. Please refer to the Section III (2): "Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance" for instructions on how to submit claims to the City's third-party administrator.

9. **Vision Care Services**

Vision Care Services are covered by Medical Insurance. Members shall use their Medical Insurance's preferred providers. Any medically necessary expenses received after insurance is billed will be considered a medical copay and does not require pre-approval for reimbursement. Please refer to the Section III (2): "Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance" for instructions on how to submit claims to the City's third-party administrator. After the member exhausts their Medical Insurance benefits, this plan will only pay according to the limits set forth below.

Annual Optical Limits:

Eye Examination Allowance (including visual fields): $80
Optical Equipment Allowance (e.g., lens, frames, contacts, etc.): $250
UV Protection Allowance: $20

10. **Home Health Care**

Upon pre-approval and on a case-by-case basis, the Board may provide payment for reasonable expenses incurred by a member confined to the home and requiring home health care. It is the intent of this policy to reduce the amount paid for skilled nursing facility care, as well as to afford members a greater choice of Long-Term Care services. The Board requires explanation of benefits insurance documentation forms showing amounts paid and/or rejected, including proof of submissions to Medicare, VA Benefits, and any existing Long Term Care insurance. (Note: Medical Insurance plans provide

coverage for Home Health Agency Care) Members are required to consult first with their plan to learn what is or is not covered.

a) Limitations: In addition to policy limitations and exclusions found elsewhere, the Board does not provide benefits for the following: services provided to anyone other than the homebound member; services provided by family members or volunteer workers; services or supplies that are non-medical or custodial in nature; supportive environmental materials, such as but not limited to air conditioners, telephones; expenses for normal necessities of living such as food, clothing, household supplies; toiletries, incontinence products, dietary assistance (e.g. Meals on Wheels) or nutritional guidance; charges for reports or records; transportation; homemaker or housekeeping services; except by home health aides as ordered in home health plan of treatment; services and supplies not included in the health plan of treatment or not specifically set forth as a covered expense.

b) The member must obtain pre-approval for home health care unless at the Board's sole discretion determine that emergency circumstances reasonably prevented prior approval.

c) City of Vancouver requires a "Long Term Care Application Request Form" to be completed in full by the member and healthcare provider. Forms can be obtained from the Pension Board Coordinator or online from the City's website. The healthcare provider shall provide medical documentation evidencing medical necessity for at least the level of care requested, the estimated length of time that care is needed, and the recommended level of care. The Board reserves the right to have an assessment agency evaluate the member's continued home health care needs. The question of medical necessity for home health care shall be subject to periodic review by the Board.

d) The total daily cost allowed shall not exceed the semi-private room rate in a skilled nursing facility. This allowance will be determined by using the latest annual Genworth Cost of Care Survey for Nursing Home Care services in the state of Washington. Home Health Care services must be provided and billed by a licensed and bonded Home Health Care provider. The Board will not provide coverage for a caretaker who ordinarily resides in the member's home or is a member of the family of either the member or the member's spouse unless such individual is also a licensed and bonded Home Health Care provider.

e) The Board requires quotes from at least two (2) comparable facilities/providers in the county for which the member is requesting services, if outside of Clark County Washington.

11. Assisted Living/Long Term Custodial Care/Skilled Nursing Facility

Upon pre-approval, the Board may provide payment for reasonable expenses incurred by a member confined to an assisted living facility. It is the intent of this policy to reduce the amount paid for skilled nursing facility care, as well as to afford members a greater choice of Long-Term Care services. The Board requires explanation of benefits insurance documentation forms showing amounts paid and/or rejected, including proof of submissions to Medicare, VA Benefits, and any existing Long Term Care insurance. (Note: Medical Insurance plans provide coverage for Skilled Nursing) Members are required to consult first with their Medical Insurance plan to learn what is or is not covered.

a) Limitations: The Board will only consider payment for level of care services and rent. In addition to policy limitations and exclusions found elsewhere, the Board does not provide benefits for the following: services provided to anyone other than the member; services provided by family members or volunteer workers; services or supplies that are non-medical or custodial in nature; homemaker or housekeeping services; recreational events organized by the facility; supportive environmental materials, such as but not limited to air conditioners, telephones; expenses for normal necessities of living such as food, clothing, household supplies; toiletries, incontinence products, dietary assistance (e.g. Meals on Wheels) or nutritional guidance; charges for reports or records; transportation; bed holds; move in or deposit fees; laundry services; except as ordered in health plan of treatment; services and supplies not included in the health plan of treatment or not specifically set forth as a covered expense.

b) The member must obtain pre-approval for assisted living care unless at the Board's sole discretion determine that emergency circumstances reasonably prevented prior approval.

c) City of Vancouver requires a "Long Term Care Application Request Form" to be completed in full by the member and healthcare provider. Forms can be obtained from the Pension Board Coordinator or online from the City's website. The healthcare provider shall provide medical documentation evidencing medical necessity for at least the level of care requested, the estimated length of time that care is needed, and the recommended level of care. The Board reserves the right to have an assessment agency evaluate the member's continued care needs. The question of medical necessity for level of care shall be subject to periodic review by the Board.

d) The total daily cost allowed shall not exceed the semi-private room rate in a skilled nursing facility. This allowance will be determined by using the latest annual Genworth Cost of Care Survey for Nursing Home Care services in the state of Washington. Private room charges may be reimbursed upon written documentation of medically necessity from the member's healthcare provider. The Board may provide coverage for services by a licensed and bonded provider on a case-by-case basis. These services include assistance with medication or mental health conditions, including Alzheimer's and other forms of Dementia, or in the activities of daily living: walking, bathing, dressing, eating, etc.

e) The Board requires quotes from at least two (2) comparable facilities/providers in the county for which the member is requesting services, if outside of Clark County Washington.

12. Hospice Care

Hospice care services are covered by Medical Insurance. Members shall use their Medical Insurance's preferred providers. Any medically necessary expenses received after insurance is billed will be considered a medical copay and does not require pre-approval for reimbursement. Please refer to the Section III (2): "Claims Procedure – Medical Copays and Deductibles Covered by Medical Insurance" for instructions on how to submit claims to the City's third-party administrator.

13. **Medical/Psychiatric Examination**
    The Board has the authority to request medical or psychiatric examination of a member to evaluate the reasons for any application of benefits. The doctor-patient privilege does not apply to such examinations, or to any medical or psychiatric report regarding a condition for which benefits are requested. Refusal to submit to such an examination may mean forfeiture of rights to benefits.

14. **Subrogation**
    Upon making payments to or on behalf of a member, the Board shall be subrogated to all rights of the members against any third party who may be held liable for the member's injuries to the extent necessary to recover the amount of payments made or to be made by the Board.

Section IV – Appeals

1. **Request for Reconsideration of Board Decision**
   If the Board denies a member's claim for medical services, the member will be advised of the same, in writing, not later than 15 calendar days after the Board meeting at which the claim was denied. The denied member has the right to request the Board to reconsider its decision only if new evidence can be presented. The Board may grant or deny such request for reconsideration at its discretion. Requests for reconsideration must be filed with the Pension Board Coordinator within 30 calendar days following the notice of denial of claim, or the denial is final. Upon reconsideration, the Board will set a date and time for a Board meeting at which time the member or Coordinator may present new evidence deemed relevant. If the denial of claim is sustained by the Board, the member has the right of judicial review which must be sought within 30 calendar days of the Board's decision.

Section V – Additional Benefits

1. **Death Benefit**
   Upon the death of any retired firefighter, pursuant to RCW 41.18.140, the Pension Board Coordinator is authorized to process payment for a death benefit following receipt of the death certificate.

   Upon the death of any retired police officer, pursuant to RCW 41.20.090, the Pension Board Coordinator is authorized to process payment for a death benefit following receipt of the death certificate.

Section VI – Direct Deposit Policy

1. **Direct Deposit**
   Direct deposit will be required for all members who receive pensions or Medicare reimbursements from the City of Vancouver. Direct deposit is the electronic deposit of funds into a bank account as a form of payment.

Section VII – Contact Information

1. **Obtaining or Submitting Information to Fire & Police Pension Board**
   Information may be obtained or submitted to:

   Mailing Address:
   City of Vancouver – HR
   LEOFF 1 Pension Board Coordinator
   PO Box 1995

Vancouver, WA 98668-1995

To Drop Off Items for Pension Board Coordinator
Physical Address **by Appointment Only:**
City Hall
415 W 6th St
Vancouver, WA 98668-1995

Phone Inquiries:
LEOFF 1 Pension Board Coordinator
Phone: (360) 487-8403
Fax: (360) 487-8418
Email: CoVBenefitsHelp@cityofvancouver.us

City of Vancouver Website: https://www.cityofvancouver.us/

City of Vancouver LEOFF 1 Benefits: LEOFF1 Retirees (mycovbenefits.com)

Section VIII – Review

1. **Review**
   These rules and regulations shall be reviewed (with revisions effective on date of Board meeting when revisions are adopted) as needed, to assure that:
   a) Provisions herein remain in compliance with Washington statute and administrative codes.
   b) Provisions herein reflect current philosophy and intent of Boards.

2. **Amendment History**
   Police and Fire Pension Boards adopted rules and regulations at the October 1, 1979, meeting and rules became effective January 1, 1980.
   a) Specified dollar amounts reviewed and revised August 4, 1980, Fire and Police Boards.
   b) Deleted effective February 2, 1981.
   c) Revised and amended effective February 2, 1981.
   d) Revised and amended effective February 1, 1982.
   e) Revised and amended effective February 7, 1983.
   f) Revised and amended effective March 12, 1984.
   g) Revised and amended effective May 6, 1985.
   h) Revised and amended effective February 1, 1988.
   i) Revised and amended effective September 1, 1994.
   j) Revised and amended October 15, 1998.
   k) Revised and amended October 25, 2002; effective November 1, 2002.

l) Revised and amended October 18, 2007; effective November 1, 2007.

m) Revised and amended March 8, 2024.