

State of New York
Office of the State Comptroller
Division of Management Audit

DEPARTMENT OF HEALTH
ADMINISTRATION OF VITAL
RECORDS

REPORT 96-S-40



H. Carl McCall
Comptroller



State of New York Office of the State Comptroller

Division of Management Audit

Report 96-S-40

Barbara A. DeBuono, M.D., M.P.H.
Commissioner
Department of Health
Corning Tower Building
Empire State Plaza
Albany, NY 12237

Dear Dr. DeBuono:

The following is our audit report on the New York State Department of Health's administration of vital records.

This audit was performed pursuant to the State Comptroller's authority as set forth in Section 1, Article V of the State Constitution and Section 8, Article 2 of the State Finance Law. Major contributors to this report are listed in Appendix A.

*Office of the State Comptroller
Division of Management Audit*

August 14, 1997

Executive Summary

Department Of Health Administration Of Vital Records

Scope of Audit

The New York State Department of Health (Department) is responsible for registering all vital events (e.g., births, deaths, marriages) occurring in the State, outside New York City. Authorized agents prepare and file these documents with one of the more than 1,500 local registrars in the State who forward the data to the Department. Although local registrars are generally employees of local government, the Department has statutory authority to ensure they comply with the laws relating to vital records. On average, 140,000 births and 96,000 deaths are recorded annually. During 1995, the Department processed more than 73,000 requests for certified copies of vital records, generating more than \$540,000 in revenues. Adequate controls over vital records protect information from landing in inappropriate hands. Nationally, the use of false identification is estimated to cost more than \$30 billion annually.

Our audit addressed the following questions about the Department's administration and operation of the vital records system for the period January 1, 1995 through December 31, 1996:

- Is the Department appropriately administering and overseeing the vital records system to ensure the security of the records?
- Is the Department processing requests for document copies timely?
- Are there opportunities for the Department to enhance revenues?

Audit Observations and Conclusions

We found that the Department needs to improve security over the vital records system. In addition, the Department needs to reduce the time it takes to process vital record requests, as well as to initially register vital events. We also identified opportunities for the Department to increase revenues.

We visited 17 local registrars that recorded 38 percent of the birth activity in the State to assess the Department's level of oversight and guidance. We found that the vital record operations and the controls over restricting access to vital records vary among registrars and are generally weak. These problems exist because the Department has not appropriately exercised its authority over these registrars, nor has it appropriately monitored or guided their activities.

For example, although the Department has provided guidance to registrars on suggested procedures for handling walk-in requests for vital record information, it has not developed guidance on mail and phone requests. All of the registrars we visited honor mail requests, but only seven require the applicant to submit a copy of some form of identification to ensure that only authorized individuals gain access to vital records. In addition, two registrars accept applications by telephone and do not have any requirement for identification. Further, the Department does not require the local registrars to use standardized forms for certified copies of vital records, even though the proper use of such forms could curtail the risk of fraud or counterfeiting. Our report contains recommendations

to address the various control weaknesses we found at the local registrars. (See pp. 3-6)

The Department needs to improve controls over access to its own records. The Department processed nearly 70,000 requests by telephone or mail for copies in 1995, yet it does not require requestors to submit verification of identity. The Department only requires identification information that is relatively easy to ascertain from other sources. The Department also needs to take more timely measures to ensure accountability over its own inventory of forms used for certified copies. The Department should also improve staff training on fraud awareness and detection. (See pp. 6-11)

We reviewed a sample of certified copy requests and found that it took an average of 13 weeks to fulfill those requests. This seems excessive when compared with times reported by other states. We also found hundreds of governmental requests for vital record information outstanding for more than six months. Governmental agencies use vital record information to administer their functions more efficiently. Sometimes, government benefits (e.g., Social Security) are provided contingently upon receiving verification from the Department. (See pp. 13-15)

To ensure the initial registration of vital events is done in a timely manner, the law requires the preparers of birth certificates to submit the data to the local registrar within five days of the event. However, untimely submission is common. For the 298 records we reviewed, 85 percent were not submitted within the five-day mandate. It is imperative that registrars process birth records timely, since government agencies and individuals depend on this information. (See pp. 15-16)

We identified areas where the Department could increase revenues. The Department does not charge extra for "express" one-day service requests for copies of records. If the Department charged an additional \$10 to \$20 for express service requests, it could generate approximately \$150,000 to \$300,000 annually in additional revenue. Since the Department provides the customer with quicker service for such requests, perhaps an extra fee is warranted. In addition, many other states that we contacted charge a consistent fee for certified copies of vital events. In New York, however, two separate articles of law cover the fee structure for certificates. Article 3 of the Domestic Relations Law establishes the fee for marriage certificates provided by the Department at \$5. The Public Health Law governs all other certificates and requires a \$15 fee. The Department should pursue possible legislative changes to achieve consistency of fees. (See p. 18)

Comments of Department

Department officials are in general agreement with our findings and, in many cases, indicate they have taken action to implement our recommendations.

Contents

Introduction	Background	1
	Audit Scope, Objectives and Methodology	1
	Response of Department Officials to Audit	2

Security of Vital Records	Department Oversight of Registrars	3
	Department Internal Security	10

Department Service Performance	Certified Copies	13
	Certification of Data	14
	Timeliness of Original Record Submittal	15
	Other Processing Delays	17

Opportunities for Revenue Enhancement	18
--	-----------	----

Appendix A	Major Contributors to This Report
-------------------	-----------------------------------

Appendix B	Response of Department of Health Officials
-------------------	--

Introduction

Background

The Vital Records Registration System began in 1880 when the State Legislature created the State Board of Health. The Vital Records System was established that same year out of a need to provide a legal record of births and deaths and to collect medical and demographic information in support of public health programs.

According to Article 41 of the New York State Public Health Law (Law), the New York State Department of Health (Department) is responsible for the registration of all vital events (births, deaths, and dissolution of marriages) that occur in the State, outside New York City. According to Section 20 of the State Domestic Relations Law, the Department is also responsible for the registration of all marriages outside of New York City. The New York City Department of Health is responsible for the records relating to vital events in New York City. In New York State, authorized agents (physicians, hospital staff, funeral directors, etc.) prepare and file death and birth documents with one of the more than 1,500 local registrars. Local registrars forward certificate data to the Department where it is indexed, recorded and stored. Although local registrars are generally employees of local government, the Department has statutory authority to ensure they comply with the Law. On average, the Department processes 140,000 birth and 96,000 death records each year.

The Department's Bureau of Production Systems Management (PSM) processes data from birth, death, marriage and dissolution certificates recorded in the State. Within the PSM, the Bureau of Vital Records is responsible for collecting, preserving and indexing the documents required by the Law and for those provisions of the Domestic Relations Law relating to the registration of marriages.

In addition, the Department provides certified copies of vital records. Copies may be obtained in person, by mail, or via telephone. A certified copy of a birth, death or dissolution of marriage record costs \$15, while marriage certifications are \$5. During calendar year 1995, the Department processed more than 73,000 requests generating more than \$540,000 in revenue. Local registrars also issue certified copies of vital records for a \$10 fee. The Department estimates that registrars issue 210,000 birth certificates and 576,000 death certificates each year.

Audit Scope, Objectives and Methodology

We audited the Department's operations and controls over collecting, recording and securing vital records for the period January 1, 1995 through December 31, 1996. Our audit did not address New York City's Vital Records Office because it is specifically excluded from the Department's authority under the Law. The New York City Department of Health is responsible for these vital records. The objectives of our performance audit were to evaluate the Department's controls over vital records, assess the Department's performance

of service, and determine revenue enhancement opportunities. To accomplish these objectives, we reviewed applicable laws, rules, regulations, policies and procedures. We also interviewed Department management and staff, as well as officials from other states' vital records offices, the Social Security Administration, the United States Department of Health and Human Services' National Center for Health Statistics, and selected registrars in New York State. In addition, we tested the Department's and selected registrars' records, files and documents.

We conducted our audit in accordance with generally accepted government auditing standards. Such standards require that we plan and perform our audit to adequately assess those operations of the Department which are included within the audit scope. Further, these standards require that we understand the Department's internal control structure and its compliance with those laws, rules and regulations that are relevant to those operations which are included in our audit scope. An audit includes examining, on a test basis, evidence supporting transactions recorded in the accounting and operating records, and applying such other auditing procedures as we consider necessary in the circumstances. An audit also includes assessing the estimates, judgments, and decisions made by management. We believe that our audit provides a reasonable basis for our findings, conclusions and recommendations.

We use a risk-based approach when selecting activities to be audited. This approach focuses our audit efforts on those operations that have been identified through a preliminary survey as having the greatest probability for needing improvement. Consequently, by design, finite audit resources are used to identify where and how improvements can be made. Thus, little audit effort is devoted to reviewing operations that may be relatively efficient or effective. As a result, our audit reports are prepared on an "exception basis." This report, therefore, highlights those areas needing improvement and does not address activities that may be functioning properly.

Response of Department Officials to Audit

Draft copies of this report were provided to Department officials for their review and comment. Their comments have been considered in preparing this report and are included as Appendix B.

Within 90 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Department of Health shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

Security of Vital Records

The responsibility for safeguarding the vital records of the State is very important. The information contained in these records is not only necessary for the performance of many acts in society, such as obtaining a driver's licence or applying for Social Security benefits, but if this information lands in the wrong hands, the result can be financially and emotionally devastating. For example, fraudulently obtained birth certificates can be used to obtain Social Security cards or other documents with which to create a false identity. Criminals can use false identities to perpetrate any number of crimes such as credit fraud and drug dealing. Use of false identification is estimated to cost society billions of dollars annually, with some authorities estimating a cost of upwards of \$30 billion nationally.

An enterprising imposter need not risk using counterfeit or stolen documents; he can often easily obtain genuine identification for living or dead persons from the legal issuing offices themselves. The process is relatively easy, and information on what techniques to use is readily available. In today's environment of increased technology, the availability of information on how to access vital records and use them for personal gain has grown significantly. For example, we found a plethora of "how to" books on the Internet that arrive within days of ordering them.

Individuals can easily take advantage of these materials to access necessary documents for the creation of false identification. This increasing threat and risk to society require those overseeing the preservation and security of vital records to work that much harder to prevent unauthorized access. We found that the Department needs to improve the security over the vital records system, including procedures for preventing unauthorized access to vital records.

Department Oversight of Registrars

The process of creating a false identification often begins when a criminal obtains a certified copy of another person's birth certificate by filing a false application. Using this certified copy, the person can obtain a driver's license, a Social Security card, and other documents until the identity is complete.

According to a 1988 report issued by the Inspector General (IG) of the Federal Department of Health and Human Services (HHS), the easiest way to gain access to genuine birth certificates is through local registrars, of which there are nearly 7,000 nationwide. More than 20 percent of these offices are in New York State. The absence of standardized documents, seals, signatures and procedures utilized at each of the local registrars provides many opportunities for birth certificate fraud to occur. In fact, one underground-type publication provides a methodology for falsely obtaining certified documents that it claims will be successful at nine out of ten local registrars. The IG report notes that all states are vulnerable because fraud prevention appears to have a low priority, particularly in local

offices. To compound the problem, state control over local offices is strongly resisted.

Although there are 1,500 registrars in New York State, less than 5 percent of them register nearly 85 percent of the State's births each year. Legislation to reduce the number of local registrars has been unsuccessful. In 1982, the Legislature took away the Department's authority to consolidate registrars because of the Department's efforts to consolidate registrars in one county. Now, local governments must approve any consolidation efforts. If the State is to continue to have so many registrars, it is imperative that the Department institute proper controls, oversight, and guidance of local registrar operations.

We visited 17 local registrars that recorded 38 percent of the birth activity in the State to assess the Department's level of oversight and guidance. We found that the vital record operations and the controls over restricting access to vital records varied among registrars and were generally weak. These problems exist because the Department has not appropriately exercised its authority over these registrars, nor has it appropriately monitored or guided their activities.

Flagging of Birth Records

A frequently used technique to fraudulently obtain a birth certificate is the "Infant Death Identity" scheme by which a person gets a birth certificate for a dead infant using identifying information gleaned from old newspapers or death registers. The "how to" books on the market label this method as one of the best ways to change your identity permanently. Government's best defense against this technique is to match birth and death records and "flag" the birth record to show that the person is deceased. This procedure prevents imposters from obtaining birth certificates of dead persons. We found that the Department does match and flag birth records of those people who die within the State, but does not share this information with the local registrars. A national system has also been established to share death information among states so that the birth records of individuals who are born in one state and die in another can also be flagged. Although the Department participates in the interstate exchange of information, it does not pass this information on to the local registrars.

Eleven of the 17 registrars we visited (65 percent) do not even flag birth records of individuals who die within their own districts. The registrars that do flag birth records flag only the records of infants who are born and die within their district during the same year. Department officials agree that providing this data to registrars would improve controls, and have begun to look into possible methods of doing this.

Applicant Identification

The 1988 IG report discusses the results of visits to 11 states, and to the New York City Department of Health's Vital Records Office, identifying weaknesses in certification forms and issuing procedures. The IG reported that impersonation of individuals was mentioned by state and local registrars as the most common method of obtaining birth certificates for fraudulent purposes. Department officials also have stated that the risk for access to vital records for fraudulent use is great.

The IG report further states that mail requests for certificates were considered by officials polled to be the most vulnerable mode of request. The IG added that impersonation by telephone is as easy as by mail despite the use of credit cards. To help strengthen the controls over mail and telephone requests, the IG recommends procedures that we found could also strengthen controls at the Department. The Department has provided guidance to registrars on suggested procedures for handling walk-in requests, but has not developed guidance on mail and telephone requests. The Department needs to establish standards in this area to ensure that only authorized individuals gain access to vital records.

Certified copies of vital records may be issued only to those authorized by the Public Health Law to receive them (i.e., the individual for whom the record exists or their parents). We found there are various ways to obtain a record and varying degrees of identification that may be required depending upon the registrar. Each of the 17 registrars we visited provides walk-in service for requests for certified copies, and all require some form of identification. However, for mail and telephone requests, we found inconsistencies in both procedures and identification requirements. For example, all of the registrars we visited honor mail requests, but only seven require the applicant to submit a copy of some form of identification. In addition, two registrars accept applications by telephone and do not have any requirement for identification.

The absence of strong identification requirements makes the records at the registrars susceptible to illegal access. During our audit, one registrar stated that a counterfeiting ring had been operating in her area and that she was warned by police to take extra precautions. This registrar does require photo identification or a notarized request, but other registrars that do not are at greater risk.

The Department could also improve its processes. For example, it processed nearly 70,000 requests by telephone or mail for copies of records in 1995, yet it did not require any of these requestors to submit any verification of identity. The Department requires information concerning only the name of individual, date of event, and mother's maiden name. All these items are relatively easy to obtain from many sources including other vital records.

We found that other states' vital records offices require a copy of a driver's license or the notarization of a signature as proof of identity for mail-in requests, as do some local registrar offices in New York State. In fact, the Department requires requestors to provide proof of identity at the walk-in office it operates.

Although Department officials agree that they could take additional measures to ensure security, their focus is still on fulfilling requests. According to Department officials, requiring the public to provide verification of identification before receiving service places an undue burden on requestors.

Although the ideal situation would be to require proof of identification, at a minimum, the Department should consider alternative methods of assurance. Some possible alternatives could be requiring notarization of the request or asking for more obscure information from applicants such as the father's place of birth or the mother's number of children.

Standardized Forms for Certified Copies

Based on the results of the IG report, HHS created the Model State Vital Statistics Act and Regulations (Model) for use by states that are considering revising their own vital statistics laws and regulations. The Model recommends that all forms used for certified copies of vital records be uniform and be provided or approved by state registrars. We found that the Department has not followed the Model recommendations. As such, we found different registrars use different forms for certified copies.

The Department provides two standardized forms for certified copies of birth records at the local level: the Certified Transcript of Birth and the Certification of Birth. Each form has built-in safety features that prevent them from being altered or copied, thus ensuring the integrity of the record. In addition, local registrars are required to give parents a photocopy of their child's initial Registration of Birth, which is the initial document prepared by the doctor or hospital and forwarded to the registrar.

We found that many registrars do not use the Department forms, and of those that do, several use them inappropriately. Seven of the 17 registrars we visited (41 percent) do not use the Department forms to provide certified copies, but instead make a photocopy of the Registration of Birth. Five of these seven registrars do not use safety paper when making those photocopies, thereby leaving the documents open to subsequent alteration. This practice was cited in the IG report as creating one of the greatest vulnerabilities to fraud and counterfeiting. Based on Department estimates, these five registrars issue more than 45,000 certified copies annually. In addition, of the ten registrars we visited that use the Department forms, five use them inappropriately. For example, two initially send copies of the Certified Transcript of Birth forms to new parents, rather than a photocopy of the original Registration of Birth, as required by Law.

Accountability of Forms

According to the IG report, a strict system of inventory accountability should be in place to ensure the physical security of certified copy blanks. The Department

maintains a listing of forms and serial numbers issued to registrars. In addition, the Department requires registrars to maintain a listing of voided certificates. However, we found the Department does not monitor the registrars' use of the forms nor reconcile issued forms to ensure accountability. Further, it does not require registrars to perform reconciliations.

The Department does not reconcile stocks on hand at the registrars and, although the Department requires registrars to maintain listings of voided forms, there is no requirement that the lists be submitted to the Department. Only four of the registrars we visited maintain an inventory of their blank forms. One registrar told us that she had previously kept a listing of voided documents, but since the Department never asked for it, she stopped maintaining it.

The Department should confirm that local registrars monitor the use of their certified copies to ensure that documents are accounted for. The Department claims 1,500 locations are too many to reconcile and that they do not have enough staff to track this. However, the Department could periodically reconcile issuances to a few registrars that account for most of the activity. Alternatively, the Department could require registrars to perform an accounting of the use of forms and submit this reconciliation to the Department.

The Department has also established a system of reconciliation of internally used press-numbered forms for certified copies to ensure that all forms are accounted for. Department staff designed this system to detect any missing forms that could be used to produce fraudulent certificates. All certificates issued and voided due to processing errors have to be determined. We found that the Department, however, does not account for all certificates. We found a box of voided certificates that were over a year old. The individual who was holding onto the voids had never been asked for them and stated he was waiting for his box to fill before handing them in. According to Department officials, although reconciliations are done, the timeliness of this process could improve. Unless the Department can improve the timeliness of these reconciliations, officials will not identify any missing certificates fast enough to prevent inappropriate use.

Amended Records

Generally, amended records result from an adoption or a change in recorded paternity. The Department is responsible for creating amended records and for forwarding the new certificate to the local registrar where the birth occurred. When the Department amends a birth record, it creates a new birth certificate. The original records maintained by the Department and the registrars must be sealed, and can be opened only by court order. The Department has prescribed a process for sealing original records, but we found few of the registrars we visited followed the prescribed method.

Department procedures require the registrars to remove sealed records from their vital record files, replace them with the amended records, and store the sealed

originals in a separate location. Only seven of the registrars we visited follow this procedure. Of the other ten registrars reviewed, seven kept the sealed original record in the file and covered it with the new record, two destroyed the original record, and one had no procedure because the situation has reportedly never arisen. Most of the registrars are unaware that the Department has prescribed a method for sealing original records.

We were informed that eight years ago an individual obtained a copy of a sealed record from a local registrar who apparently gave it out in error. The procedures we observed were not sufficient to ensure that the original record would be properly secured. At one registrar that affixed the new record over the original, we found the documents had separated and the original record could be readily seen.

The Department could resolve this problem by reducing the number of sealed records, maintaining the original record at the State level, and instructing local registrars to destroy their copies of the sealed records. This may be viable for New York State because the only way for an original record to be unsealed is through a court order, which is usually handled by the Department. Thus, we see little reason why the local registrar would ever need the original record.

Guidance and Monitoring

The 17 registrars we visited use various methods to ensure the security, accuracy and timeliness of vital records. We can attribute much of the differences among them to the Department's lack of guidance and monitoring of local registrar activities. Most of the registrars we visited stated that the Department should provide more guidance, especially about security. In fact, ten registrars said that the Department should create a manual. In July 1996, one registrar, representing the Association of Town and City Clerks, submitted a draft of such a manual for the Department's review, but has yet to receive a response from the Department. (The Department published a manual in 1988, which is outdated and doesn't address security. Officials report they are developing a revised version to be distributed in 1998.)

Besides the manual, eight of the registrars indicate they would like to receive routine guidance from the Department (such as newsletters, seminars, or training) so that they can remain current on changes in vital record procedures. The registrars do not feel that the Department notifies them of these changes timely. For example, one registrar said that she felt that she often stumbled into changes in the Law. Another registrar said she was not informed of a 1988 Law change which required that the cause of death be omitted from a death certificate unless the requestor was both specifically entitled to it and had requested it. As a result, she had issued a copy of a death certificate with the cause of death listed to a family that had not requested it and they threatened to sue her. We found another registrar still including the cause of

death on all certified copies of death certificates in violation of this Law and apparently unaware of the change.

When we spoke to Department officials concerning the provision of guidance through a manual or seminars, they felt they are doing all they could. Officials indicate that they have always been available for questions from the registrars, who agree that the Department has always been responsive. However, we believe the situation calls for a proactive, rather than a reactive approach to overseeing registrars' operations. In addition, although Department officials attend the annual conference of the Association of Town and City Clerks to make presentations relating to vital records, some registrars we spoke to do not attend this meeting because of financial and local restrictions.

Most of the registrars we visited indicated they would actually welcome increased direction and oversight by the Department. Several indicated that regular site visits and reviews would help them to do their job more efficiently and effectively. Department officials indicate that they do not have staff to review or test procedures of 1,500 local registrars. However, by not reviewing these practices, the Department has no assurance that laws are being followed or that the best and most efficient practices are being employed. We believe the Department could still provide the necessary guidance and obtain some assurance that activities are appropriate by focusing on the activities of the most active registrars.

Recommendations

1. Provide information on deaths to registrars and require the flagging of the related birth certificates.
2. Establish uniform identification requirements for Department internal use, as well as for registrars in dealing with requests for the various types of certified copies.
3. Ensure that all registrars issue certificates utilizing the Department's standardized forms and that appropriate procedures are followed for their use.
4. Reconcile press-numbered forms timely. In addition, require registrars to periodically perform an accounting of the use of these forms and submit their reconciliation to the Department.
5. Ensure that all registrars are informed of the proper procedures for handling original records that have been amended. Consider establishing a policy of maintaining the original sealed records at the State level and instructing local registrars to destroy their copies.
6. Design a manual that local registrars can use as a reference in accomplishing their day-to-day vital record functions.
7. Offer training, seminars and/or newsletters to keep local registrars current on changes in vital record administration. Consider regional training sessions throughout the State.
8. Periodically review the practices of the registrars.

Department Internal Security

As with any system of procedures and checks, controls are only as good as their appropriate application. Whereas the Department has established internal controls over its vital record procedures and has built many checks into the system, we found that Department procedures need further improvements. The Department can also improve its controls by adequately training its staff on fraud awareness and detection.

Functional and System Controls

The Law authorizes only specific individuals access to a vital record. Commonly, the Department has found that requests for copies are made by the individual for which the record was created. Because of this, the Department programmed its computer to default to a "self" requester indication when the relation to the individual for whom the record exists is not keyed into the computer. At the end of the day, supervisors review the computer listing requests handled and when they see "self" as the requestor, they assume that

the requester is authorized. This weakness in the Department system can allow certificates to be issued inappropriately.

For instance, we found that a certified copy of a birth certificate was issued to an individual not authorized by Law. Here, a woman wrote a letter requesting the birth certificate of her boyfriend. She provided all of the necessary data (i.e., parents' names, date of birth, etc.) and requested that the response be addressed to her boyfriend. However, the boyfriend did not sign the request. We found that the batch listing incorrectly indicates that the request was made by the person who was listed on the certificate (i.e., "self"). Since the supervisor uses the batch listing to review and approve requests before they are mailed out, he would not have known that the actual requestor was not the person on the certificate.

From time to time, original information on vital records may be recorded inaccurately or need changing. In these situations, the Law permits either a correction for errors of original entry or amendments for changes such as paternity and adoption. From January 1995 through December 1996, the Department processed more than 25,000 corrections and 40,000 amendments to records. Currently, Department employees responsible for making record changes process each change from receipt of authorization right through to system and original record changes. There is no independent check to verify the documentation for these changes. Further, the Department has no other employee ensure that the changes are accurately recorded.

The Department is responsible for safeguarding the public's vital information. The risk is great and real that individuals will gain unauthorized access to this information. A few years ago, an employee who had access to the system obtained information and sold it to persons looking for their birth parents. It should be noted that the Department took action to segregate duties and to institute an access restriction policy. To ensure that similar breaches will be limited, the Department should be continuously proactive in reviewing and updating its control over records.

Staff Training

The Department's first line of prevention of unauthorized access to vital records is the staff who initially review and fulfill requests for vital records. To ensure that staff have the knowledge they need to prevent such access, training in detecting requests by unauthorized individuals and scrutinizing information included on applications seems imperative. We found that, despite the reliance on the staff for detection, the Department has not appropriately trained staff and has not provided guidelines on how questionable requests should be handled. Currently, five Department employees review and fulfill requests. None of them has ever been formally trained on how to identify potentially fraudulent requests. The only training received by staff is "on the job," yet Department management relies on the staff to present any suspicious

requests to supervisory personnel. By not adequately training its staff, the Department has insufficient assurance that employees are appropriately reviewing requests.

The Department's "service" philosophy emphasizes moving requests through the system as quickly as possible. This philosophy may have detracted the Department from pursuing issues of training and other staff efforts to detect fraudulent requests because of the time it takes. While the Department should pursue appropriate turnaround times for requests, it must try to balance this with an appropriate emphasis on preventing unauthorized access to vital information.

Recommendations

9. Review system default settings for adequacy and appropriateness, and periodically review actual requests to verify the authority of the requestor (i.e., self, parent, etc.).
10. Separate tasks within the corrections and amendment functions.
11. Continuously review the system of controls and procedures over securing vital records and make changes and updates as appropriate.
12. Provide training and written guidelines on fraud awareness and identification to those individuals responsible for reviewing requests for copies.

Department Service Performance

We found that the Department could improve its processing time, as well as the completeness and accuracy of vital record data.

Certified Copies

Since certified copies of vital records are necessary to initiate many transactions throughout life and upon death, it is imperative that the Department address its customers' requests and inquiries efficiently. The Department realized the importance of a timely response to requests and, in November 1995, automated its request processing system to improve processing times. The goal of the Department is to provide copies within one week of receipt of the request. However, we found that the Department is not attaining this goal, and that the process actually takes much longer since it has been automated.

We reviewed 36 pre-automation and 50 post-automation completed certified copy requests. We found for the requests tested that before automation it took on average three weeks to fulfill a copy request from the time it was recorded as received; more recently, it takes an average of 13 weeks. Before automation, the Department did not record the actual receipt of requests until its Finance Unit processed them. Although, according to Department personnel, most requests were processed by the Finance Unit within three days, there were occasions when backlogs placed it closer to three weeks. Even building in this additional delay, processing requests are still much longer now than before automation. While some of this time may be due to staff becoming familiar with the new process, the disparity is too significant to be attributed solely to a learning curve.

Further, we found indications that the processing times for requests for copies may be excessive. We contacted 11 other states to ascertain their experience in processing a certified copy request. According to these state officials, the processing times for birth and death records ranged from two days in North Carolina to eight weeks in New Jersey. Even the Department realizes that its processing time may be excessive and often recommends that requestors try to obtain copies from the local registrar where the event occurred.

Long delays in processing could have a detrimental impact on people. For instance, we became aware of a woman who, in March of 1996, needed her birth certificate to apply for Social Security benefits. She had to wait more than six months before the Department fulfilled her request. Many retirees rely on Social Security as one of their primary sources of income, and such a lengthy delay may cause an undue hardship.

Department officials do not know specifically why such significant delays exist because they have not evaluated the previous process, nor have they evaluated the current process to determine the processing times between key points and

where the delays occur. Further, Department officials did not know how long the process actually was taking. In June 1996, Department officials estimated that the processing time for copies was four weeks, but our test for that period showed that it took three times as long for the requests tested.

Department officials do not know actual processing times because, although the system can track the average time for processing and how long various segments of the process take, currently the system is not programmed to capture this data. With this information, the Department could determine its actual processing time and develop methods to expedite processing.

Following our initial discussions of this issue with Department officials, they generated a report of processing time for certificates issued between November 27, 1996 and December 9, 1996. The data presented indicated that on average it took nine weeks for a certified copy to be generated from a request. This data included all types of requests including telephone and express requests, which generally are more timely than mail requests. Department officials state that they will be working on making this type of performance information readily available for management review.

Recommendations

13. Develop a tracking system to capture data on the processing of requests which includes such information as average processing time, as well as average time for key segments of the process.
14. Analyze the data provided by the time-tracking system for possible weaknesses and strengths in the system and take corrective action where appropriate.

Certification of Data

In addition to providing certified copies, the Department confirms the existence of various vital records for other government agencies that rely on the information in carrying out their functions. For example, in determining program eligibility, State and local Department of Social Services (DSS) offices request that the Department verify vital information such as paternity or the number of dependents of individuals who apply for public assistance programs. DSS requests make up about 70 percent of all governmental copy requests received by the Department. To fulfill this requirement, the Department and various DSS offices in the State have established a process to request vital record information. Because this information is used to ensure that public assistance payments are valid, it is imperative that DSS offices receive this information to prevent inappropriate payments.

We found, however, that the Department has hundreds of these and other governmental requests backlogged. During our audit, we observed five bins containing hundreds of requests sitting idle, most of which were more than six months old and some dating back as far as October 1995. Department officials told us that these requests have been set aside because of an overload of requests and insufficient staff to process them. Department officials feel that their primary responsibility is to service individual requests. Further, there are plans to automate the verification process between the Department and DSS and, as such, Department officials felt that these requests should be put on hold. Although the automation plan has been in the works for over a year, no process exists, and an estimated completion date has not been established.

Governmental agencies use the information requested from the Department to efficiently administer their functions. With DSS, benefits are provided contingently upon receiving verification from the Department. Since the Department is not providing the verifications until at least six months after the request is made, DSS could have issued six months of benefits before it finds that an applicant is ineligible.

Recommendation

15. Provide requested verifications by government agencies more timely.

Timeliness of Original Record Submittal

To ensure the timely registration of events, the Law requires that within five days of the date of the event, the preparers of birth certificates submit the data to the local registrar. It is the Department's responsibility to ensure that the vital records system is accurate and timely. We found the Department has not taken adequate action to ensure that records are recorded within the required time frames.

At the 17 registrars we visited, we tested 298 birth records to determine whether the preparers had submitted them within the five-day requirement. We found that on average, 16 days elapsed from the date of birth to the date the registrar received the record. Further, average submittal times at each registrar ranged between 3 and 38 days. One record we reviewed took 120 days to be submitted.

Untimely submission was common. Only 15 percent of the 298 records we reviewed were submitted within the five-day mandate. Further, registrars delayed submitting 40 percent of these records for as long as 15 days. Local registrars stated that most of the delays are caused by physicians who do not sign the certificates in a timely manner. The registrars feel that they have no authority to force the physicians to comply with the time limits. They believe

that only the Department has the influence to motivate the preparers. None of the registrars could recall the Department taking such action. In fact, two of the registrars told us they had reported chronic violators to the Department, but to their knowledge no action had been taken.

It is imperative that registrars process birth records timely. Government agencies and individuals depend on this information. For example, county health units need birth certificate information, which contain critical medical information necessary to plan home health visits for high-risk mothers and infants. Parents also need a birth certificate to apply for benefits such as public assistance and insurance coverage.

Further, preparers of birth records on the electronic system are required to electronically file birth data with the Department within three days from the time the record is filed with the local registrar. The Department has a contract with the Social Security Administration (SSA) to provide birth data within an average of 30 days of the date of birth. This data is used to generate Social Security numbers for infants. Violations of this contract may result in a loss of financial assistance that is provided to improve and expand vital record operations.

Recently, SSA raised this issue with the Department. According to correspondence from SSA, the Department's actual average processing time for the three-month period ended September 4, 1996 was 42 days. SSA required the Department to develop and submit a timetable to meet the 30-day time frame. As a result, the Department has sent letters to hospital administrators requesting that they comply with the five- and three-day requirements. Threatened with a loss of revenue, this appears to be the first time that the Department has taken such action.

Timeliness problems not only pose a fiscal risk for the Department, but also can directly impact taxpayers. Tax laws require that parents obtain a Social Security number for their newborn children. For the 1996 tax year, Federal tax rules require a Social Security number for each child born before December 1, 1996 to be claimed as a dependent. For 1997, all children born during the year will need Social Security numbers. In order to facilitate this effort, the Department needs to ensure that it submits its records to SSA in compliance with the contract requirements. Department delays can translate into real economic delays for citizens.

Recommendation

16. Ensure that preparers and local registrars submit birth registration data within the time requirements as stated in the Law. If delays occur, determine the reasons for delays and take corrective actions promptly.

Other Processing Delays

The Department has developed programs that check data as it comes in from the registrars or as it is data-entered internally. This process ensures that the data is coded in a format that is usable by the system. There are further reviews of each document that evaluate the reasonableness of the data entered. For example, the program is designed to flag birth dates that are not feasible (i.e., 1999). To augment these efforts, Department staff review each certificate for completeness and accuracy. Follow up to obtain additional information and clarification is made to the various input sources, such as the local registrar or hospitals.

Based on our testing of records, we found that this system does help to prevent incorrect or incomplete data from being recorded in the State system. However, following up with the inputting registrar or hospital adds to the time of processing. We spoke to various registrars in the State who told us that responding to follow ups by the Department takes anywhere from two days to four weeks. This can have a significant impact on getting the vital record information into the State system and on the availability of the records for individuals who may need them for important transactions. Further, this will delay the availability of vital statistics information that needs to be provided to SSA within specific time frames of the event in accordance with an agreement to facilitate matching of birth and death information.

A system that would capture data on the type of errors and identify registrars or hospitals that have high error rates could be valuable in developing preventive techniques, such as data-entry format changes, updates in procedures, and registrar training. Such action could ultimately reduce the overall processing time for entering the records of events into the State system. When the Department implemented its system, however, it did not program any collection of error statistics. Although Department officials feel the system is capable, they did not recognize the need to capture error statistics.

Recommendations

17. Develop a system to identify and track the types and rates of errors detected.
 18. Based on the tracking of errors, take preventive actions such as developing training, changing of reporting format, and updating procedures.
-

Opportunities for Revenue Enhancement

In today's environment of shrinking tax bases and reduced budgets, every agency is responsible for pursuing ways and methods of decreasing expenses and increasing revenues. We determined that the Department could pursue a couple of areas that could increase revenue.

For example, the Department provides "express service" one-day turnaround for certifications requested over the telephone and paid for with a credit card or requests received via an express courier with a fast response requested. Department officials give priority to these requests as they feel the customer requesting the certification needs it as quickly as possible. As previously discussed, normal processing of requests can take upwards of 13 weeks.

Express service has become popular in many facets of life and is available from some vital records offices in other states. For example, Florida, Texas and North Carolina provide express service for an additional charge of \$10 for each request. The Department, however, does not charge extra for this service, although it is beyond the normal service.

Based on 1995 activities, if the Department charged an additional \$10 or \$20 for express service, the Department could generate an additional \$150,000 to \$300,000 annually. Since the Department provides the customer quicker service, perhaps an extra fee is warranted.

We also found inconsistent fees for certified copies. Many other states that we contacted charge a consistent fee for certified copies of vital events. In New York, however, two separate laws cover the fee structure for certificates. Article 3 of the Domestic Relations Law establishes the fee for marriage certificates provided by the Department at \$5. The Public Health Law governs all other certificates and requires a \$15 fee.

Department officials believe that the New York State Legislature may have overlooked the Domestic Relations Law when it raised the fees in 1989 for all other certified copies. However, the Department has not pursued this issue with the Legislature to address the variance.

Recommendation

19. Pursue possible legislative changes to address charging for express service and the differences in fees under the various sections of the laws governing fees for certifications.

Major Contributors to This Report

Jerry Barber
Frank Houston
Kevin McClune
John Buyce
William Nealon
Richard Sturm
Laurel Jolliffe
Richard Loveless
Patrick Hall
Kimberly Miller
Paul Bachman



State of New York
Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12257

BARBARA A. DEBUONO, M.D., M.P.H.
Commissioner

Phone: (518) 474-2011
Fax: (518) 474-5450

June 16, 1997

Frank J. Houston
Audit Director
Office of the State Comptroller
Arthur Levitt State Office Building
270 Broadway
New York, New York 10007

Dear Mr. Houston:

Enclosed are the Department of Health's comments on the Office of the State Comptroller's audit 96-S-40, entitled, "Administration of Vital Records".

Thank you for the opportunity to comment.

Very truly yours,


Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health



Approved for Release by NSA on 05-08-2014 pursuant to E.O. 13526

Department of Health
Comments on the
Office of the State Comptroller's
Draft Audit Report 96-S-40 Entitled
"Administration of Vital Records"

Staff within the Bureau of Production Systems Management, which is the unit responsible for the management of the department's vital records operations, have reviewed the audit of its vital records operations and agree that many of the findings and recommendations are appropriate. In fact, many of the recommendations have been independently identified by the bureau staff, and they have been pursuing solutions to many of the problems described within the audit over the past several years. Resources have been insufficient to complete some of these projects to date; however, solutions are being actively pursued at this time.

The following are responses to the individual recommendations.

Recommendation #1: Provide information on deaths to registrars and require the flagging of certificates.

Response #1: We are in agreement that death information should be forwarded to the local registrars so that they may flag their own records. It will be instituted as part of our current process whereby the state record is flagged. A process has been developed by staff and will be instituted this year.

Recommendation #2: Establish uniform identification requirements for Department internal use, as well as for registrars in dealing with requests for the various types of certified copies.

Response #2: Procedures used in the state office for ensuring the identity on phone and mail-in requests will be included in an updated manual as recommendations for local registrars. Currently, key pieces of information to assure the identity of a requestor are obtained (e.g., mother's maiden name, correct date of birth, correct name as it appears on the certificate). Although walk-in clients are required to present additional forms of identification, it has not been the practice to require additional verification, such as driver's license for mail-in requests, in the interest of public service. Credit card requests over the telephone require additional verification in that the credit card must be in the name of the requestor, and a person may only request his or her own certificate or their child's certificate by credit card. The validation of the credit card gives additional security, in that a stolen credit card, if reported, would not generate an authorized transaction and we would not issue a certified copy.

As a result of the audit findings and our understanding of the growing capacities of other agency's information systems, we have decided that it may be possible to perform

Department of Health
"Administration of Vital Records"

-2-

automated verifications of requestor identity and address through the New York State Department of Motor Vehicles, possibly using that agency as a gateway to verification with other states. Initial meetings to discuss possible procedures have already taken place. If such a mechanism can be put into place, it can be made available to local registrars as well.

Recommendation #3: Ensure that all registrars issue certificates utilizing the Department's standardized forms and that appropriate procedures are followed for their use.

Response #3: DOH will investigate additional regulations and/or Commissioner's orders that would mandate the use of the standard forms that are now provided to local registrars. In addition, DOH will investigate the fiscal and operational issues associated with providing a new numbered certified copy form that contains minimal information and allows for the photocopying of the original certificate onto safety paper. Procedures for use of such forms will be included in an updated manual.

Recommendation #4: Reconcile press-numbered forms timely. In addition, require registrars to periodically perform an accounting of the use of these forms and submit their reconciliation to the Department.

Response #4: An automated process has been developed to enter the press numbers of certified copies for mailing as well as voided certificates. Staff enter the press numbers for certified copies into the tracking system on a daily basis, but voided certificates are handled in a batch mode. As a result of recommendations from the audit, we will begin processing the voided certificates on a weekly basis. Reports will be run and analyzed by a supervisor on a regular basis as well. DOH will investigate a procedure for the local registrars to report back their utilization of stocks. Owing to staff restrictions, an automated procedure will be investigated, possibly using a form on the new DOH Web site for registrars having Web site access or an automated telephone entry system using the telephone keypad.

Recommendation #5: Ensure that all registrars are informed of the proper procedures for handling original records that have been amended. Consider establishing a policy of maintaining the original sealed records at the State level and instructing local registrars to destroy their copies.

Response #5: Current recommended procedures will be reevaluated and the resulting recommendations will be included in an updated manual. Statutes will be investigated to

Department of Health
"Administration of Vital Records"

-3-

see if a change would be necessary to mandate retention of sealed records only at the state level and destruction of local copies.

Recommendation #6: Design a manual that local registrars can use as a reference in accomplishing their day to day vital records functions.

Response #6: DOH publishes the Vital Records Registration Manual for local registrars. We agree that there are many enhancements dealing with local operations that could be included in that manual. A revised version is being developed and will be ready for distribution in 1998.

Recommendation #7: Offer training, seminars and/or newsletters to keep local registrars current on changes in vital record administration. Consider regionalizing training sessions throughout the State.

Response #7: When field staff were lost through attrition, the bureau sought other ways to communicate with local registrars. A column is written by the Director of Vital Records in each of the issues of the Association of Town Clerks newsletter which addresses current issues and provides reminders. Whenever there is a change in law or regulation that affects local registrars, a DOH Memorandum is written and distributed to all local registrars, and this practice will continue. The bureau will review options to provide onsite and regional training.

Recommendation #8: Periodically review the practices of the registrars.

Response #8: When field staff were lost through attrition, resources were not available to visit each of the 1,500 local registrar sites. The bureau will identify those offices with the highest volume of business and will review options for staff that can travel periodically to these sites and occasionally to those of lesser size.

Recommendation #9: Review system default settings for adequacy and appropriateness, and periodically review actual requests to verify the authority of the requestor (i.e., self, parent, etc.).

Response #9: The automated tracking system instituted over the past two years in the bureau is currently being revised to accommodate needed changes. For example, the default to 'self' as the type of requestor is being removed from the automated system. To ensure that requests are being entered properly and the data provided by the requestor is being interpreted correctly, a system of sampling requests will be established and a supervisor will systematically check the sample for correct representation of all the

Department of Health
"Administration of Vital Records"

-4-

information in the request. Feedback will be given to staff as needed.

Recommendation #10: Separate tasks within the correction and amendment functions.

Response #10: Changes have already been made in the daily procedures so that the review of output from the amendment and correction processes is performed by a staff person other than the one who entered the change.

Recommendation #11: Continuously review the system of controls and procedures over securing vital records and make changes and updates as appropriate.

Response #11: DOH agrees that this should be done on a continuous basis and will formalize the reviews as part of bureau operations.

Recommendation #12: Provide training and written guidelines on fraud awareness and identification to those individuals responsible for reviewing requests for copies.

Response #12: During the past year, we have reallocated staff resources to the Certification Unit to attempt to increase the turnaround of requests for copies of certificates using the new automated tracking system. Prior to the automation, there had been little if any staff turnover other than attrition through retirement; many of the staff had been in the unit for 20 years or more. In the past year, staff from other units have been moved in and some of the established staff have been moved to other units in an ongoing attempt to have staff cross-trained among the various functions of the bureau in order to give management flexibility in responding to varying workloads in the different units. We agree that there has been little formal training, both of long-term staff in the unit and new staff. As a result of the recommendations of the auditors, we will create a reference manual for staff that will include rules and procedures for dealing with the public. In addition, we are beginning a series of weekly staff meetings to discuss different issues relating to requests from the public, notably security.

Recommendation #13: Develop a tracking system to capture data on the processing of requests which includes such information as average processing time, as well as average time for key segments of the process.

Response #13: An automated system was introduced in vital records to (1) streamline the processing in order to remove artificial obstacles; (2) remove the burden of receipting from the Bureau of Accounts Management (BAM), which had been in a process of shifting this responsibility to the source programs throughout DOH; and (3) generate a tracking system that could be used to locate a request and check on its status as well as to measure the

Department of Health
"Administration of Vital Records"

-5-

processing times for the various individual steps required to complete a request. During the period of the audit, the automation system was still being tested and changes were being introduced frequently. Modules of the automation system that would tie all of these activities together in order to gain the full benefit of the system had not yet been instituted at the close of the audit and are just now ready for testing. Thus, we were well aware that the system would generate increased workload (new tasks previously performed by BAM) in a time of decreased staffing, but the ultimate gains were and are too significant to ignore.

To take advantage of the current process, additional modules have been developed to take advantage of the core of information entered into the tracking system. We are currently able to locate and print a transcript for birth requests for more than 50 percent of the requests where the birth occurred from 1975 to the present. (The data stored on our search system for these years contain sufficient information to generate a computer transcript of the record.) This process eliminates the time-consuming steps of searching and making a manual copy of the record. As additional years are added to the new search system, overall processing time will continue to drop.

The system includes date-stamping of each sub-process within the course of processing a request for a copy (initial entering of the data, searching or locating the correct certificate number, generating a copy from the appropriate storage media, and reviewing the request prior to mailing out the copy). These were included so that management reports such as the ones recommended by the audit could be generated. At the time of the audit, these reports were not standardized and had to be produced on an ad hoc basis. Subsequent to the audit, some reports have been automated and are sent directly to the Director of Vital Records for his daily review. The rest will be available for management use this year. Until such reports have been completely automated, the Director of Vital Records will continue to receive a manually prepared report on at least a weekly basis giving the average delays; he also works closely with the line supervisors to determine where the backlogs are building.

Recommendation #14: Analyze the data provided by the time-tracking system for possible weaknesses and strengths in the system and take corrective action where appropriate.

Response #14: See the response to recommendation 13.

Recommendation #15: Provide requested verifications by government agencies more timely.

Department of Health
"Administration of Vital Records"

-6-

Response #15: Requests from governmental agencies are categorized by source agencies and handled on a priority basis. Requests from State Police and the Division of Criminal Justice are handled in an expedited manner.

An automated response to DSS requests, which account for most of the requests from governmental agencies, has been developed as part of the ALERTS project (Collateral Engine project). The network connect has been established, and routines for responding to the requests have been successfully tested. Final implementation awaits the loading of security software, which was recently purchased.

Recommendation #16: Ensure that preparers and local registrars submit birth registration data within the time requirements as stated in the Law. If delays occur, determine the reasons for and take corrective actions promptly.

Response #16: For the vast majority of birth records that are created using the Electronic Birth Certificate (EBC) (more than 90 percent), the issue of releasing data to the Social Security Administration (SSA) is separate from local registrar operations, since it is the electronic record sent from the hospital directly to DOH that is used to forward requests for social security numbers to SSA. Since the inception of the EBC in 1993, electronic notices have been sent periodically on electronic mail to staff in the hospitals responsible for filing the EBC, reminding them of the filing requirements and the importance to the public of receiving birth certificate copies quickly. Thus, the delays noted by SSA were directly related to the hospitals not sending the electronic records, which is an independent process from filing the paper copy with the local registrars.

Realizing that there continued to be delays, DOH escalated the issue of tardiness and has begun a semi-annual process of generating reports of submission delays and sending these to the CEOs of the hospitals. Over the years, local registrars that are consistently late are contacted by telephone and/or mail by the Director of Vital Records.

Recommendation #17: Develop a system to identify and track the types and rates of errors detected.

Response #17: Over the past few years, DOH has instituted several new procedures to reduce the number of errors in the records and the resulting computerized files. Perhaps the most successful was the installation of EBC software in hospitals. Because of built-in edits that warn the hospital staff person when he or she has entered something inconsistent or out of range, this has significantly reduced the number of errors on birth records and in the birth file. The bureau also restructured one of the units to serve as a

Department of Health
"Administration of Vital Records"

-7-

Data Quality unit. New internal procedures, which are in addition to the production error reporting, have been instituted to identify fields with errors. These processes look at the files from a global view in order to identify fields with particular problems. A second step was to generate a new type of error report to hospitals that identifies field-specific errors (such as all records from a single hospital where the method of delivery is inconsistent with other information reported). Thus, it has become possible to identify patterns of errors and to identify hospitals with the highest rate of error on each field. To date, this type of report has been developed for only a select number of fields, but others will follow as time permits. Although no numbers are kept of the comparative rates of error, copies of the reports are maintained for reference. It is important to note that those hospitals that have not yet adopted the EBC had by far the highest rates of error. Internal procedures similar to those for births have been developed for the other files, although no new external reports have yet been distributed.

Most error rates can be determined using a series of standardized computer programs used by the Data Quality Unit. We will investigate the feasibility of maintaining a system tracking the numbers of errors that occur.

Recommendation #18: Based on the tracking of errors, take preventive actions such as developing training, changing of reporting format, and updating procedures.

Response #18: The bureau currently has an electronic mail process to notify birth data submitters of consistent errors and to provide instructions on how to prevent them in the future. Many of these are included in an instruction booklet that is provided along with the EBC. Many of the instructions are included as help messages within the EBC software. The electronic death registration system is currently being developed, and similar procedures and instructions will be included with that system. Similar processes are being developed for the other vital records systems as well.

Recommendation #19: Pursue possible legislative changes to address charging for express service and the differences in fees under the various sections of the laws governing fees for certifications.

Response #19: We will consult with fiscal, legal and policy staff in the department to see if it is desirable and possible to assess an additional fee for express service processing.

A report will be sent to our legislative affairs office noting the discrepancy in the fees, so that a decision can be made whether to address this discrepancy through legislation.

