56 N.J.R. 544(a)

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RULE PROPOSALS

Reporter
56 N.J.R. 544(a)

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Interested Persons Statement

INTERESTED PERSONS

Interested persons may submit comments, information or arguments concerning any of the rule proposals in this issue until the date indicated in the proposal. Submissions and any inquiries about submissions should be addressed to the agency officer specified for a particular proposal.

The required minimum period for comment concerning a proposal is 30 days. A proposing agency may extend the 30-day comment period to accommodate public hearings or to elicit greater public response to a proposed new rule or amendment. Most notices of proposal include a 60-day comment period, in order to qualify the notice for an exception to the rulemaking calendar requirements of N.J.S.A. 52:14B-3. An extended comment deadline will be noted in the heading of a proposal or appear in a subsequent notice in the Register.

At the close of the period for comments, the proposing agency may thereafter adopt a proposal, without change, or with changes not in violation of the rulemaking procedures at N.J.A.C. 1:30-6.3. The adoption becomes effective upon publication in the Register of a notice of adoption, unless otherwise indicated in the adoption notice. Promulgation in the New Jersey Register establishes a new or amended rule as an official part of the New Jersey Administrative Code.

Agency

LAW AND PUBLIC SAFETY > DIVISION OF CONSUMER AFFAIRS > STATE BOARD OF MEDICAL EXAMINERS

Administrative Code Citation

Sexual Misconduct Education and Prevention

Authorized By: State Board of Medical Examiners, Antonia Winstead, Executive Director.

Authority: N.J.S.A. 45:9-2.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2024-041.

[page=545] Submit written comments by June 14, 2024, to:

Antonia Winstead, Executive Director
State Board of Medical Examiners
PO Box 183
Trenton, New Jersey 08625-0183

or electronically at: http://www.njconsumeraffairs.gov/Proposals/Pages/default.aspx

The agency proposal follows:

Summary

On April 6, 2021, Attorney General Gurbir S. Grewal issued Administrative Executive Directive No. 2021-3 (2021) (Directive) to all 51 professional boards and committees overseen by the Division of Consumer Affairs (Division). The Directive set forth a comprehensive agenda for tackling the problem of sexual misconduct in the licensed professions. This agenda was meant to serve three overarching goals: (1) preventing sexual misconduct in the licensed professions; (2) promoting licensee accountability for sexual misconduct; and (3) ensuring victims receive the support they deserve.

The Directive called upon the Division to work with the Board of Medical Examiners (Board) to propose a rule requiring physicians licensed by the Board to complete at least one hour of mandatory continuing medical education (CME) on sexual misconduct prevention, bystander intervention, and human trafficking prevention. The Directive also stated that the Division would work with the Board to increase public awareness of the right to have a "chaperone" present during certain sensitive medical examinations pursuant to N.J.A.C. 13:35-6.23. These efforts to increase public awareness would include "identify[ing] steps that can be taken, through rulemaking if necessary, to provide patients, including those with limited English proficiency, with better notice of their chaperone rights." The Directive further stated that the Division would work with the Board to clarify the role of "Board-mandated observers," who are also referred to as "chaperones," even though they are distinct from the

chaperones Board licensees are required to provide at the request of a patient or a physician pursuant to N.J.A.C. 13:35-6.23. In particular, the Directive called upon the Division to work with the Board to identify potential amendments to the Board's "Uniform Requirements Pertaining to Chaperone Approval and Utilization" (Uniform Requirements) to clarify the distinction between chaperones and Board-mandated observers; to require that Board-mandated observers receive suitable training; and to clarify the notice physicians must provide when they are required to have a chaperone present.

The Board subsequently created a sexual misconduct subcommittee to implement the Directive. Among other things, the subcommittee helped draft this rulemaking amending N.J.A.C. 13:35-6.15, which sets forth the CME requirements for a physician's biennial registration, and N.J.A.C. 13:35-6.23, which governs the presence of chaperones during certain sensitive examinations.

The Board proposes to amend N.J.A.C. 13:35-6.15 by requiring two credit hours in Category I courses in programs or topics related to sexual misconduct prevention, starting with the biennial renewal period beginning July 1, 2023. Proposed N.J.A.C. 13:35-6.15(e) enumerates seven topics that must be covered by either a single course or multiple courses. The topics include understanding sexual misconduct, including its forms and types; obtaining informed consent for sensitive procedures; understanding how to interact with victims of sexual abuse or harassment; understanding the power dynamics underlying sexual misconduct in the health care field; knowing what to do when one has experienced unwanted sexual contact; understanding bystander intervention and the duty to report pursuant to the Health Care Professional Responsibility and Reporting Enhancement Act, P.L. 2005, c. 83; and identifying cases of human trafficking and understanding how to treat human trafficking victims.

In addition, the Board proposes to amend N.J.A.C. 13:35-6.15, which sets forth the CME requirements for physicians, and proposes to amend the definition of "Category I" and "Category II" courses to mirror the statutory definition at N.J.S.A. 45:9-7.1. N.J.S.A. 45:9-7.1 defines "Category I" and "Category II" courses to include, among other things, medical education courses that are recognized by the Accreditation Council for Continuing Medical Education and by other comparable organizations with comparable scope and rigor. The definition of "Category I" and "Category II" courses at N.J.A.C. 13:35-6.15 does not currently include medical education courses recognized by the Accreditation Council for Continuing Medical Education. In addition, N.J.A.C. 13:35-6.15(a) currently defines "Category I" and "Category II" courses as, among other things, "the categories of medical education courses recognized by the American Medical Association *as credited toward the Physician Recognition Award*..." By contrast, N.J.S.A. 45:9-7.1 does not mention the "Physician Recognition Award." The Board proposes to

amend N.J.A.C. 13:35-6.15(a) to bring it into alignment with N.J.S.A. 45:9-7.1, both by incorporating medical education courses recognized by the Accreditation Council for Continuing Medical Education into the definition of "Category I" and "Category II" courses, and by removing the reference to the Physician Recognition Award.

Moreover, for the purpose of clarity, the Board proposes to divide existing N.J.A.C. 13:35-6.15(c) into two separate subsections. The current requirement that physicians complete two credits in topics or programs related to end-of-life care will remain at subsection (c), and proposed new subsection (d) will set forth the existing requirement (currently at subsection (c)) that licensees complete one credit in topics or programs concerning prescription opioid drugs. The purpose of this proposed amendment is to highlight that the end-of-life care and prescription opioid drug requirements are distinct.

With respect to the proposed amendments to the Board's chaperone rules at N.J.A.C. 13:35-6.23, the Board first proposes to replace all references to the term "chaperone" with the term "observer." Consistent with the Directive, the Board recently amended the "Uniform Requirements"--the document that governs the approval and use of "chaperones" (now referred to as "Board-mandated observers") pursuant to a Board order--to replace the term "chaperone" with "Board-mandated observer." The purpose of this amendment was both to differentiate Board-mandated observers from patient- or physician-requested chaperones pursuant to N.J.A.C. 13:35-6.23 and to replace the outmoded term "chaperone"--which carries certain paternalistic connotations--with a term more in line with contemporary norms. The Board proposes to substitute "observer" for "chaperone" at N.J.A.C. 13:35-6.23 to maintain consistency with the Uniform Requirements, while at the same time distinguishing "observers" pursuant to N.J.A.C. 13:35-6.23 from "Board-mandated observers" pursuant to the Uniform Requirements.

The Board also proposes to add new N.J.A.C. 13:35-6.23(a), which would require that the observer be a health care professional licensed by the Board or the Board of Nursing (BON) or a certified medical assistant (CMA), as that term is defined at N.J.A.C. 13:35-6.4. The Board believes that requiring observers to be medically knowledgeable and trained will ensure that they are equipped to serve as an effective check on physicians who perform sensitive examinations.

Furthermore, the Board proposes to establish, explicitly, the right to an observer at proposed new N.J.A.C. 13:35-6.23(b). In the existing rule, notice of the right is required at existing N.J.A.C. 13:35-6.23(a), which is proposed for recodification as proposed N.J.A.C. 13:35-6.23(e). At proposed N.J.A.C. 13:35-6.23(b), the Board proposes to include language to clarify that the right to have an observer present during any of the examinations identified in this section extends to the patient or person to be examined, as well as to the licensee. The right of a patient or a

person to be examined to have an observer present during such examinations is already implicit at existing N.J.A.C. 13:35-6.23(a) that licensees provide notice of chaperone rights. For the sake of clarity, however, the Board proposes to affirm these rights explicitly. In addition, at proposed new N.J.A.C. 13:35-6.23(b), the Board proposes to forgo any reference to "males" and "females" and to afford all patients the right to have an observer present during breast, pelvic, genitalia, and rectal examinations. The Board believes that this right should apply regardless of the patient's gender identity or expression. The Board also proposes to make explicit, at proposed N.J.A.C. 13:35-6.23(b), the right of the patient or person to be examined to decline care if the licensee fails to provide an observer, or if an observer acceptable to the patient or the person to be examined is not available.

The Board proposes to recodify the notice provision at existing N.J.A.C. 13:35-6.23(a) as proposed N.J.A.C. 13:35-6.23(e) and to amend this provision to reference the right to an observer during the examinations [page=546] identified at proposed new N.J.A.C. 13:35-6.23(b). In addition, the Board proposes to amend existing N.J.A.C. 13:35-6.23(b) (proposed for recodification as N.J.A.C. 13:35-6.23(f)) by requiring that physicians both conspicuously post a notice of the right to have an observer present and provide the patient with a written notice of that right. This subsection currently requires only written notice or conspicuous posting. The Board also proposes to amend N.J.A.C. 13:35-6.23(b), proposed for recodification as N.J.A.C. 13:35-6.23(f), by including the right of the patient or a person to be examined to decline care if the licensee fails to provide an observer, or if an observer acceptable to the patient or the person to be examined is not available.

Existing N.J.A.C. 13:35-6.23(c) and (d) currently relieve a physician from the obligation to provide further care for the immediate medical problems presented if the physician is unable to provide a chaperone or a patient refuses a chaperone when the physician desires to have one present. The proposed amendments to these provisions make clear that a physician may decline to proceed with an examination or with any care or treatment "for which the examination is necessary" if the physician is unable to provide an observer or if the physician wishes to have an observer and the patient declines to have an observer present. Pursuant to the proposed amendments, a physician must proceed with any care or treatment for which the examination is not necessary. To streamline the rule, the Board also proposes to combine existing N.J.A.C. 13:35-6.23(c) and (d) as proposed N.J.A.C. 13:35-6.23(c) because the effect of a lack of an observer is the same, regardless of whether the licensee or the patient or person to be examined wishes to have the observer present.

Recodified N.J.A.C. 13:35-6.23(d) requires a licensee to discuss the risks of not receiving further care if care is not provided due to the unavailability of an observer or if the observer present is not acceptable to the patient or person to be examined. In addition, the

Board proposes to reference proposed N.J.A.C. 13:35-6.23(b), so that the counseling requirement applies if care is not provided due to the absence of an observer when the patient or person to be examined requests the observer, as well as when the licensee requests an observer. The Board also proposes to amend recodified N.J.A.C. 13:35-6.23(d) to require the licensee to specify the risks of not receiving further care at that time and to provide an appropriate referral to another practitioner, if available.

Proposed new N.J.A.C. 13:35-6.23(g) would require a physician to confirm before proceeding with the examination that the patient has read and understood the required notice and signed the written form of the notice. It would also require the physician to keep a record of the signed written notice in the patient's file. Proposed new N.J.A.C. 13:35-6.23(h) is a recodification of the requirement at existing N.J.A.C. 13:35-6.23(b), which requires a physician to use other means to ensure that the patient is aware of their right to have an observer present in circumstances when the posted or written notice would not convey this right to the patient. At the request of the patient, proposed new N.J.A.C. 13:35-6.23(i) would require physicians to make the notice available in English, Spanish, and any of 10 or more other languages identified by the Director of the Division, as the first language of a significant number of persons in the State. Proposed new N.J.A.C. 13:35-6.23(i)1 would provide that the Director's determination of the other languages for the notices shall be based on the U.S. Census Bureau's American Community Survey, or a comparable data set, and specifically on data from survey respondents who indicated that they speak English at a level of proficiency below "very well." Proposed new N.J.A.C. 13:35-6.23(i)2 would require the Board to post the notice regarding observers on its website in English, Spanish, and the 10 or more other languages it has identified as the first language of a significant number of persons in the State. Proposed new N.J.A.C. 13:35-6.23(i)3 would require the Board to notify licensees if there is a revision to the Director's determination of the 10 or more languages other than English and Spanish that are the first language of a significant number of people in this State.

Finally, new N.J.A.C. 13:35-6.23(e) (relocated from N.J.A.C. 13:35-6.23(a)), provides that "[i]n all office settings, a licensee shall provide notice to a patient, or any other person who is to be examined, of the right to have a chaperone present ..." However, the existing regulation does not refer consistently both to the patient and to any other person who is to be examined. In certain provisions, it refers to both; in others, it only refers to the patient. Throughout N.J.A.C. 13:35-6.23, the Board proposes to add "or the person to be examined" wherever the term "patient" appears alone in the existing rule.

As the Board has provided a 60-day comment period on the notice of proposal, this notice is excepted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The Board believes the proposed amendments will have a positive impact on physicians, other health care professionals, and the public. By educating physicians in the topics enumerated in the proposed CME rule, mandatory sexual misconduct education will help to reduce the incidence of sexual misconduct in the medical profession. The Board further believes that the proposed amendments to the chaperone rules will promote patient safety by ensuring that patients are better informed regarding their right to have an observer present during a sensitive examination by a physician, and by requiring an observer to be either a health care professional licensed by the Board or BON or to be a CMA.

Economic Impact

The proposed amendments to the CME requirements would not have an economic impact on licensees because the amendments would only require physicians to complete two credit hours in courses related to sexual misconduct prevention; they would not increase the total CME burden. The proposed amendments requiring an observer to be a health care professional may have an economic impact on physicians who perform sensitive examinations and do not currently employ or work with a health care professional licensed by the Board or BON or with a CMA. While these physicians would have to employ or contract with a health care professional licensed by the Board or BON or with a CMA to comply with the rules, the Board anticipates that most physicians will not have to incur any additional costs to comply with the amended chaperone rule, as most physicians already work with at least one other licensee of the Board or BON or with a CMA. The Board further believes that the benefits of requiring an observer to be medically knowledgeable and trained outweigh the increased costs to physicians who not currently employ or work with a licensee of the Board or BON or with a CMA.

Federal Standards Statement

A Federal standards analysis is not required because there are no Federal laws or standards applicable to the proposed amendments.

Jobs Impact

The proposed amendments to the Board's chaperone rule may require physicians who do not currently employ or work with a licensee of the Board or BON or with a CMA to hire or contract with such an individual. This may have an impact on employment in the State.

Agriculture Industry Impact

The proposed amendments will have no impact on the agriculture industry in the State.

Regulatory Flexibility Analysis

Any physician licensed by the Board who owns and operates a "business which is resident in this State, independently owned and operated and not dominant in its field, and which employs fewer than 100 full-time employees" constitutes a "small business" within the meaning of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. (RFA). To the extent a physician's practice qualifies as a "small business" pursuant to the RFA, the following analysis applies pursuant to N.J.S.A. 52:14B-19.

As noted in the Economic Impact, the proposed amendments may impose costs on physicians who do not currently employ or work with any other health care professionals. Such small businesses may need to employ or contract with another health care professional to comply with the proposed amendments. As noted, the Board anticipates that most physicians will not have to incur any additional costs to comply with the amendments to the chaperone rule, as most physicians already employ or work with a licensee of the Board or BON or with a CMA. The Board further believes that the benefits of requiring an observer to be medically knowledgeable and trained outweigh the costs that physicians who do not currently employ or work with a licensee of the Board or BON or with a CMA will have to incur to comply with the amended rules.

[page=547] The proposed amendments do not impose any reporting requirements. However, they do impose compliance and recordkeeping requirements as detailed in the Summary. As the compliance and recordkeeping requirements in the rulemaking help to ensure patients' health, welfare, and safety by helping to prevent sexual misconduct, the Board believes that the rules must be uniformly applied to all physicians, and no exemptions are provided based on the size of a physician's business.

Housing Affordability Impact Analysis

The proposed amendments will have an insignificant impact on the affordability of housing in New Jersey and there is an extreme unlikelihood that they would evoke a change in the average costs associated with housing because the proposed rules would amend the CME requirements for physicians and the Board's chaperone rule.

Smart Growth Development Impact Analysis

The proposed amendments will have an insignificant impact on smart growth and there is an extreme unlikelihood that the proposed new rule would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, pursuant to the State Development and

Redevelopment Plan in New Jersey because the proposed rules would amend the CME requirements for physicians and the Board's chaperone rule.

Racial and Ethnic Community Criminal Justice and Public Safety Impact

The Board has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

Full text of the proposal follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 6. GENERAL RULES OF PRACTICE

13:35-6.15 Continuing medical education

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

"Board" means the Board of Medical Examiners.

"Category I" and "Category II" mean [the] **those** categories of medical education courses recognized by the American Medical Association [as credited toward the Physician Recognition Award], [and those categories of medical education courses recognized by] the American Osteopathic Association, [or] the American Podiatric Medical Association, **the Accreditation Council for Continuing Medical Education, or other comparable organizations recognized by the Board.**

"Licensee" means a physician or podiatrist licensed and subject to regulation by the Board [of Medical Examiners (the "Board")].

(b) Except as provided [in (d)] **at (f)** below, a licensee applying for a biennial license renewal shall complete 100 continuing medical education credits in Category I or Category II courses, of which at least 40 of such credits shall be in Category I.

(c) Commencing with the biennial renewal period beginning on July 1, 2013, two of the 40 credits in Category I courses shall, pursuant to P.L. 2011, c. 145 (N.J.S.A. 45:9-7.7), be in programs or topics related to end-of-life care.

(d) Commencing with the biennial renewal period beginning on July 1, 2017, one of the 40 credits in Category I courses shall, pursuant to P.L. 2017, c. 28, be in programs or topics concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion.

(e)Commencing with the biennial renewal period beginning on July 1, 2023, two credit hours in Category I courses shall be in programs or topics related to sexual misconduct prevention. This requirement shall be satisfied by any course, or series of courses, that addresses each of the following topics:

1. Understanding sexual misconduct, including its forms and types;

2. Obtaining informed consent for sensitive procedures, including, but not limited to, breast, pelvic, genitalia, and rectal procedures;

3. Understanding how to interact with patients who have been sexually abused or harassed;

4. Understanding the power dynamics that contribute to sexual misconduct in the health care field;

5. Knowing what to do if one experiences unwelcome sexual contact;

6. Promoting bystander intervention and understanding the duty to report pursuant to the Health Care Professional Responsibility and Reporting Enhancement Act, P.L. 2005, c. 83; and

7. Effective methods of identifying human trafficking and how and where to report cases of human trafficking.

Recodify existing (d)-(l) as **(f)-(n)** (No change in text.)

[(m)] **(o)** A licensee may obtain up to 10 continuing medical education credits per biennial period by providing medical care outside of [his or her] **the licensee's** medical office, without charge, to low-income patients for health care services for which patients are not covered by any public or private third-party payer. A licensee will obtain one continuing medical education credit for every two hours spent providing such volunteer medical services and shall document completion of such hours pursuant to [(i)2] **(k)2** above.

[(n)] **(p)** Continuing medical education credits obtained pursuant to [(m)] **(o)** above shall not count towards the 40 credits required in Category I pursuant to (b) and (c) above.

[(o)] **(q)** The Board may deny a licensee an opportunity to obtain any or all continuing medical education credits pursuant to [(m)] **(o)** above if the Board determines that:

1.-2. (No change.)

13:35-6.23 Presence of [chaperones] **observers**

[(a) In all office settings, a licensee shall provide notice to a patient, or any other person who is to be examined, of the right to have a chaperone present:

(1) During breast and pelvic examinations of females; and

(2) During genitalia and rectal examinations of both males and females.

(b) The notice required by (a) above shall either be provided in written form to the patient or by conspicuously posting a notice in a manner in which patients or any other person who is to be examined are made aware of the right to request a chaperone and to decline care if a chaperone acceptable to the patient is not available. In circumstances where the posting or the provision to the patient of the written notice would not convey the right to have a chaperone present, the licensee shall use another means to ensure that the patient or person to be examined understands his or her right to have a chaperone present.]

(a)When used in this subchapter, "observer" means a health care professional licensed by the Board of Medical Examiners or the Board of Nursing, or a certified medical assistant, as that term is defined at N.J.A.C. 13:35-6.4.

(b) A licensee, a patient, or any other person who is to be examined shall have the right to have an observer present during breast, pelvic, genitalia, and rectal examinations. The patient or person to be examined has a right to decline care if the licensee fails to provide an observer acceptable to the patient, or if an observer acceptable to the patient or the person to be examined is not available.

(c) A licensee shall not be obligated to [provide further care for the immediate medical problem presented] **proceed with an examination for which the licensee or the patient or person to be examined wishes to have an observer present pursuant to (b) above, or with any care or treatment for which the examination is necessary**, if the licensee is unable to provide [a requested chaperone] **an observer** acceptable to the patient **or the person to be examined, or if the patient or person to be examined declines the licensee's request to have an observer present.**

[(d) A licensee shall not be obligated to provide further care for the immediate medical problem presented if the patient refuses to have a chaperone present and it is the licensee's desire to have a chaperone present during the examination.]

[(e)] **(d)** If care is not to be provided to a patient [under] **or a person to be examined pursuant to** the circumstances described [in] **at(b) or** [page=548] (c) [or (d)] above, the licensee shall, consistent with the principles of informed consent, discuss with the patient **or the person to be examined**, the risks of not receiving further care **at that time and provide an appropriate referral to another practitioner, if available.**

(e)In all office settings, a licensee shall provide notice to a patient, or any other person who is to be examined, of the right to have an observer present during any of the examinations identified at (b) above.

(f) The notice required pursuant to (e) above shall be provided in written form to the patient or the person to be examined, and shall be conspicuously posted in a manner in which patients or any other person who is to be examined, are made aware of the right to request an observer and to decline care if the licensee fails to provide an observer, or if an observer acceptable to the patient or the person to be examined is not available.

(g) Before proceeding with an examination identified at (b) above, the licensee shall confirm that the patient or the person to be examined has read and understood the notice required pursuant to (f) above. The licensee shall not proceed with the examination unless the patient or the person to be examined has signed the written notice provided to the patient or the person to be examined pursuant to (e) above. The licensee shall keep the signed written notice in the file of the patient or the person to be examined.

(h) In circumstances where the posting or the provision of the written notice to the patient or the person to be examined would not convey the right to havean observerpresent,and to decline care if the licensee fails to provide an observer or if an observer acceptable to the patient or the person to be examined is not available, the licensee shall use another means to ensure that the patient or the person to be examined understands the right to have an observer present.

(i)Upon request, the notice required pursuant to (e) above shall be made available to the patient or the person to be examined in English, Spanish, and any of 10 or more additional languages determined by the Director of the Division of Consumer Affairs to be the first language of a significant number of persons in the State.

1. The Director's determination of the 10 or more additional languages, other than English and Spanish, that are the first languages of a significant number of persons in the State shall be based on the U.S. Census Bureau's American Community Survey or a comparable data set. This determination shall be based on data from American Community Survey respondents who indicated that they speak English at a level of proficiency below "very well," or on similar data from a data set that is comparable to the U.S. Census Bureau's American Community Survey.

2. The Board shall post the notice required pursuant to (e) above in English, Spanish, and each of the 10 or more additional languages determined by the Director to be the first language of a significant number of persons in the State, on its website at: (website to be added upon adoption).

3. The Board shall notify licensees by email and by a notice posted on its website in the event of any revision to the Director's determination of the 10 or more languages, other than English and Spanish, that are the first languages of a significant number of persons in the State.

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PLEASE NOTE:
The comment forms are currently being modified.

In order to ensure your comments are received, please send your comments concerning any rule proposals via email to **DCAProposal@dca.lps.state.nj.us**.

Please include the following in your email:

Email Subject Line: Rule Proposal Subject
Email Body: Comments to the Rule Proposal, Name, Affiliation, and Contact Information (email address and telephone number)