STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Blue Cross Blue Shield of Vermont Individual and Small Group Filing	)))	GMCB-005-20rr

OFFICE OF THE HEALTH CARE ADVOCATE POST-HEARING MEMORANDUM

The Office of the Health Care Advocate (HCA) thanks the Green Mountain Care Board (Board) for the opportunity to respond to the Blue Cross Blue Shield of Vermont (BCBSVT) 2021 Individual and Small Group rate filing (Filing). If BCBSVT's rate request is implemented as proposed, the premiums of 39,200 Vermonters will increase by, on average, 6.3%.[1] Because the proposed increase does not meet the rate review statutory factors, including affordability, BCBSVT has failed to adequately justify the proposed rate.

Vermont and Vermonters have done an excellent job controlling the spread of Covid-19, an admirable achievement that has unfortunately come at great financial cost to Vermonters. BCBSVT, on the other hand, has so far benefited financially from Vermonters' good behavior during the pandemic. The pandemic has also created great uncertainty about future health care costs that can just as easily be settled in favor of lower rates as higher rates. This is not the time to ask Vermonters to pay upfront for possible increased costs when the insurer is in the better position to bear the risk. This is especially true in light of the great affordability challenges Vermonters face in the current economic disaster and the importance of promoting access to care through insurance coverage during this public health crisis. Given all of these considerations, the HCA respectfully requests that the Board implement no rate increase for the 2021 plan year.

[1] GMCB-005-20rr, Ex. 9 at 1-2.

I. *STATUTORY BACKGROUND*

BCBSVT bears the burden of demonstrating that its proposed rate meets the multi-faceted test governing the lawfulness of a rate increase in Vermont: that the requested rate is affordable; promotes quality care; promotes access to health care; protects insurer solvency; is not unjust, unfair, inequitable, misleading, or contrary to law; and is not excessive, inadequate, or unfairly discriminatory.[2]

When deciding whether to approve, modify, or disapprove a rate request, the Board must determine whether the insurer has met each of the statutory criteria listed.[3] The Board may modify the proposed rate or any element of the rate. Vermont law also directs the Board to consider changes in health care delivery, changes in payment methods and amounts, and other issues at its discretion.[4] In the case of BCBSVT, the Board should also evaluate whether BCBSVT has met its statutory obligation to provide coverage to Vermonters "at minimal cost under efficient and economical management."[5]

The Board must accept comments from the public and from the HCA on all topics relevant to the proposed rate, and from the Department of Financial Regulation (DFR) on the limited subject of the impact of the filing on the insurer's solvency and reserves.[6] The Board is not bound by the views of DFR, the public, or the HCA but must consider them. The Board is also not bound by the opinion of its consulting actuary.[7]

The State of Vermont chose to separate the health insurance rate reviewing entity, the Board, from the agency that regulates insurer solvency, the DFR. The Board is responsible for setting

[2] 8 V.S.A. §4062 and 18 V.S.A. §9375.
[3] 8 V.S.A §4062(a)(3).
[4] 18 V.S.A. §9375(b)(6).
[5] 8 V.S.A. §4512(c); 8 V.S.A. §4584(c).
[6] 8 V.S.A §4062(a)(2)(B); 8 V.S.A §4062(c); 8 V.S.A §4062(e)(1)(B).
[7] See 8 V.S.A §4062.

insurance rates for BCBSVT's VISG plans, balancing the statutory factors. DFR has the responsibility to monitor BCBSVT's solvency and take action if it appears the insurer is at risk of not being able to pay its claims. The Board is not required to privilege any of its statutory factors above any others, nor is the Board responsible for ensuring an insurer will meet its solvency target range. If BCBSVT falls below its target range, it will make a plan with DFR to get back into the range. This can be done through various means that are not limited to raising the premium rates that the Board oversees. For example, the insurer can implement administrative cost cutting measures, change its investment strategy, or increase its charges for the portions of its business that fall outside of the Board's review.

II. *BCBSVT HAS FAILED TO CARRY ITS BURDEN WITH RESPECT TO EACH OF THE CRITERION ON WHICH THE BOARD MUST MAKE A DETERMINATION*

A. The Requested Rate Increase is Not Affordable

Vermonters are in an affordability crisis. The Board received over 970 public comments on the 2021 Vermont individual and small group (VISG) propose premium price increases - the most the Board has ever received. As the Board is aware, we are faced with the tragic scenario of existing and impending mass household insolvency. In public comments, Vermonters reported on the current affordability crisis created by the global pandemic,[8] how premiums and deductibles eclipse Vermonters' ability to pay for them,[9] and the high percentage of Vermonters' incomes being taken up by premiums and deductibles,[10] amongst other things. BCBSVT seeks to exclude the Board's consideration of affordability and access in rate review, suggesting these terms should be defined as "not excessive" and conflating medical loss ratio with affordability. This is not Vermonters' reality:

[8] E.g., GMCB-005-20rr, Pub. Comment, 26, 43, 81, 184, 216, 224, 245, 374, 478, 559, 894, 907, 931.
[9] E.g., GMCB-005-20rr, Pub. Comment, 33, 101, 110, 168, 359, 457, 503, 615, 621, 668, 740, 867, 953.
[10] E.g., GMCB-005-20rr, Pub. Comment, 148, 150, 333, 486, 519, 594, 742, 757, 866.

Actuarial justification and federal medical loss ratio requirements do not reflect whether or not Vermonters have enough money to buy health insurance and use it.

As evidence of Vermonters' mounting inability to afford health insurance increases, we again present Vermont real GDP growth and Vermont real wage growth over the last several years compared to BCBSVT VISG premium price growth.[11] Pre-Covid-19, Vermont-specific data demonstrates that BCBSVT's VISG premiums have grown far faster than Vermont's economy or Vermonters' wages, leaving Vermont businesses and households paying an unsustainable share of their income towards health insurance. This fact is only made worse by the current situation.

BCBSVT's VISG premium price has substantially outpaced Vermont's economy as measured by real GDP. From 2014 to 2019, BCBSVT's VISG premium price grew a staggering 582% more than real GDP.[12] BCBSVT's VISG premium rate growth has also outpaced real wage growth in Vermont: 45.59% vs 6.68% respectively, from 2014 to 2019.[13]

The proposed premium price increase exacerbates the issue of premium growth outpacing real GDP and wage growth. Assuming the Filing's proposed rate increases are implemented, from 2014 to 2021 the cumulative nominal premium price growth is a disturbing 73.95%, far higher than any reasonable prediction of household income or GDP growth.[14] When these two facts are considered together with the current economic crisis, it is no wonder that Vermonters spoke out against this year's rate increase in such large numbers.

[11] Real wages and real GDP are adjusted for differences in price levels (using the Consumer Price Index) between time periods.

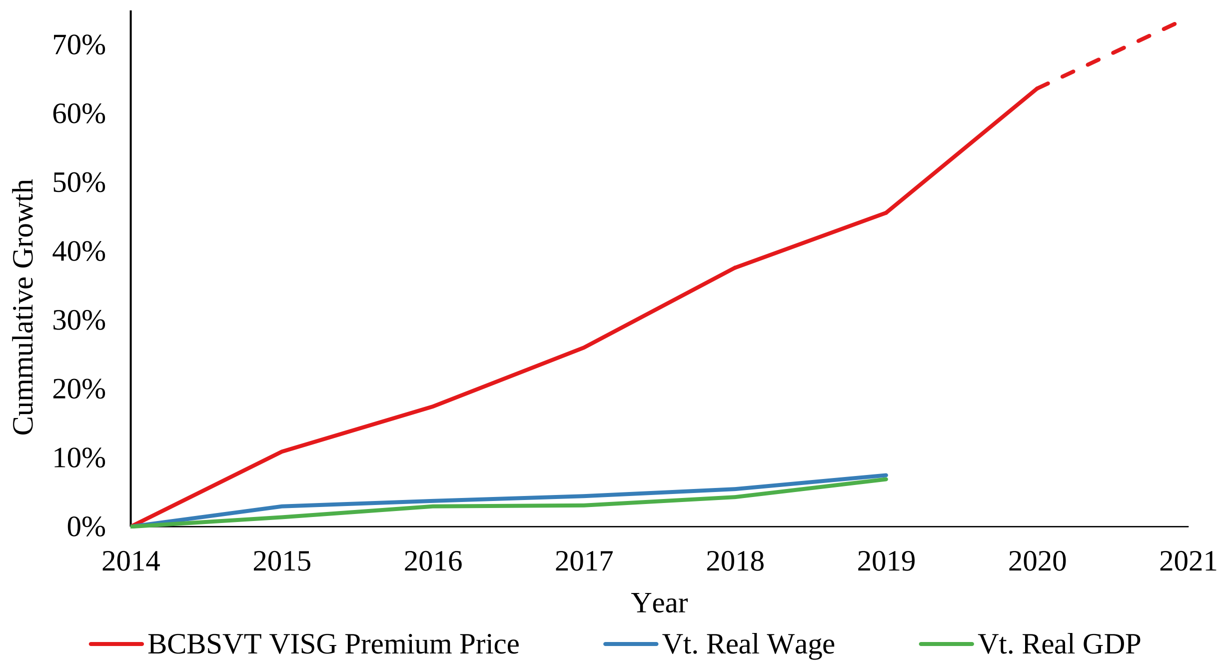
[12] 2014 to 2019 is the period starting with the first year that average rate increase for the book of business is available on the Board's website and ending at the most recent year for which annual Vt. real GDP data is available. GMCB-005-20rr, Stipulation for Inclusion in the Record, Item 23.

[13] 2014 to 2019 is the period starting with the first year that average rate increase for the book of business is available on the Board's website and ending at the most recent year for which Vermont real wage growth data is available. GMCB-005-20rr, Stipulation for Inclusion in the Record, Items 24, 32.

[14] GMCB-005-20rr, Ex. 9; GMCB-006-19rr, Order; GMCB-009-18rr, Order; GMCB-008-17rr, Order; GMCB-008-16rr, Order; GMCB-008-15rr, Order; GMCB-018-14rr, Order.

In Chart 1**,** we present the unsustainable trend of BCBSVT's VISG premium price growth compared to the growth of the economy and wages in Vermont. Chart 1 includes the most recent year for which each data point is available. The dashed segment of the red line between the years 2020 and 2021 indicates a proposed increase whereas the solid red line segments represent approved premium rates.

Chart 1. BCBSVT VISG premium price growth, real GDP growth, and real wage growth (Base = 2014).[15]



The wage and GDP growth data presented above are for periods before the Covid-19 crisis. Due to the sacrifices Vermonters and many other Americans are making to control the Covid-19 pandemic, Vermonters and small businesses currently face unprecedented economic straits that have not been seen for decades, if ever in their lifetimes, causing unemployment to increase, businesses to contract, incomes to decline, and prices for basic necessities to rise. In May and

[15] Id; GMCB-005-20rr, Stipulation for Inclusion in the Record, Items 23, 24, 32.

June 2020, 12.8% and 9.4% of Vermonters in the labor force were unemployed, respectively.[16] To put the June 2020 unemployment rate in context, Vermont unemployment was 2.4% at the same time last year and the current 9.4% unemployment is the highest monthly rate since the state has been producing data (1976), with the exceptions of April and May 2020. June's 9.4% unemployment rate equates to 32,021 unemployed Vermonters.

Increasing unemployment often coincides with business contraction. Major Vermont industries critical to Vermonters' personal financial security and the state's economy have experienced substantial contraction. For instance, Vermont's Accommodation & Food Services industry, has shed 45.6% of its workforce since June of last year.[17]

Among Vermonters who are still employed, many have experienced a loss of income due to the Covid-19 crisis. A new weekly federal survey that produces state-level estimates, the Household Pulse Survey, provides near-real time household experience data during the Covid-19 crisis. From March 13, 2020 through July 14, 2020, the survey reports that 46% of Vermonters over 18 years of age lost income. This overall statistic obscures substantial variation in income loss by educational attainment and race. Whereas 40% of Vermonters with Bachelor's degrees or higher have lost income, 49% of Vermonters with less than a Bachelor's degree have lost income. The loss of income variation is even more pronounced amongst some non-White Vermont populations compared to White Vermonters: 49% of Black Vermonters and 79% of multi-racial Vermonters over age 18 lost income during that period compared to 44% of White Vermonters.[18]

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[16] GMCB-005-20rr, Stipulation for Inclusion in the Record, Item 41.
[17] Id.
[18] GMCB-005-20rr, Stipulation for Inclusion in the Record, Item 27.

At the same time that incomes have dropped and Vermont's unemployment rate has risen, the cost of basic necessities has increased. The food at home price index rose 5.6% over the 12-month period ending June 2020, its largest 12-month increase since the period ending in December 2011. For the same period, the index for meat, poultry, fish, and eggs rose 12.8%. The 12-month averages obscure the substantial price shocks Vermonters are facing right now. For instance, the beef index has increased 20.4% in just the last three months.[19] Whether indicated by unemployment, business contraction, lost income, or the cost of basic necessities such as food, Vermonters are facing unprecedented financial hardships with no clear end in sight.

The high cost of VISG health insurance products compound these hardships. Combining the Affordable Care Act's premium affordability threshold and Vermont's Household Health Information Survey underinsurance metric captures the dual burden of premiums and deductibles: an insurance plan is affordable if a household (1) does not pay more than 9.78% of their income for premiums or (2) have a combined deductible equal to or greater than 5% of their income.[20]

Using this test, the 2020 BCBSVT Standard Silver plan is unaffordable to most Vermonters not income-eligible for Medicaid even accounting for premium subsidies, cost-sharing benefits, and Dr. Dynasaur eligibility: for individuals whose annual income is roughly between $18,740 and $21,020 or between $24,985 and $79,065, for couples whose annual income is roughly between $25,366 and $158,137, and for families whose annual income is roughly between $38,627 and $42,042 or between $51,502 and $222,192.[21] The proposed rate increases would mean that the 2021 BCBSVT Standard Silver plan is unaffordable to even more Vermonters.

[19] GMCB-005-20rr, Stipulation for Inclusion in the Record, Item 26.
[20] We assume that households with incomes not eligible for APTC purchase a reflective silver plan and that households that are income eligible for APTC purchase from VHC.
[21] We assume a family composition of two adults and two dependent children under 19 years of age.

The 2020 BCBSVT Standard Silver plan is particularly unaffordable for Vermonters whose income is slightly above the premium tax credit income threshold. For example, assuming the purchase of the standard reflective Silver plan, a single person, couple, and household of four at 401% FPL ($50,085, $67,809, and $103, 258, respectively), must pay roughly 15%, 23%, and 21% of their income for annual premium alone, respectively.

The over 970 public comments submitted to the Board prove the affordability crisis and its deleterious effect on Vermonters,[22] small businesses, [23] and non-profit organizations.[24] To be sure, any proposed rate increase will be affordable for some people and unaffordable for others. However, the proposed rate increase would be unaffordable to Vermonters who earn the 2018 median income for an individual ($30,728), a couple ($71,908), or a household of four ($98,630).[25] In fact, proposed premium alone (without considering cost-sharing and deductibles) for the Standard Silver Plan will be unaffordable for individuals, couples, and families who earn *twice* the median income. While conclusions regarding many of the rate review statutory factors must include arguable and uncertain predictions, there is no question that the proposed rate is unaffordable.

B. The Proposed Rate Impedes Vermonters' Access to Care

One of the fundamental components of access to care is Vermonters' ability to pay for needed care. Vermonters already struggled to access care due to cost before the Covid-19 crisis and related economic downturn. Vermonters and Vermont businesses are challenged by premium price growth. Vermonters often do not receive annual pay increases and Vermont businesses are often not able to sufficiently increase their annual revenue to make up for the premium price

[22] E.g., GMCB-005-19rr, Pub. Comment, 16, 119, 317, 331, 342, 455, 588, 726, 823, 892, 939.
[23] E.g., GMCB-005-19rr, Pub. Comment, 128, 257, 261, 322, 372, 377, 394, 450, 727, 832.
[24] E.g., GMCB-005-19rr, Pub. Comment, 130, 941, 966, Rural Vermont Letter (7.15.2020).
[25] 2018 is the most recent year that Vermont median income by household size is available from the Census Bureau.

increases. This leaves Vermonters with three options: pay the premium increase and have even less money to spend on other necessities including health insurance out-of-pocket costs, buy a cheaper plan with more burdensome out-of-pocket costs, or forego insurance altogether. Similarly, to absorb the rate increases Vermont businesses must choose to decrease worker wages, reduce health insurance benefits, or cease offering health insurance to their workers altogether. Clearly workers who lose wages or lose health insurance are less able to afford care. At the same time, Vermonters with higher deductibles, including those with employer-sponsored insurance, are more likely to delay seeking care.[26] An increase to the rate would therefore reduce access to care.

C. The Proposed Rate Increase is Unnecessary for Insurer Solvency

DFR stated that it "does not expect the proposed rate will have a significant impact on [DFR's] overall solvency assessment of BCBSVT." [27] While the near term economic outlook for Vermonters, small businesses, and health care providers is bleak, BCBSVT's current solvency position is strong: it has "hovered around the high 600s as of July 1, 2020" and without considering its pension losses or Covid-19, its 2020 Risk Based Capital (RBC) will likely be 733%. [28] It will receive substantial monies in the near term from AMT tax credits and litigation regarding risk corridor and cost-sharing reduction payments.[29] These monies will add over 150 percentage points to BCBSVT's RBC, roughly $36 million. Oliver Wyman predicts that BCBSVT will likely add an additional 21 to 105 percentage points to its RBC due to the Covid-19 pandemic.[30] In sum, BCBSVT will add between 171 and 295 percentage points to its RBC in

[26] GMCB-005-20rr, Stipulation for Inclusion in the Record, Item 31.
[27] GMCB-005-20rr, Ex. 10 at 6.
[28] GMCB-005-20rr, Ex. 10 at 3; GMCB-005-20rr, Hr'g Tr. at 150 (Schultz Test.).
[29] Id at 5.
[30] GMCB-005-20rr, Ex. 10 at 14-15.

2020-2021, a substantial increase to its member reserves, reserves that are meant to be spent on just the type of event Vermonters are now experiencing.

In regard to BCBSVT's pension losses, the insurer wishes to have it both ways: BCBSVT claims that they are "stewards of the premiums and reserves entrusted to [them] on behalf of [their] members"[31] and it wants the Board to believe that ratepayers will not reimburse the insurer for the pension losses and at the same time implicitly argues against using reserves during the current pandemic in light of how pension losses will negatively impact member reserves. BCBSVT uses its claim that members will not pay for the pension loss as an excuse to refuse to answer most of the Board's or the HCA's questions about the pension loss, whether in writing or at hearing, essentially stating that it is none of the Board's business.[32] But at the same time, it wants the Board to ignore the very healthy state of BCBSVT's reserves and allow BCBSVT to contribute more ratepayer money to its reserves because of the future impact the pension losses may have on BCBSVT's reserves, losses BCBSVT is also looking to recoup from Vermonters.[33] We urge the Board to take BCBSVT at its word that the pension fund loss will not impact rates this year and not consider it in assessing BCBSVT's solvency.

D. The Proposed Rate Is Excessive

As stated above, the Board is required to consider the actuarial criterion, along with all of its other statutory criteria, in its review of the proposed rate. There is no requirement for the Board to assume that there must be a rate increase every year or to privilege the actuarial criterion above the other statutory criteria. This year as in all others, insurers are inclined to adopt assumptions that raise their rates in order to have the strongest financial positions possible. To

[31] GMCB-005-20rr, Ex. 4 at 5.
[32] E.g., GMCB-005-20rr, Ex. 22 at 2-3.
[33] GMCB-005-20rr, Ex. 6 at 59, chart row 13.

balance this, the Board has the authority to adopt rational alternative assumptions that do not lean in favor of higher costs.

There are many reasons for the Board to carefully scrutinize BCBSVT's actuarial assumptions this year. Actuarial predictions are highly speculative every year, but particularly this year in light of the Covid-19 pandemic. As Vermont is in an abnormal situation, adopting BCBSVT's standard actuarial assumptions about items such as cost and utilization in 2021 may not be reasonable. Also, in light of the care Vermonters' have taken to protect each other from Covid-19 and Vermont's excellent Covid-19 numbers, perhaps the best in the country, we should not assume that insurers will have average experiences with Covid-19 related costs. In addition, more than one assumption can be deemed actuarially reasonable as shown by the fact that L&E found both MVP and BCBSVT's assumptions regarding Covid-19 to be reasonable despite the fact that they made conflicting assumptions.[34] Further, due to the pandemic and the uncertainty it brings, a large number of the predictions in the filing require public health expertise, not actuarial expertise. As such, the Board is as qualified or more qualified than the actuaries to determine what predictions are reasonable.

Due to space considerations, we will limit ourselves to one specific example of a BCBSVT assumption the Board could reasonably reconsider - its utilization trend - which BCBSVT assumes will increase without sufficient evidence. First, BCBSVT's actual experience was a lower utilization trend in 2019 than it had predicted.[35] It has chosen to assume this reduction was essentially a fluke and continue to keep its 2020 trend (predicted before it had 2019 actuals) and to assume an even higher 2021 trend. Again, 2019 experience does not support this increase and

[34] GMCB-005-20rr, Ex. 9 (finding no rate adjustment for Covid-19 to be actuarially justified); GMCB-006-20rr, Lewis & Ellis Actuarial Mem. (finding an upward rate adjustment for Covid-19 to be actuarially justified).
[35] GMCB-005-20rr, Ex. 1 at 4.

certainly it cannot be supported based on 2020 claims. Second, the precautions Vermonters are taking to successfully guard against Covid-19 can reasonably be predicted to lower health care utilization compared to past years. These precautions are likely to decrease the spread of all infections, reduce unnecessary visits to health care facilities, and reduce injuries from formerly common activities like riding in cars and playing team sports. Third, while BCBSVT assumes no Covid-19 impact on the 2021 rate, it is reasonable to assume that there will be a second Covid-19 wave that will reach into 2021. Rather than speculate wildly as to what a second wave might look like, the best evidence for Vermont is that a second wave will be similar to the first and claims will once again significantly decline, well beyond the costs the insurer incurs due to Covid-19.

E. The Proposed Rate Increase is Unjust, Unfair, and Misleading

We will focus on three broad categories in which BCBSVT's arguments for more money are unjust, unfair, and misleading: BCBSVT's accusations that the Board is responsible for its losses, BCBSVT's references to its pension plan, and BCBSVT's framing of Covid-19 costs. BCBSVT uses these three points to mislead the Board into believing that the Board should not order any downward adjustment to rates to help Vermonters and small businesses suffering due to the current crisis.

On the first point, BCBSVT falsely asserts that BCBSVT's VISG losses are due to Board action and not its own actions or those of the federal government.[36] However the evidence does not support this claim. The federal government failing to provide cost sharing reduction and risk corridor payments account for the majority of BCBSVT's recent VISG losses and BCBSVT has not proven that the Board's changes to its rates are responsible for any of the remaining losses.

[36] E.g., GMCB-005-20rr, Ex. 1 at 15.

In fact, the evidence suggests that BCBSVT's own methodology, lack of cost reducing measures, failure to adequately prove its need for a rate increase, business decisions, and failure to manage to regulation have resulted in its losses. We note that after accounting for lost federal risk corridor and cost sharing reduction payments which will largely be reimbursed through litigation, BCBSVT has incurred significantly smaller losses in its VISG filings than in its large group filings, despite the Board historically making smaller cuts to large group rates. Further, there is also clear evidence that BCBSVT is itself partially responsible for undermining its VISG book of business. BCBSVT has lost business from having rates that are too high and from creating separate business lines, such as association health plans and captive insurance plans, that compete with its VISG book of business. BCBSVT's siphoning of small groups with, on average, lower morbidity than the individual pool results in it "needing" to raise rates for its remaining VISG members.

On the second point, it would be deeply unjust and unfair to raise Vermonters' premium prices to pay for BCBSVT's pension fund losses, losses that may be recovered from other parties.[37] A private business's desire to fund guaranteed retirement benefits for its workers that it lost through poor investments should not eclipse the need for Vermonters to be able to afford health insurance, especially right now while Vermonters are dealing with a national economic and public health crisis. Further, BCBSVT's lack of transparency on this issue means that it cannot meet its burden of proof and whether it is considered implicitly or explicitly, it is unjust for Vermonters and small businesses to pay for BCBSVT's pension loss.

On the third point regarding framing of Covid-19 costs, BCBSVT argues that Covid-19 poses a dire risk to BCBSVT, regardless of the fact that Vermonters' sacrifices resulted in

[37] GMCB-005-20rr, Ex. 12 at 40.

reduced Covid-19 cases and substantial financial gains for BCBSVT while the Vermont economy suffered. BCBSVT presented its scenario modelling presumably in an attempt to convince the Board that BCBSVT's reserves are at risk of being depleted rather than increasing due to Covid-19. Even on its face, however, BCBSVT's scenario modelling is misleading.

While there are a number of issues with the model that we could discuss, for the sake of space we will focus on just two points. First, in predicting a possible second wave of Covid-19 in Vermont, despite the vast number of regions that BCBSVT could have chosen as likely scenarios, it modeled three of its four scenarios off of large metropolitan areas that have had significant Covid-19 outbreaks: Albany, Suburban SE New York, and Boston.[38] BCBSVT included an additional "no second wave necessitating an economic shutdown" scenario as having incidence rates that climb to 75% of the rate of the first wave in 2020 and climb even higher in 2021.[39] Yet, these predictions arguably reflect a second wave where access to non-essential medical care would again be substantially restricted, especially in Vermont where the government has taken a particularly cautious approach to controlling the virus. This framing allowed BCBSVT to model a "no second wave" scenario as one that would have no reduction in claims but a sustained need for significant treatment costs. Further, the model misleadingly includes extreme outliers in the results. It is not reasonable to include scenarios that are up to three standard deviations from the mean: 99.7% of observations fall within three standard deviations. BCBSVT asks the Board to accept worst case conjectures that even under BCBSVTs skewed predictions have a less than a 0.3% chance of occurring. Simply put, BCBSVT's Covid-19 modeling is misleading and should be disregarded.

III. CONCLUSION

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[38] GMCB-005-20rr, Ex. 17 at 13.
[39] GMCB-005-20rr, Ex. 17 at 4, 8-9.

In this time of public health and economic crisis, there is no doubt that Vermonters are suffering. At the same time, BCBSVT is benefiting financially due to substantially reduced utilization. Overwhelming data shows that BCBSVT's rates are not affordable to Vermonters and will impede their access to care during the current economic crisis. At the same time, there is significant widely-recognized uncertainty in the 2021 actuarial predictions that increase the rates, BCBSVT's filing includes many points that are unjust, unfair, and misleading, and BCBSVT's strong solvency position puts it in the best position to pay for unexpected costs. In light of all of these factors, we ask the Board to do what is best for Vermonters during this time of crisis and implement no rate increase for 2021.

Dated at Montpelier, Vermont this 28th Day of July, 2020.

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CERTIFICATE OF SERVICE

I, Eric Schultheis, hereby certify that I have served the above Office of the Health Care Advocate Post-Hearing Memorandum on Michael Barber, Green Mountain Care Board General Counsel; Amerin Aborjaily, Green Mountain Care Board Staff Attorney; and Mike Donofrio and Brigid Asay, representatives of BCBSVT in the above-captioned matter, by electronic mail, return receipt requested, this 28th day of July, 2020.

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