

VERMONT BOARD OF MEDICAL PRACTICE
Minutes of the March 6, 2024, Board Meeting
280 State Drive, Waterbury, VT 05671
Remote via Teams

Approved

- **Call to Order; Call the Roll; Acknowledge Guests:**

Dr. Rick Hildebrant, Board Chair, called the meeting to order at 12:03 PM

Members Present:

Rob Ciappenelli; Evan Eyler, MD; Gail Falk; Matthew Greenberg, MD; Rick Hildebrant, MD; Patricia King, MD; David Liebow, DPM; Stephanie Lorentz; Christine Payne, MD; Dawn Philibert; Judy Scott; Robert E. Tortolani, MD; Scott Tucker.

Others in Attendance:

David Herlihy, Executive Director; Paula Nenninger, Investigator; Scott Frennier, Investigator; Jane Malago, Operations Administrator; Justin Sheng, AAG; Megan Campbell, AAG; Kurt Kuehl, AAG; Bill Reynolds, AAG; Jessa Barnard, Vermont Medical Society; George Belcher, Esq.

- **Approval of the Minutes of the February 7, 2024, Board Meeting:**

D. Philibert moved to accept the February 7, 2024, meeting minutes. Dr. Tortolani seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

- **Administrative Updates (David Herlihy):**

- D. Herlihy shared that the Board of Medical Practice office has officially moved to the Waterbury State Office Complex.
- D. Herlihy revealed that the rule update was approved by the Legislative Committee on Administrative Rules (LCAR) on February 22nd, 2024, and will be effective April 1st, 2024. Herlihy added that now a new revision process will begin

that focuses on the changes to the licensing process approved by the Board in late 2023.

- D. Herlihy shared that the Board is recruiting for the Administrative Services Technician III position again, as the previous candidate ultimately rescinded their acceptance of the position based on the salary. The new job posting will now accurately reflect the position's location as Waterbury with the Board's office move complete.
- D. Herlihy updated the Board about the ongoing IT project. Due to the multiple requests from potential bidders, the deadline for bid submissions has been extended to March 12th, 2024.
- D. Herlihy shared that the Board staff is currently working on a mass email to be sent out to all licensees in the coming weeks. Some of the anticipated content will include information about the new rules, a notice of the end of the COVID temporary telehealth "TTRG" license, the Board office relocation, a statement about IV clinics, and other VDH communications that target physicians.

- **Other Business:**

- **Proposed Joint Statement on "IV Therapy Clinics"** to be issued with OPR, DO, Nursing, and Pharmacy Boards.

D. Herlihy acknowledged Megan Campbell, Kurt Kuehl, and (Office of Professional Regulation) OPR staff for their efforts on the proposed statement. D. Herlihy shared that a concern for regulators with these issues is that some licensees may be ignorant of standards – notwithstanding their professional responsibility to be aware of matters such as the limits on one's scope of practice, requirements for prescribing, what duties may be delegated, and to whom. The goal of doing this is to promote safe practices and avoid unsafe practices. It is hoped that by informing healthcare professionals about these issues the number of healthcare providers willing to staff these businesses because of ignorance will be reduced.

Dr. Hildebrant entertained a motion to approve the joint OPR and Board statement. G. Falk moved to adopt the statement as presented (See Appendix A). Seconded by S. Lorentz. The motion passed; opposed: none; recused: none; abstained: none.

- **Legislative Updates – Bills of Interest to the Board:**

- **S.263 – “An act relating to expanding Vermont’s healthcare workforce through graduates of international medical schools.”**

D. Herlihy shared that he testified in the Senate Health and Welfare Committee on February 29th, 2024. He added that this bill proposes to require the Board to convene a work group to develop proposals to “harness the expertise of international medical school graduates (IMGs) to increase Vermont’s health care workforce.” The Board will be asked to establish a position on the bill.

Several Board members shared their thoughts on the proposed bill. The topic was paused for the scheduled hearing.

- **Convene hearing to discuss any stipulations or disciplinary matters that are before the Board (12:46 PM):**

In re: Laura E. Purdy, MD – Stipulation and Consent Order – Matter MPN 168-0723

Judge Belcher inquired if the Respondent or counsel would attend; AAG Kurt Kuehl stated that they had indicated they would not. Judge Belcher invited AAG Kurt Kuehl to present the matter. AAG Kurt Kuehl addressed the Board, summarizing the facts leading up to the Stipulation and Consent Order. Dr. Greenberg made a motion to approve the Stipulation and Consent Order. Dr. Payne seconded the motion.

J. Malago recorded the roll-call vote: The motion passed; Yeas: R. Ciappenelli, G. Falk, Dr. Greenberg, Dr. Payne, Dr. Hildebrant, Dr. Liebow, S. Lorentz, Dr. Tortolani, and S. Tucker Opposed: none; Abstained: none; Recused: North Investigative Committee

- **Hearing Concluded at 12:56 PM**

- **Other Business; Reconvened:**

- **Legislative Updates – Bills of Interest to the Board (Continued):**

- **S.263 (Continued) – “An act relating to expanding Vermont’s healthcare workforce through graduates of international medical schools.”**

Board members continued the discussion on the proposed bill, expressing several concerns.

Dr. Hildebrant entertained a motion to oppose the presented statement. S. Lorentz moved to oppose the statement as presented, seconded by S. Lorentz. The motion passed; opposed: none; recused: none; abstained: none.

D. Herlihy will work on a statement to bring before the Board in the April Board meeting that details the points raised during the discussion of the bill.

- **S.233 – “An act relating to amendments to the scope of practice for optometrists.”**

D. Herlihy provided a brief update on the bill. The House Government Operations Committee had a hearing on February 22nd that was not scheduled as being about the bill, which is not yet in the Committee, but rather about the OPR report to the Legislature on optometric scope. The McNally, the president of the Ophthalmologic Association testified and quoted the position adopted by the Board at length.

- **H.572 – “An act relating to enacting the Physician Assistant Licensure Compact.”**

D. Herlihy shared that the Board will be asked to establish a position on this bill. The bill has not been scheduled for hearings in the House Healthcare Committee. Recommendation for the Board to establish a position opposing passage of the bill because:

The differences between the Interstate Medical Licensing Compact (IMLC) and the Physician Assistant (PA) Compact include:

1. Less protection is provided against having licensees with significant discipline history being able to practice here.

2. PAs here via the compact would have no obligation to do our Continuing Medical Education (CME) that is required for Vermont PAs – this is now limited to the requirement for opioid CME but would also apply to any other requirements added.
3. There are concerns about provisions in the Compact that affect interstate relations. There are provisions making other states' subpoenas enforceable here and provisions regarding obligations to share investigative information with other members of the PA Compact. The provisions in question conflict with Vermont laws passed last year that relate to legally protected health care.

Dr. Hildebrant entertained a motion to oppose H.572. Dr. Eyler moved that the Board take a position of opposition to H.572. Seconded by Dr. King. The motion passed; opposed: none; recused: none; abstained: none.

- **Federation of State Medical Board (FSMB) Draft Policy Statements:**

- **Ethics and Professionalism Committee Report (AI in Medical Regulation)**

Dr. Hildebrant entertained conversation surrounding the report on the use of Artificial Intelligence (AI) in medicine. Several Board members shared thoughts and expressed concerns about patient privacy protections, the use of personal data, and how physicians would be able to make informed assessments about different AI tools. Dr. King observed that this is an early product and that many details, including matters raised by members, would be addressed in later products on the subject. The Board did not identify comments to be submitted to FSMB.

- **Position Statement on Access to Evidence-Based Treatment for OUD**

Dr. Hildebrant began the conversation by noting that the statement reflects a harm-reduction perspective for the treatment of Opioid Use Disorder (OUD). It was noted that the statement specifies that while medications for opioid use disorder (MOUD) are most effective when patients receive counseling, the receipt of counseling should not be a requirement to receive MOUD. Dr. Greenberg commented that the emerging view is that patients need to be on MOUD to reach a point

where they can meaningfully participate in counseling. Members also noted that there are challenges to getting established with a provider for counseling. Several members commented that focusing on harm reduction means providing access to medications first for the treatment of OUD. The Board did not identify comments for submission to FSMB.

- **Report of the Workgroup on the regulation of Physicians in Training**

D. Herlihy noted that the report makes recommendations about resident licensing that the Board might consider. Examples cited included a recommendation to make training licenses good for the duration of the program and a recommendation about states that exempt very short “away rotation” visits by residents licensed in programs in other states. Members observed that some residency programs are as long as 7 years and opined that would be too long a period. The group did not identify any comments about the report to submit to FSMB.

- **Convene meeting; Executive Session to Discuss:**

- Investigative cases recommended for closure
- Other matters that are confidential by law, if any

Dr. Tortolani made a motion at 2:02 PM to enter Executive Session to discuss confidential matters related to investigations. Dr. King seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

- **Return to Open Session 2:46 PM; Board Actions on matters discussed in Executive Session:**

D. Philibert, North Investigative Committee, asked to close:

MPN 249-1223 – Special #1

MPN 194-1023 – Special #1 – Recused: Dr. Hildebrant and Dr. Liebow

S. Tucker made a motion to close the cases presented. Dr. Greenberg seconded the motion. The motion passed; opposed: none; abstained: none; recused: North Investigative Committee.

Dr. Payne, Central Investigative Committee, asked to close:

MPC 216-1123 – Special #1 – Recused: S. Tucker

MPC 245-1223 – Letter #1 – Recused: Dr. Eyler

MPC 210-1123 – Letter #1

MPC 099-1022 – Letter #1

D. Philibert made a motion to close the cases presented. Dr. King seconded the motion. The motion passed; opposed: none; abstained: none; recused: Central Investigative Committee.

Dr. Liebow, South Investigative Committee, asked to close:

MPS 240-1223 – Letter #1

MPS 171-0723 – Special #1

D. Philibert made a motion to close the cases presented. Dr. King seconded the motion. The motion passed; opposed: none; abstained: none; recused: South Investigative Committee.

- **Upcoming Board meetings, committee meetings, hearings, etc.:** Locations are subject to change. A notification will be provided if a change takes place.
 - **March 14th, 2024, North Investigative Committee Meeting, 9:00 AM,** [Remote via Teams and 280 State Drive, Waterbury, VT 05671](#)
 - **March 22, 2024, Central Investigative Committee Meeting, 9:00 AM.,** [Remote via Teams and 280 State Drive, Waterbury, VT 05671](#)
 - **March 20, 2024, South Investigative Committee Meeting, 12:15 PM,** [4th Floor Conference Room, Bloomer State Office Building, Rutland, VT and remote via Teams](#)
 - **April 3, 2024, Licensing Committee Meeting, 10:30 AM,** [Remote via Teams and 280 State Drive, Waterbury, VT 05671](#)
 - **April 3, 2024, Board Meeting, 12:00 PM,** [Remote via Teams and 280 State Drive, Waterbury, VT 05671](#)

- **Open Forum:**

- **HSIN Login Issues** – J. Malago shared that several members have had issues logging into the Homeland Security Information Network (HSIN). A follow-up email will be sent to members with additional guidance on easier accessibility to the Board’s HSIN landing page.

- **Adjourn:**

Dr. Hildebrant declared the meeting adjourned at 2:56 PM.

DRAFT VERSION – APPROVED BY THE BOARD OF MEDICAL PRACTICE ON MARCH 6, 2024; PENDING APPROVAL BY THE BOARDS OF OSTEOPATHIC MEDICINE, NURSING, AND PHARMACY

**JOINT STATEMENT REGARDING IV THERAPY CLINICS AND MEDICAL SPAS
From the Vermont Office of Professional Regulation and
Boards of Medical Practice, Osteopathic Medicine, Nursing, and Pharmacy**

The Office of Professional Regulation (OPR) and Board of Medical Practice (BMP) have received complaints and reports about inappropriate activities occurring at IV (intravenous) therapy clinics and medical spas. These activities may include out-of-scope practice, delegation of tasks to unqualified individuals, and unlicensed practice of medicine.

Nationally and in Vermont it is becoming increasingly common to see retail IV therapy clinics or “medical spas” that offer IV “cocktails” of additives to saline that may include vitamins, minerals, or prescription drugs. They are marketed to consumers as treatments for conditions such as dehydration, fatigue, and hangovers, or to aid individuals with athletic recovery or weight loss.

Vermont does not have laws and regulations that specifically govern IV therapy clinics and medical spas. Rather, these businesses are subject to the same laws and regulations that govern all spas and medical practices.

We believe this advisory statement will benefit licensed professionals who provide such services at these businesses by providing clarity about the legal and regulatory requirements that apply.

IV Therapy Services Constitute the Practice of Medicine

In Vermont, the practice of medicine includes but is not limited to (1) prescribing, ordering, or administering drugs, or offering to do so; (2) preventing, diagnosing, or treating any disease, illness, pain, or abnormal physical or mental condition, or offering to do so; and (3) determining medical necessity or making a decision that affects diagnosis or treatment.¹

Offering and providing IV therapy indisputably constitutes the practice of medicine. The unlicensed practice of medicine is illegal and punishable by imprisonment for not more than two years and/or a fine of not more than \$10,000.²

Only Licensed Prescribers May Prescribe IV Products

Only allopathic physicians (MDs), osteopathic physicians (DOs), physician assistants (PAs), advanced practice registered nurses (APRNs or nurse practitioners), and naturopathic physicians (NDs) with a prescribing endorsement, may prescribe saline IV

¹ 26 V.S.A. §§ 1311(1)(C)-(D), (G).

² 26 V.S.A. § 1314(a).

products.³ A patient may not self-prescribe IV products by choosing an IV “cocktail” from a menu.

Registered nurses (RNs), licensed practical nurses (LPNs), licensed nurse assistants (LNAs), cosmetologists, and estheticians are not authorized under the law to prescribe any drugs, including IV saline. It would be illegal for them to do so even if the clinic has a medical director or if the patient requests the drug.

“Standing Orders” Are Not Valid Prescriptions

It is illegal for anyone to administer a prescription drug without a valid prescription.

To issue a valid prescription, a practitioner must:

- Have legal authority to prescribe,
- Establish a valid practitioner-patient relationship,
- Conduct an appropriate patient evaluation,
- Make a diagnosis necessitating IV therapy,
- Develop a treatment plan,
- Prescribe IV fluids for the patient, and
- Document the patient evaluation, diagnosis, treatment plan, and prescription.

“Standing orders” issued by IV clinic medical directors are not valid prescriptions because they do not arise from a prescriber-patient relationship adequate to establish diagnoses and identify underlying conditions or contraindications to the treatment.⁴

Drug compounding can never take place under a standing order because valid compounding prescriptions may only be issued to an individual, identified patient.⁵

³ Certain other licensees, such as dentists and optometrists, also have limited prescribing authority not relevant to IV hydration clinics.

⁴ There are a few situations in which standing orders may be valid prescriptions. For example, public-health standing orders issued by the Commissioner of Health, such as for anti-overdose medication, are valid because of statutes overriding Pharmacy Rule 10.2. 18 V.S.A. § 4240(c)(1). MDs, PAs, and APRNs may prescribe an epinephrine auto-injector in a school’s name and issue a standing order for its use. 16 V.S.A. § 1388. Emergency medical services providers may administer Schedule II, III, IV, and V controlled substances in the course of providing emergency medical services pursuant to standing orders in certain circumstances. 21 U.S.C. § 823. Hospitals receiving federal funding under Medicare and Medicaid may use standing orders in limited situations only if those orders are approved and regularly reviewed by medical staff, nursing, and pharmacy leadership and follow nationally recognized, evidence-based guidelines. 42 C.F.R. § 482.23(c)(3). None of these exceptions apply to IV therapy clinics, however.

⁵ 21 U.S.C. § 353a(a)(1). There are exceptions, such as wholesale compounding by 503B outsourcers, but they do not apply to IV hydration clinics.

Only Physicians and Pharmacists May Compound Drugs

All IV fluids, including plain IV saline, are prescription drugs.⁶ When a drug is mixed with additives, such as vitamins or minerals, the result is a *compounded drug*. It is illegal for anyone to administer a prescription drug, including a compounded drug, without a valid prescription.

Improper compounding of IV products endangers patients by risking serious infection or death.⁷ Mixing saline with additives is compounding.⁸

Only MDs, DOs, and pharmacists are authorized under the law to compound drugs.⁹ Because mixing saline with additives such as vitamins or minerals constitutes compounding, PAs, APRNs, RNs, LPNs, LNAs, cosmetologists, and estheticians are legally prohibited from mixing additives with IV saline.¹⁰ Doing so is considered unprofessional conduct and subject to prosecution. This is true even if an authorized prescriber has appropriately prescribed the compounded IV medication.

LNAs, Cosmetologists, and Estheticians May Not Administer IV Products

Even with a valid prescription, IV products, including IV saline, are permitted to be administered only by someone licensed to do so. This includes MDs, DOs, PAs, APRNs, NDs with the prescribing endorsement, RNs, and certain LPNs.¹¹

LNAs, cosmetologists, and estheticians are prohibited from administering IV products and may not do so even with a medical director on-site. Doing so is considered unprofessional conduct and subject to prosecution.

Prescribers May Not Instruct Unlicensed Individuals to Administer IVs

A professional may not authorize someone to perform an activity outside his or her scope of practice.¹² While MDs and DOs may delegate medical activities to

⁶ Food and Drug Administration, *Approved Drug Products with Therapeutic Equivalence Evaluations*, 43d Ed. 2023, at 3-415 to 3-416.

⁷ FDA, “The Special Risks of Pharmacy Compounding,” Dec. 2012.

⁸ Administrative Rules of the Board of Pharmacy (“Pharm. R.”) at 1.10(9).

⁹ 21 U.S.C. § 353a(a)(2).

¹⁰ There are exceptions for APRNs and RNs in certain acute care situations not applicable to IV hydration clinics.

¹¹ To administer IV fluids, and LPN must have specific, validated documented competency and must be under the direct supervision of a provider with authority to prescribe or an RN.

¹² 3 V.S.A. § 129a(a)(6); 26 V.S.A. § 1354(a)(26) & (29).

appropriately trained, educated, and/or experienced individuals, the activity must be within the individual’s scope of licensed practice, and must remain under the MD or DO’s control.¹³

It is unprofessional conduct for an MD or DO to delegate professional responsibilities to a person whom the MD or DO knows or has reason to know is not qualified by training, experience, education, or licensing credentials to perform them.¹⁴ For example, it is unprofessional conduct for an MD or DO to instruct an RN to prescribe IV products on the MD or DO’s behalf, or to instruct an LNA, cosmetologist, or esthetician to administer IV products.

Approved by the Board of Medical Practice on March 6, 2024.

This statement constitutes the joint position of OPR and the Boards of Medical Practice, Osteopathic Medicine, Nursing, and Pharmacy. If you have any questions, feel free to contact Nursing Executive Shiela Boni (shiela.boni@vermont.gov), Pharmacy Executive Carrie Phillips (carrie.phillips@vermont.gov), OPR Staff Attorney Emily Tredeau (emily.b.tredeau@vermont.gov), or the Executive Director of the Board of Medical Practice, David Herlihy (david.herlihy@vermont.gov).

¹³ *Id.*; 26 V.S.A. § 1444(a).

¹⁴ 26 V.S.A. § 1354(a)(29).

FULL LICENSES ISSUED FEBRUARY 2024

Applicants listed below have been issued Vermont Licenses/Certifications.

***** reviewed by the licensing committee prior to being issued.***

<u>Name</u>	<u>School</u>	<u>Specialty</u>	<u>Practice Location</u>
Asslo, Fady MD	University of Aleppo (Syria)	Internal Medicine (BC)	VT Gastroenterology
Brandecker, Thomas MD	Georgetown University	Internal Medicine (BC)	TBD
Cadwallader, Mathew PA-C	Hahnemann Medical College	Unknown	TBD
Chhatlani, Aarti MD	American Univ Caribbean (Sint Maarten)	Psychiatry (BC)	TimelyMD
Daily, Matthew MD	SUNY Upstate	Diagnostic Radiology (BC)	UVMC
Deso, Steven MD	Boston University	Vascular Radiology	UVMC
Drake, Anne MD	Case Western	Emergency Medicine (BC)	RRMC
Erly, Dominique PA-C	Wake Forest University	Unknown	TBD
Felske, David MD	Cork University (Ireland)	Endocrinology	CVMC
Funsch Jr., Daniel MD	Rutgers	Emergency Medicine (BC)	TBD
Gholam, Samiollah MD	Ross University (Barbados)	Internal Medicine (BC)	UVMC
Gram, Kelly PA-C	Marietta College	Unknown	TBD
**Gray, Daniel MD	NY medical College	Diagnostic Radiology (BC)	Raleigh Radiology
**Haines, John MD	University of Maryland	Vascular Radiology (BC)	UVMC
Haq, Kanza MD	University of Punjab (India)	Internal Medicine (BC)	UVMC
Jackson, Melissa MD	University of Florida	Psychiatry (BC)	Private Practice
Johnston, Margaret MD	University of Vermont	Dermatology (BC)	Four Seasons Derm
**Khurana, Shruti MD	Lady Harindge College (India)	Internal Medicine (BC)	UVMC
Kiran, Zahra MD	Allama Iqbal medical College (Pakistan)	Family Medicine (BC)	Wellspan
**Lazar, Joel MD	University of Pennsylvania	Family Medicine (BC)	Little Rivers Health
Lee, Bridget MD	University of Virginia	Emergency Medicine (BC)	Springfield Hospital
Lee, Perry MD	Eastern Virginia Med School	Emergency Medicine (BC)	Telemedicine

Marri, Maaya MD	University of Virginia	Emergency Medicine (BC)	MAPMG
Messak, Michael PA-C	Mass College of Pharmacy	Unknown	UVMCC Cardio. Surgery
Nelson, Michael MD	University of Illinois	Emergency Medicine (BC)	Centene
O'Brien, Casey PA-C	Northeastern University	Unknown	Evergreen Health
Prine, Linda MD	Cornell University	Family Medicine (BC)	Nightingale Medical
Rezaii, Nequine MD	Shahid Beheshti University (Iran)	Nephrology	Mass General Hosp.
Rukin Gold, Deborah MD	Tufts University	Neurology (BC)	Rainbow Babies
Salah, Ali MD	Addis, Ababa Univ. (Ethiopia)	Internal Medicine (BC)	Rely Radiology
Schoolcraft, Daniel MD	Medical Univ. of Lublin (Poland)	Pathology	DHMC
Seek, Andrea MD	University of Utah	Psychiatry (BC)	NEK Human Svcs
St. Martin, Amanda MD	Boston University	Emergency Medicine	NVRH
Stevenson, Leslee MD	John A. Burns SOM	Internal Medicine (BC)	Telemedicine
**Teach, Stephen MD	Harvard Medical School	Pediatrics (BC)	UVMCC
Thareja, Tarika MD	Robert Wood Johnson	Ophthalmology (BC)	Mt. Ascutney
Tourjee, Stephen MD	Vanderbilt University	Psychiatry (BC)	TBD
Vadnais, Mary MD	UVM	OB/GYN (BC)	Atrius Health
Viscido, David MD	UVM	Internal Medicine	RRMC
Wicker, Alexander PA-C	Hofstra University	Unknown	TBD

Limited Temporary License Applications issued in February 2024

26 VSA Section 1391 (e) authorizes a limited temporary license to practice medicine/Podiatry in the State of Vermont for a period of one year only. The following persons have applied for limited temporary licenses:

<u>Name</u>	<u>Program</u>	<u>Loction</u>	<u>Start Date</u>	<u>Type</u>
Ariaga, Anderson MD	Internal Medicine	UVMHC	2/1/2024	MD
Cai, Ming MD	General Surgery	DHMC	2/1/2024	MD
Kerins, Gerard MD	Anesthesiology	SWVMC	2/1/2024	MD
Le Roux, Melissa MD	Sports Medicine	Killington	2/1/2024	MD

** Must pass through licensing prior to being presented.

These applications appear to have met the requirements. The Board, pursuant to 26 VSA Section 1391 (e), grants to each of them a limited temporary license.

**PRESENTATION OF FULL APPLICATIONS THAT HAVE BEEN ISSUED THROUGH
THE COMPACT**

Note: Applicants listed below have already received a license through the compact.

March 6, 2024

Credential Number	Name
<u>042.0017573-COMP</u>	Victoria A Cummings
<u>042.0017574-COMP</u>	Cindy Duke
<u>042.0017575-COMP</u>	Dorothy Patricia Fedis
<u>042.0017576-COMP</u>	Melissa Lee Park
<u>042.0017577-COMP</u>	Matthew Van Auken
<u>042.0017578-COMP</u>	Jarrett Preston Greer
<u>042.0017579-COMP</u>	Jim Guerra
<u>042.0017580-COMP</u>	Kabir Harricharan Singh
<u>042.0017581-COMP</u>	Chinedu John Ngwudike
<u>042.0017582-COMP</u>	Vikram G Rao
<u>042.0017583-COMP</u>	Vicki Schober
<u>042.0017584-COMP</u>	Danielle Schroeder
<u>042.0017585-COMP</u>	James T Siminski
<u>042.0017586-COMP</u>	Jay W Swett
<u>042.0017605-COMP</u>	Azhar Ahmed
<u>042.0017606-COMP</u>	Lauro Amezcua-Patino
<u>042.0017607-COMP</u>	ERHIME TEKA BADEJO
<u>042.0017608-COMP</u>	Robert James Beto II
<u>042.0017609-COMP</u>	Jian Dong
<u>042.0017610-COMP</u>	Dong Joo Seo
<u>042.0017611-COMP</u>	Sultan Simms
<u>042.0017612-COMP</u>	Michael Eric Zegans
<u>042.0017613-COMP</u>	SAADIA ZAHEER