115th Congress VA Committee Leadership Changes

Breaking News: On February 9 the Senate VA Committee approved the nomination of Dr. David Shulkin 15-0. At press time on February 13 the full Senate confirmed him as VA Secretary.

As the 115th Congress commenced, three of the top four leadership positions for the House and Senate VA Committees changed hands. House Chairman Phil Roe, M.D., (R-Tenn.), who replaced the recently retired Chairman Jeff Miller (R-Fla.), will serve with Rep. Tim Walz (D-Minn.) who replaces Rep. Mark Takano (D-Calif.) as the ranking member. On the Senate side, Chairman Johnny Isakson (R-Ga.), who retains his leadership role, will serve with Sen Jon Tester (D-Mont.), who replaces Sen. Richard Blumenthal (D-Conn.) as ranking member.

Chairman Roe praised his committee leaders in his Jan. 12 announcement as “tireless advocates for veterans” of whom “many have served in the military.” The leadership includes:

- Rep. Phil Roe, M.D. (R-Tenn.): Chairman
- Rep. Gus Bilirakis (R-Fl): Vice Chairman
- Rep. Mike Bost (R-IL): Chairman, Subcommittee on Disability Assistance and Memorial Affairs
- Rep. Brad Wenstrup (R-Oh): Chairman, Subcommittee on Health
- Rep. Jack Bergman (R-MI): Chairman, Subcommittee on Oversight and Investigations
- Rep. Julia Brownley (D-CA): Acting Ranking Member, Subcommittee on Disability Assistance and Memorial Affairs
- Rep. Beto O’Rourke (D-TX): Ranking Member, Subcommittee on Economic Opportunity
- Rep. Julia Brownley (D-CA): Ranking Member, Subcommittee on Health
- Rep. Ann Kuster (D-NH): Ranking Member, Subcommittee on Oversight and Investigations

Ranking Member of the House Committee on Veterans’ Affairs.” Chairman Roe and Rep. Waltz, a retired command sergeant major from the Army National Guard and the highest ranking enlisted soldier in Congress, co-chair the House’s Invisible Wounds Caucus.

On the Senate side, Chairman Isakson praised the newly elected ranking member Sen. Tester by referring to him as “a colleague who has worked closely with me on numerous issues.”

Both House and Senate VA Committee chairmen released statements in response to President-elect Donald J. Trump’s announcement on Jan. 11 of his intent to nominate Dr. David Shulkin as VA secretary.

Chairman Isakson said, “There is a tremendous amount of work to be done – by the VA and by Congress – to change the paradigm at the U.S. Department of Veterans Affairs. Dr. Shulkin understands the critical importance of working hand-in-hand with Congress on enacting meaningful, bipartisan reforms to help right the ship at the VA. I congratulate Dr. Shulkin on his nomination, and I look forward to chairing his confirmation hearing and discussing our shared priorities to ensure the VA is putting veterans first.”

Chairman Roe said, “I am pleased President-elect Trump has chosen a physician to lead the Department of Veterans Affairs, especially one familiar with the integrating of private practitioners into the VA’s network of health care providers. I’ve long said I would be happy to work with anyone committed to ensuring our heroes have access to the services they have earned, especially quality health care, and I look forward to working with Dr. Shulkin to bring wholesale reform to the Department.”

Of his new colleague, Chairman Roe said he was “thrilled to hear that my good friend and fellow (Army) veteran Rep. Tim Walz has been elected

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On behalf of NAVAPD, I would like to extend to you and your family our best wishes for a happy and healthy 2017. As the inauguration of President Donald J. Trump ushers in a new political era, NAVAPD will continue to advocate on your behalf while keeping you informed of the changes at the VA and as a result of the passage of HR 6416 and additional legislation.

As we go to print, the Senate VA Committee is holding hearings to confirm President Trump’s nominee for Secretary of the VA, David J. Shulkin, M.D., currently the VA’s top health official.

In his opening testimony, Dr. Shulkin stated, “there should be no doubt that if confirmed as Secretary, I will seek major reform and a transformation of the VA. There will be far greater accountability, dramatically improved access, responsiveness and expanded care options, but the Department of Veterans Affairs will not be privatized under my watch. If confirmed, I intend to build a system that puts Veterans first and allows them to get the best possible health care wherever it may be – in VA or with community care.”

To address the issue of employee performance, Dr. Shulkin added later in the hearing, “for those employees who don’t belong in the organization, the secretary needs to be able to remove them,” just as the secretary needs the tools to “retain, reward and recruit those types of employees we all want serving veterans.”

As the hearing concluded, Chairman Isakson stated that he hoped to have Dr. Shulkin’s nomination out of committee by Monday, Feb. 6, and ready for Senate Majority Leader Mitch McConnell to schedule a floor vote to confirm the nomination.

For the most part, the committee members showed deference to the nominee and great respect for each other. Rest assured, we will keep you apprised of the confirmation process as it proceeds.

Also, as we go to print, is the issue of how the federal hiring freeze, announced by the Trump Administration on Jan. 23, 2017, will affect the VA, especially the hiring of front-line patient caring positions, such as physicians, nurses and therapists.

House and Senate VA Committee Chairmen Phil Roe and Johnny Isakson co-signed a Jan. 26 letter to President Trump requesting an exemption to the federal hiring freeze executive order for VA patient care providers. The letter also states, “We must ensure that, while we work toward our mutual goal of VA healthcare reform, the VA is not further hampered by an inability to recruit high-quality clinicians to meet the immediate health care needs of our veterans.”

In a Jan. 27 memo to the VA leadership, Acting VA Secretary Robert Snyder wrote that the VA intends to exempt more than 100 types of positions from the hiring freeze or “anyone it deems necessary for public health and safety, including frontline caregivers. The President and VA remain committed to seeing that our veterans receive the quality care and benefits they’ve earned. This is the right thing to do for our veterans.” He added in the memo that the VA will use this as interim guidance until it receives additional information from OMB and OPM.

At his Feb. 1 hearing, Dr. Shulkin testified that the VA had asked the White House for a waiver to actively recruit the more than 35,000 healthcare provider positions of the 45,000 jobs currently open at the VA.

NAVAPD had some legislative bright spots in 2016. As part of a collective effort, we retained the practice of physician-led anesthesia teams at VA hospitals, a final rule that went into effect on Jan. 13, 2017. You’ll find more on that ruling in VA in Brief and details about HR 6416 in this month’s Legislative Update.

Last March, I spoke before the House VA Subcommittees on Economic Opportunity and Health on draft legislation to improve the VA’s authority to hire and retain physicians. On behalf of NAVAPD, I relayed several key factors to the committee that undercut physicians’ performance and satisfaction, including the lack of enforcement of the Pay Law and our distrust of pay panels that “are assembled with pre-conceived performance pay outcomes.”

Add HR 6416 Section 615 to our legislative victories, which repeals the requirement for the VA to institute compensation panels to determine market pay for physicians and dentists.

In addition, HR 6416 Section 614 sets a new rule for the modification of the hours of VA physicians. With the physician’s written request provided in advance, the legislation allows the VA Secretary to set more flexible schedules for the department’s physicians by getting rid of the 80-hour biweekly pay period, as long as doctors work at least 2,080 hours in a given calendar.

In this issue, you will find articles that cover the new leadership of the House VA Committee in Congress and thumbnail sketches of the Senate VA Committee members. As you familiarize yourself with the committee members, we encourage you to cultivate closer ties to your senators and representatives, especially those of you (Continued on page 7)
Legislative Update: HR 6416

HR 6416 "Veterans Health Care and Benefits Improvement Act of 2016"

TITLE VI – HEALTH CARE MATTERS

Subtitle A – Medical Care

- Section 601 provides appropriations for funding the Medical Community Care account.
- Section 602 includes the CDC-recommended schedule of adult immunizations in the preventive health services of VA-authorized medical health services. The VA is asked to develop and implement quality control measures and metrics to ensure timeliness of the immunization schedule and targets for compliance. Immunizations are voluntary and are not to be given to veterans' who refuse them.
- Section 603 includes medal of honor recipients in Priority Group 1 of the VA’s patient enrollment system, expanding their eligibility for extended care and eliminating their medication copayments.
- Section 604 allows and requires the VA to collect information on health plan contracts from veterans, although, the VA cannot deny services to veterans who do not provide this information.
- Section 605 (amends title 38; adds 1720H) directs the VA— with input from DoD— to establish standards and procedures for the mental health care of veterans of classified missions or sensitive units that fully accommodates the protection of classified information.
- Section 606 (amends title 38; adds 1784A) requires, in certain circumstances, VA emergency rooms to provide medical screenings and treatment to individuals requesting examination or treatment, including women in labor.

Subtitle B – Veterans Health Administration

- Section 611 changes the time of the Readjustment Counseling Service’s annual reporting to coincide with the fiscal year rather than the previously-required calendar year.
- Section 612 requires the VA to submit an annual report to Congress on March 1, 2018-2022, summarizing the Veterans Health Administration’s hospital care, medical services, and nursing home care.
- Section 613 (amends section 7402(b)(11) (A) of title 38) expands the qualifications to include doctoral degrees in mental health counseling for individuals who may serve as VA-licensed professional mental health counselors.
- Section 614 (amends section 7423(a) of title 38) provides an exception to the requirement that a full-time VA physician must work 80 hours in a biweekly pay period if the physician provides the VA with a written request in advance and accounts for at least 2,080 hours of employment in a calendar year.
- Section 615 repeals the requirement for the VA to institute compensation panels to determine market pay for physicians and dentists.
- Section 616 (amends section 7675 of title 38) includes full-time students among the VA Employee Incentive Scholarship participants who are liable for funds paid to them if they fail to maintain VA employment.
- Section 617 increases the number of graduate medical residencies at VA facilities over 10 years and extends the annual reporting requirement from 2019 to 2024, Section 301(b)(2) and (3) of the 2014 Veterans Access, Choice, and Accountability Act required the VA to add 1,500 residencies over five years and report to Congress annually until 2019.
- Section 618 requires the VA to report within one year and 180 days on the status of increased public access to scientific publications and digital data of VA-funded research.
- Section 619 authorizes the VA to carry out major medical facility projects in Reno, Nevada.

Subtitle C – Toxic Exposure

- Section 631 defines the terms Armed Forces, descendent, exposure, and veteran for purposes of this subtitle.
- Section 632 requires the VA Secretary to co-conduct with the National Academy of Medicine an assessment of scientific research relating to the descendants of individuals with toxic exposure. If an assessment agreement with NAM cannot be reached, the Secretary shall find another appropriate organization as a research partner.
- The assessment requirements include the following:
  - Reviewing the scientific literature on toxicological and epidemiological research for descendants of individuals with toxic exposure; identify areas of further study; and analyzing the scope and methodology of the research to include,
    - the types of individuals studied,
    - the number of veterans and descendants studied,
    - alternatives for participation,
    - the amount of time and resources needed, and
    - the appropriate federal agencies needed to participate.
  - Establishing and defining categories for assessing the evidence that a particular health condition is related to toxic exposure.
  - Analyzing the feasibility, value, relevance and advisability of scientific research that may result in identifying sensitive information held by another federal agency.
  - Identifying and working with a research entity with expertise in conducting research on

(Continued on page 4)
Legislative Update: HR 6416 (continued)

(Continued from page 3)

health conditions of descendants of veterans with toxic exposure. Within two years, NAM will provide a report that assesses the research’s scope and methodology to determine if further research is needed. Within 90 days of receiving the NAM assessment, the VA Secretary will report on the research to the Committee on Veterans’ Affairs of the Senate and House of Representatives.

Section 633 directs the VA Secretary to establish an advisory board within 180 days of receiving a NAM assessment to conduct further research. The 13-voting members of the board are charged with assessing and advising the Secretary on the selection of a research institution and the activities for conducting the research. The board is to comprise at least two members representing tax-exempt organizations, two descendants of veterans with toxic exposure, and a total of seven health professionals, scientists or academics with expertise in research. In addition, the advisory board will develop a research strategy, advise the Secretary on its findings, submit recommendations for the annual report, and meet semiannually with the Secretary and representatives of the research institution.

Section 634 directs the VA Secretary to conduct research within one year of receiving the research results from NAM on the health conditions of descendants of veterans with toxic exposure while serving as members of the Armed Forces. The research entity in consultation with the Advisory Board will submit a report within a year of starting the research and annually every September 30 to the VA Secretary and the Committee on Veterans’ Affairs of the Senate and House of Representatives. The report will include: a summary of the research efforts, a description of the findings, and the Advisory Board’s recommendations for administrative or legislative action including the possibility of further research. The VA shall provide 501(c)(19) tax exempt organizations a copy of the report upon request.

TITLE VIII – OTHER MATTERS

- Section 801 requires the VA to do the following: use industry standards, standard designs, and best practices in constructing medical facilities; use industry standards and best practices in the training and professional development of relevant employees; contract for forensic audits of certain medical facility projects; and submit quarterly reports on super construction projects to the Committee on Veterans’ Affairs of the Senate and House of Representatives.

- Section 802 makes technical corrections to title 38.

View the entire bill at www.thomas.gov by searching: HR 6416.

I want to join NAVAPD! 3 ways to pay:

1. Check (enclose) 2. Deduction $6.15/PP 3. Online

Mail to: NAVAPD, P.O. Box 15418, Arlington, VA 22215

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<th>Full-Time $160</th>
<th>Half-Time $100</th>
<th>Retired $80</th>
<th>Resident Fellow $45</th>
<th>Lifetime $1500</th>
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YES!

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Join NOW!

NAVAPD is the only national organization protecting the interests of VA physicians and dentists. Since 1975, NAVAPD has been your advocate and watchdog in Washington. NAVAPD will continue to focus on opportunities to improve pay and working conditions.

You can join by mail with this form OR

JOIN ONLINE @ www.NAVAPD.org

Name

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Telephone Number

E-mail Address

Facility

Station Number
VA News In Brief

VA Rule Does Not Give Nurse Anesthetists Practice Authority

The VA rule to advance practice authority for registered nurses issued an explicit exclusion of Certified Registered Nurse Anesthetists in the final language of the VA’s Advanced Practice Registered Nurses rule, published on Dec. 14, 2016, in the Federal Register. The final rule that went into effect on Jan. 13, 2017, leaves intact the practice of physician-led anesthesia teams.

The rule allows three roles of nurses with advanced degrees to practice primary, acute and specialty health services: Certified Nurse Practitioners, Clinical Nurse Specialists, and Certified Nurse Midwives.

As the nation’s largest employer of nurses, the VA workforce includes nearly 5,800 nurses who qualify for advanced practice authority out of a total number of 93,500 nurses.


VA Opioid Initiative Reduces Prescription Rate According to Study

The journal Pain published a paper this month on the VA’s efforts to address the opioid addition epidemic for veterans with chronic pain who suffer at a rate of 60 percent of those returning from Middle East deployments and 50 percent for older veterans.

To address an epidemic that has veterans twice as likely to die from an accidental opioid overdose as non-veterans, the VA launched the Opioid Safety Initiative in all of its 141 hospitals in 2013.

A team of researchers from the University of Michigan and Yale, who have been studying the program’s effectiveness since its inception, found a 20 percent reduction in opioid prescriptions among the results and a reduction in the number of overall opioid doses for about 17,000 patients.

Yet, according to VA data, the number of veterans with an opioid disorder is growing with the latest count at 68,000 or 13 percent of the population of veterans taking opioids.

VA Study Links Agent Orange Exposure to Vet High Blood Pressure

A new study finds a link between veterans exposed to Agent Orange and hypertension, according to a report published on November 29, 2016, by the VA’s Post Deployment Health Services Epidemiology, Office of Patient Care.

The three-phase study evaluated 4,000 Vietnam-era veterans of the U.S. Army Chemical Corps whose military service-related duties included the distribution, storage and maintenance of the herbicide.

More than 80 percent of Vietnam veterans with Agent Orange exposure reported high blood pressure compared with 64.6 percent of veterans who did not spray herbicides or serve in Vietnam. Researchers controlled the study for other variables, including age, race, weight and use of alcohol or tobacco.

NAVAPD Adds Two Operational Staff

We are happy to welcome two new members to the operational team for NAVAPD. Both joined us in the last few months.

Randdie Rameau works at the Washington DC VA and is interviewing for medical school. Her NAVAPD focus is management of the membership and contacts database.

Robin Diamond is a contributor and author for the newsletter. A public affairs and communications strategist, she has experience developing/ implementing issues-management programs and communications services for foundations, regulatory and government agencies, industry associations, educational institutions and political organizations. Her consulting firm, Robin Diamond DC, provides strategic planning & program management, communications, and speechwriting.


We look forward to both of their personal contributions to NAVAPD.
Meet the Members of the Senate Veterans Affairs Committee

Chairman Johnny Isakson

Chairman Johnny Isakson (R-Ga.), born Dec. 28, 1944 in Atlanta, graduated from the University of Georgia in Athens in 1966 and served in the Georgia Air National Guard from 1966-1972. He was a member of the Georgia State Assembly from 1976-1990, a state senator from 1993-1996 and chair of the Georgia Board of Education in 1996. He was elected a U.S. representative in a special election in 1999 to fill the vacancy following Speaker Newt Gingrich’s resignation. In addition to his SVAC committee chairmanship, he serves on the Select Committee on Ethics.

Senator John Boozman (R-Ark.), born Dec. 10, 1950, in Shreveport, graduated from the University of Arkansas in Fayetteville, Ark., in 1972 and the Southern College of Optometry in 1977. Senator Boozman, former optometrist, business owner and rancher, served as a representative to the 107th Congress from 2001-2011 until his election to the Senate in 2011.

Senator Bill Cassidy, M.D. (R-La.), born Sept. 29, 1957, in Highland Park, Ill., received his B.S. from Louisiana State University in Baton Rouge in 1979 and his M.D. from Louisiana State University Medical School in New Orleans in 1983. Following his work as a practicing physician, Senator Cassidy served as a Louisiana state senator from 2006-2008 and a representative to the U.S. Congress from 2009-2015 before his election to the Senate in 2014.


Senator Jerry Moran (R-Kan.), born May 29, 1954, in Great Bend, Kan., graduated from the University of Kansas in Lawrence, Kan., in 1976 and received a J.D. from the Kansas University School of Law in 1981. Senator Moran’s public service includes, Kansas State Senator from 1989-1997, Kansas Senate Vice President from 1993-1995, State Majority Leader from 1995-1997 and State Special Assistant Attorney General from 1982-1985. He was elected to the 105th Congress where he served from 1997-2011 before his election to the U.S. Senate in 2011.

Senator Marion Michael (Mike) Rounds (R-S.D.), born Oct. 24, 1954, in Huron, S.Dak., graduated from South Dakota State University with a B.S. in political science in 1977 before working in the insurance and real estate industry. Senator Rounds has served as a South Dakota State Senator from 1991-2000, the State Majority Leader from 1995-2000, and as the Governor of South Dakota from 2003-2011 before his election to the U.S. Senate in 2014.


Senator Thomas (Tom) Tillis (R-N.C.), born Aug. 30, 1960, in Jacksonville, Fla., graduated from the University of Maryland University College in 1997. After working as a management consultant, Senator Tillis served as a member of the Cornelius (N.C.) Board of Commissioners from 2003-2005, a member of the North Carolina House of Representatives from 2007-2014, Speaker of the N.C. House from 2011-2014, and as of 2015, as a member of the U.S. Senate.

Ranking Member Jon Tester (D-Mont.), born Aug. 21, 1956, in Havre, Mont.,

(Continued on page 7)
President’s Corner (continued)

(Continued from page 2) with district and state members who serve on the HVAC and SVAC.

Since my last President’s Corner, the NAVAPD Board of Directors met by phone on Dec. 15, 2016, and Jan. 19, 2017. The discussion topics included, committee membership changes and other developments on Capitol Hill, implementation of the new VA rules, and strategies that advance and strengthen our organization and our ability to provide safe, reliable and dependable healthcare for our nation’s veterans.

Just before we went to print, the HVAC released its Oversight Plan for issues that are the shared responsibility between the full committee and four Subcommittees that include, the Subcommittee on Disability Assistance and Memorial Affairs, the Subcommittee on Economic Opportunity, the Subcommittee on Health, and the Subcommittee on Oversight and Investigations. We will provide you with more details on the plan in our next issue.

As always, thank you for your professionalism and your dedication. Your efforts make us proud to be your voice in Washington, D.C.

Members of the Senate Veterans Affairs Committee (continued)


Senator Sherrod Brown (D-Ohio), born Nov. 9, 1952, in Mansfield, Ohio, graduated from Yale University in 1974, received an M.A. from Ohio State University in 1981 and served on the Ohio State faculty from 1979-1981. He was a member of the Ohio State House of Representatives from 1975-1982, the Ohio Secretary of State from 1983-1991, and a member of the U.S. Representative from 1993-2007 before beginning his tenure in the U.S. Senate in 2007.


Senator Joe Manchin III (D-W.Va.), born Aug. 24, 1947, in Farmington, W.Va., graduated from West Virginia University in 1970. After working in several family-owned businesses, Senator Manchin served in the West Virginia House of Delegates from 1982-1986, the W.Va. State Senate from 1986-1996, and as W.Va. Secretary of State from 2000-2004. While he was governor of West Virginia from 2004-2010, he chaired the National Governors Association in 2010 until he joined the U.S. Senate that year by winning a special election to fill the vacancy caused by the death of Senator Robert C. Byrd.


Senator Bernard Sanders (I-Vt.), born Sept. 8, 1941, in Brooklyn, N.Y., graduated from the University of Chicago in 1964. He was a carpenter, a journalist and mayor of Burlington, Vt., from 1981-1989 before briefly joining the faculties of Harvard University in 1989 and Hamilton College in Clinton, N.Y., in 1990. Senator Sanders was elected to the 102nd Congress where he served from 1991-2007 until his election to the U.S. Senate in 2007. In 2016, he ran unsuccessfully as the Democratic presidential nominee.
NAVAPD News is a publication of the National Association of Veterans Affairs Physicians and Dentists. Opinions expressed in articles are those of the author(s) and not necessarily those of NAVAPD.

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<th>NAVAPD’s Mission and Principles</th>
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<td><strong>Mission</strong></td>
<td><strong>President:</strong></td>
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<td>NAVAPD is dedicated to the principle that this nation’s veterans, as a result of their service to our country’s Armed Forces, have earned an entitlement to quality health care to meet their needs as they become sick or injured. The Department of Veterans Affairs (“VA”) is that agency of government obligated to honor the Nation’s contract with its deserved Veterans.</td>
<td>Samuel V. Spagnolo, M.D.</td>
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<td>NAVAPD has as its highest priority the preservation and strengthening of the VA health care system, so that it stands ever ready to give our veterans quality medical care equal to or better than that which can be obtained elsewhere in our society.</td>
<td>Washington, DC</td>
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<td>Just as VA doctors care for those who have served, they also stand ready to treat the military and civilian casualties of future conflicts and non-military disasters.</td>
<td><strong>Vice President:</strong></td>
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<td>VA health care facilities are a principal element in our national security and in our national defense, representing as they do a vast resource to back up the limited capabilities of our military hospitals.</td>
<td>Cynthia L. Gibert, M.D.</td>
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<td><strong>Guiding Principles</strong></td>
<td>Washington, DC</td>
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<td>NAVAPD shall function as the official professional organization of the VA physicians and dentists at all levels in the VA Health Care system, from the local health care facilities through VISNs to the national level.</td>
<td><strong>Secretary:</strong></td>
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<td>NAVAPD shall cooperate to the maximum extent possible with official representatives of the VA, to the end that the best possible health care is provided to veteran beneficiaries.</td>
<td>Ronald J. Gurrera, M.D.</td>
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<td>NAVAPD shall endeavor to ensure that qualified physicians and dentists are recruited into the VA Health Care system and retained therein.</td>
<td>Boston, MA</td>
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<td>NAVAPD shall support VA physician research, participate in activities of professional organizations, continuing medical education and participation in equal partnership affiliation with medical schools.</td>
<td><strong>Treasurer and Director of Dental Affairs:</strong></td>
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<td>Joseph Abate, D.M.D.</td>
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<td><strong>Directors:</strong></td>
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<td>Pamela E. Karasik, M.D.</td>
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<td>Washington, DC</td>
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<td>Jill Wruble, D.O.</td>
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