

Good afternoon Chairperson Griffin and members of committee,

I am writing to share the feedback from the Unemployment Agency on Representative Stone's bill (HB 4434 H-1) up in committee this morning. The Agency has major concerns over the substitute language as outlined below. The most significant being the potential unintentional consequence of disallowing system adjudications and forcing manual touches on every single issue that is generated on someone's claim because of the level of detail that is prescribed in the sub. This bill will impede on the Agency's ability to deal with large backlogs, increasing delays for claimants or increased confusion.

The UIA understands the need to update communications and documentation with plain language in order to improve interactions and service to claimants and employers. The pandemic has shown, in a chaotic way, just how confusing this program can be to the public. The Agency is actively working on two efforts to that end. The first is a project the Agency will be partnering with an a non-profit group that specializes in working with public institutions/governmental units to create simple, human-centered system for delivering government programs. They will be conducting research and performing a top to bottom review of the entire unemployment insurance program. They will be completely redoing the "customer experience" from beginning to end using innovative best practices, user centered research, and business integration.

The second project has been with a private consulting firm focusing on three items during the pandemic:

1. **Plain language comms:** identified and prioritized 14 common forms to be prioritized for review and edits to improve the plain language of commonly used forms
2. **User-centric website design:** after updates were completed, we saw that improvements to help users better navigate the website led to a decrease in 20% of time spent on UIA homepage and an over 10x increase in pageviews for UIA Worker Forms, which was a common question coming in from claimants.
3. **Revised status definitions:** to help claimants understand their statuses, efforts to improve status definitions and an updates section on status definitions were added in May and continue to be improved and expanded.

UIA is currently prioritizing initiatives to improve claimant and employer experience of common pain points, including ID verification and non-monetary issues on forms and MiWAM raised by claimants.

Over the next year, UIA will be undergoing an upgrade to the UIA tech system and further efforts to improve plain language on forms and components of MiWAM will be prioritized.

So while there is agreement on the wanting to improve the system, the Agency has concerns that the legislation as written has unintended errors and consequences that may increase confusion and hinder the work being done around researched best practices for communications that is ongoing. These include:

- The provision is contradictory
 - o Using an online reading level determination tool - It is not possible to get (re)determinations to a 4th grade reading level as required in Section 2 of the draft and include all of the things required in draft Section 32b, i.e., specifically requiring particularized facts.
- The Agency has tried multiple combinations of verbiage to replace determination statements, even eliminating the terms 'eligible, not eligible, determination, redetermination, qualified, disqualified, restitution, reimburse, and reimbursing', and cannot get to a 4th grade reading level;
- Draft Section 32b will eliminate the ability for UIA to system adjudicate (auto-adjudicate) any issue resulting in **extreme** backlogs; requires particularized facts in each (re)determination; this will result in UIA not being able to meet the federal requirements related to claim filing or first payment promptness requirements.
 - o **Determination statements written in plain language at an appropriate reading level will give claimants the information they need to understand the outcome. Requiring particularized facts will not necessarily enhance claimants' understanding but most certainly will remove any efficiencies we have to system adjudicate and thus delay their determination and payment of benefits.**
- Draft Section 32b refers to *employers' claims* – employers do not file claims.
- Draft Section 32b requires that every (re)determination include a list of all (re)determinations related to the claim, including the date issued, outcome, date of the deadline for appeal of those (re)determinations and the date by which reconsideration should be requested – deadline date for appeal and reconsideration is the same thing
 - o This will cause (re)determinations to be massive and mailings cannot contain more than 10 pages; this will result in claimants and employers getting multiple mailings every single time a (re)determination is issued
 - o A single claim can have multiple issues based on the original claim filing, on the additional claim filed related to the original claim, and on a reopening of the original claim; each time either of these happens on a claim, all of the things in the required list will be mailed to the claimant and employer – this will be more confusing for the parties.
 - o It is common for claimants to have an issue for every individual week they certify because their circumstances could change for each week. Rehashing old (re)determinations for each new issue will be extremely confusing to claimants and increase postage costs for the additional unnecessary pages.
- Draft Section 32b(4), subsections (c) and (d) are the same thing
- Draft Section 32e – a modification, denial or cessation of benefits = determination or redetermination, is not something separate; as a result, this draft provision is the same as draft provision 32(b)(4)

We look forward to working with you to address these issues especially those in the current draft that may unintentionally impact the Agency's ability to deal with large backlogs, increasing delays for claimants or increased confusion.

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