



T A P A
 TENNESSEE ACADEMY OF
 PHYSICIAN ASSISTANTS

PA Pulse

The heartbeat of TAPA

Bridging the Future of Healthcare

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From the President

I did not think I would be writing this letter this month, but unexpected personal obligations have prevented David Roberts from taking the leadership helm as the president of TAPA. As the incoming vice president, Jennifer Light and Katherine Moffat have informed me that our bylaws provide for me to step up to this position – which I am certainly anxious and a bit overwhelmed about – but I know that with the support of fellow Board members and TAPA staff, we will have a great two years.

This past year, I was very active in our legislative efforts to implement OTP in Tennessee. Having our own independent Board of PAs is an important first step toward modernizing the PA Practice Act in our state, but we still have a lot of work to do. PAs are not asking to replace physicians or to expand our scope of practice – but our role in providing healthcare to Tennesseans has changed over the decades and our practice laws and regulations have not kept up to reflect those changes. Instead, PAs, physicians, practices, and healthcare systems have had to invent “work arounds” to ensure compliance with regulations on paper while allowing PAs to do what we do best – taking care of patients.

We have an uphill battle as we continue to fight for our place at the healthcare table. The TAPA Board of Directors and staff cannot do this alone. We must have the involvement of all PAs in the state if we are to achieve the successes we seek. At a bare minimum, each licensed PA must be a member of TAPA.

Once becoming a member, each PA should commit to supporting TAPA’s Political Action Committee (PAC). I know that many people hate giving money to legislative candidates, but that is how the game is played. Running successful campaigns costs money, and we need to financially support those candidates who support PAs. If every PA set up a monthly recurring donation of \$25 (or more) to the PAC, we could quickly build a war chest that would rival those of the physician groups.

Next, we need PAs to give of their time. Each year, TAPA hosts a PA Day on the Hill. The date is set well in advance so that you can ask for the day off from work. Next year, the date is Feb. 23, 2022. Put it on your calendar and plan to be in Nashville that day. If you are nervous about meeting your legislators, Katherine and Alexanderia will be there to walk you through everything and make sure you are prepared for a successful meeting.

See President, page 2

Mission - TAPA’s mission is to promote accessible, quality healthcare, and to advance the education, profession and practice of physician assistants in Tennessee.

Vision

Protecting and empowering the practice of physician assistants in Tennessee.

Finally, plan to attend TAPA's CME conferences. Conference fees help fund TAPA's budget each year, and the face-to-face interactions between Tennessee PAs and TAPA leadership help to build our community and engage members in the Academy's work. If you are looking to get involved in TAPA, attending a conference is the best way to meet TAPA leaders and find a place where you can help.

Sincerely,
Greg Cain, PA-C
TAPA President

Legislative Update

By Katherine Pesut Moffat, TAPA Executive Director

This year, TAPA put forth legislation to begin implementing Optimal Team Practice (OTP) in Tennessee. Some may ask, "What is OTP?" OTP is an initiative that was adopted by the AAPA House of Delegates to modernize PA practice across the country. There are three principles of OTP:

- Eliminate the legal requirement for a specific relationship between a PA, physician, or any other healthcare provider in order for a PA to practice to the full extent of their education, training and experience;
- Create a separate majority-PA board to regulate PAs or add PAs and physicians who work with PAs to medical or healing arts boards; and
- Authorize PAs to be eligible for direct payment by all public and private insurers.

The bill that TAPA introduced this year, which was sponsored by state Sen. Mike Bell and state Rep. Jerry Sexton, addressed the first two items of OTP – eliminate the legal tie between a PA's license and a specific physician's license and create an independent Board of PAs.

TAPA's lobbyists met with key legislators on the bill, and there was overwhelming support for creating the independent board. There was quite a bit of support for changing the collaboration requirements for PAs, but not enough to pass the bill out of committee. So, TAPA leaders made the decision to amend the bill and focus on the board piece.

It was a busy session because the bill had to go through three Senate committees and four House committees. At each turn, Tennessee PAs and students stepped up and contacted committee members to ask them to support our bill. This advocacy got the attention of legislators, and the bill easily passed through each committee and on the floor of both the House and Senate. The governor signed the bill on May 26, with the new law becoming effective immediately.

The new Board has been put in place by the Tennessee Department of Health's Health Related Boards office. The Board will be made up of seven PAs, one physician, and one consumer member. All five PAs currently serving on COPA were automatically transferred to the new Board, and the governor's office will appoint individuals to fill those remaining spots.

New Laws of Interest

Several other bills of interest to PAs were passed this session, and those public chapters are detailed below. Members with questions should contact the TAPA office.

PC 124 – As enacted, authorizes a home health service to provide care in accordance with orders recorded by an advanced practice registered nurse or physician assistant in addition to those recorded by a physician; and authorizes electronic transmission of orders from an advanced practice registered nurse or physician assistant. This brings Tennessee state law in compliance with federal laws passed in 2020 that allows PAs to sign for home health orders.

PC 153 - As enacted, redefines store-and-forward telemedicine services for purposes of establishment of provider-patient relationships and standards of practice. The new law clarifies that "Store-and-forward telemedicine services" means the use of asynchronous computer-based communications, which may include the transfer of medical data in an image captured or created by a camera or similar device, between a healthcare provider and patient for the purpose of diagnosis, consultation, or treatment of the patient at a distant site where there may be no in-person exchange between the healthcare provider and the patient. "Telehealth," "telemedicine," and "provider-based telemedicine" mean: (A) The use of real time

Legislative, continued from page 2

audio, video, or other electronic media and telecommunication technology that enables interaction between a healthcare provider and a patient for the purpose of diagnosis, consultation, or treatment of a patient at a distant site where there may be no in-person exchange between a healthcare provider and a patient; or (B) Store-and-forward telemedicine services.

PC 259 – As enacted, establishes certain requirements and procedures to be followed when a patient who is an inpatient at a healthcare facility, or seeking services from emergency department, expresses to a healthcare provider a recent threat or attempt at suicide or infliction of bodily harm to themselves. Per the new law, any recent threat or attempt at suicide or infliction of bodily harm to themselves by a patient must be entered into the patient's medical record.

Upon discharge from the facility, the facility shall provide the patient with contact information to access a qualified mental health professional or counseling resource unless the patient is discharged to another facility. This referral requirement may be satisfied by providing contact information for this state's mobile crisis services or the statewide crisis hotline.

The Legislature adjourned on May 5, 2021, and it will reconvene on Jan.11, 2022. In the interim, TAPA leadership will be developing TAPA's 2022 legislative initiatives.

SAVE THE DATES!

FALLFEST
Oct. 4-8, 2021
Gatlinburg Convention Center
Gatlinburg, Tenn.

Spring Fling
April 8-9, 2022
Hilton Nashville Airport
Nashville, Tenn.

FallFest 2021
Oct. 4-8
Gatlinburg Convention Center

Make plans to attend FallFest

By Mallory Briggs, TAPA Special Event and Conference Coordinator

TAPA is ready to "elevate" your CME experience in Gatlinburg for our annual FallFest CME conference. TAPA's CME Committee is planning an outstanding agenda, with 32 credits being planned in the main agenda. Several lectures are being developed as self-assessment CME (SA-CME), which brings the total hours in the main agenda to 37 credits for NCCPA-certified PAs, once the NCCPA SA-CME bonus is added. In person attendees can earn an additional seven CME credits through optional hands-on workshops, bringing the maximum number of credits to 44.

For practicing PAs, FallFest is offering three optional workshops: BLS certification/recertification, chest radiology and neurological case studies. The Student Track on Monday, Oct. 4 boasts two workshops for PA students: EKG interpretation and orthopaedics.

Registration includes a continental breakfast each day; four complimentary lunches, including the Legislative Luncheon and three others sponsored by AstraZeneca and Novo Nordisk; and morning and afternoon refreshments. Attendees really get a bang for their CME dollars!

TAPA looks forward to our Gatlinburg visit each year. There are boundless experiences attendees can choose from in their free time. Soar to the top of Anakeesta Mountain on a one-of-a-kind Chondola or walk across the longest pedestrian Skybridge in North America. Gatlinburg borders the Great Smoky Mountains National Park, with more than 800 miles of hiking trails in the park, white water rafting, biking and horseback riding. Unwind in the evenings by enjoying the special music series happening in downtown Gatlinburg.

For more information, visit www.tnnpa.com/fallfest. We hope to see you in October!

AAPA House of Delegates: Reference Committee A Report

By Leigh Anne Pickup, MMSc, PA-C, DFAAPA

Hello fellow Tennessee PAs. This is Leigh Anne Pickup. I have been honored to represent you as a Tennessee HOD representative for the last three years and will represent you next year at the HOD 2022 meeting in Indianapolis. HOD 2021 was four days of virtual meetings. I was proud of the engagement, critical thinking and intentional desires to represent our profession well despite the virtual medium.

The A Resolutions covered many important topics which I will summarize for you below and note the final outcome.

A-01 - Sustaining Membership Category - Adopted

This resolution removed the sustaining membership category. Sustaining members were individuals whom had chosen not to practice. It was felt these members could be absorbed into other categories.

A-02 - Other Health Prof. as Affiliate - Adopted

This resolution changed the definition of affiliate member to include individuals from other health professions which enabled us to also eliminate the separate physician membership category.

A-03 - Add Pre-PA Membership Category - Adopted

This resolution added a PRE-PA category for membership into AAPA.

A-04 - Changes to Work Group - Rejected

This resolution tried to redefine the duties and responsibilities of the Governance Commission and it was rejected.

A-05 - Work group elevated to a commission - Rejected

This resolution tried to elevate the nominating work group to a commission and it was rejected.

A-06 - Proposed bylaws resolutions - Adopted

This resolution made bylaws amendments to how resolutions were intercepted and evaluated. This was adopted.

A-07 - Student members voting in Student Board Election - Adopted on Consent Agenda

This resolution redefined eligible voters for the Student Academy positions as all Student Members. This was adopted on the Consent Agenda.

A-08 - Amended to allow students to vote - Referred to Committee

This resolution tried to allow credentialed student members of the Student Academy AOR, HOD, and BOD to be entitled to vote in the AAPA General Elections. This was referred to committee to fully evaluate the pros and cons before voting on this resolution further. This would add approximately 300 students to be allowed to vote.

A-09 - End face to face - Amend

This resolution was amended to state, "The HOD recommends the AAPA BOD provide in-person and virtual opportunities for PA volunteer leaders to conduct business successfully on behalf of the profession."

A-10 - AAPA Involvement - Reaffirm

The resolution reaffirmed HP-3300.2.1 which states AAPA values non-practicing PAs involvement in AAPA.

A-11 - Membership requirement for PA Educators - Rejected

This resolution tried to encourage ARC-PA to include in its accreditation standards that faculty must be active members of AAPA and their State Constituent Organization. This was rejected.

A-12 - Membership for AAPA Speakers - Rejected

This resolution tried to require that any PA speaker at AAPA be required to be a member of AAPA and an AAPA Constituent Organization. This was rejected.

A-13 - Incentive for AAPA Employers of Excellence - Rejected

This resolution tried to provide an additional incentive for employers whom financially support AAPA and State Constituent Organizations in consideration of their application to AAPA for Employer of Excellence Award. This was rejected.

Ref Com A, continued from page 4

A-14 - Competencies for PA Profession - Adopted

This paper was accepted as it has been accepted by all four organizations.

A-15 - Support for PA Oath - Amended

This resolution amended the PA Oath by removing "Physician" and instead stating, "I will work with other members of the health care team to assure compassionate and effective care of patients."

A-16 - Equity in Compensation - Adopted on Consent Agenda

This resolution expanded the groups recognized to be impacted by inequities and encouraged educational and organizational interventions for PAs on disparities in income. This was adopted on the Consent Agenda.

A-17 - Value of NCCPA Recertification - Adopted on Consent Agenda

This resolution urges NCCPA and NCCPA Foundation to undertake rigorous and replicable research to determine the value of NCCPA recertification testing. This was adopted on the Consent Agenda.

Thank you again for allowing me to represent Tennessee. Please reach out with questions or to discuss further.

AAPA House of Delegates: Reference Committee B Report

By Sarah Murawski, PA-C

Title Change Debate: The biggest debate this year in the AAPA House of Delegates was the title change debate. There were two resolutions regarding this. One resolution changed the profession title and the other changed the professional name of the Academy.

TAPA surveyed Tennessee PAs prior to the House of Delegates to understand how they felt about these resolutions. 161 PAs completed the survey. Of those respondents, 62 percent supported a title change for the profession. 51.5 percent supported "physician associate" while 14.3

percent supported "medical care practitioner". Those who did not support the name change listed "other priorities for the profession", "too costly", and "happy with current title" as the top reasons why they did not support the change.

The debate in the House of Delegates was lengthy and impassioned. The most consistent testimony given in support of the title change to "Physician Associate" was that the term "assistant" in our title has been used against us in OTP efforts in multiple states.

Many other states performed surveys of their members and overwhelmingly, "Physician Associate" was the preferred title. There was also testimony which stated that "Physician Associate" was preferred on a global scale and may allow for a more translatable role in the global healthcare market.

There was testimony in favor of "Medical Care Practitioner" which stated that we should trust the research done by the very costly consulting firm. There were also concerns about keeping the word "physician" in our title as it will continue to tie us to another profession and thus continue to hinder OTP efforts.

See Ref Com B, page 6

TAPA Awards

TAPA is accepting nominations for the following awards:

- **PA of the Year**
- **PA Student of the Year**
- **Preceptor of the Year**
- **Educator of the Year**
- **PA/Physician Team of the Year**

Nominations can be submitted by PAs, PA students, faculty and supervising physicians. The nomination deadline is **Aug. 31, 2021**. Nomination forms can be downloaded from the TAPA website at www.tnpa.com.

Awards will be presented at FallFest.

Ref Com B, continued from page 5

Some were concerned that keeping the PA acronym would not allow the profession to move past being an “assistant”. Finally there was testimony to keep the title as “Physician Assistant”.

Much of this testimony revolved around questions of what a full title change would entail for our cross organizations (PAEA, NCCPA, and ARC-PA) and if we needed more time to be thoughtful around the timing and approach to changing the title of our profession. There were also concerns around starting over from scratch to define the profession.

At the end of the House of Delegates, the delegates ultimately voted on a name change. Overwhelmingly, the title “Physician Associate” was chosen. Please see information from TAPA and the AAPA regarding the title change and the next steps that will need to be taken to make this our new legal title.

B resolutions included many PA education resolutions.

Aside from the title change, there were some other contentious resolutions presented this year in the B reference committee. There was debate about an entry-level doctorate for PAs. The central debate was between a doctorate being required by the market vs. concern that an entry level doctorate would force more students to decide to be an MD as opposed to a PA. The HOD decided to oppose a mandatory entry level doctorate to allow universities to choose how they would proceed.

The HOD then considered standardization of entry-level degree titles. This was rejected as it may not be feasible for all universities to meet this standardization requirement, and we already have standardization with the PA-C credential.

The HOD next adopted policy supporting PA-specific post professional doctoral degrees to better meet the needs and experience of practicing PAs who wish to pursue additional education.

The student delegation presented a policy paper to be adopted that addressed the shortage of clinic practice experiences (preceptors) in PA

education. This was amended by the house, but was ultimately accepted into our policy manual.

Other resolutions adopted included life-long learning to improve competencies and patient outcomes, adopting ACCME standards for integrity and independence in accredited continuing education, and the importance of interprofessional curricula that includes PA practice and the role PAs play in the delivery of high-quality patient care.

It was a pleasure and honor to represent Tennessee PAs this year in the House of Delegates. While we wish we could have been together in person to debate such important topics, the House Officers and the AAPA staff did an incredible job facilitating thoughtful debate on a virtual platform. Ultimately, the will of the HOD and will of the PAs on national level prevailed. We are excited to move forward with the title change to “Physician Associates” and OTP efforts here in Tennessee.

It is safe to say that 2021 and 2022 will have some big legislative agenda items for PAs in our home state. I am personally excited for the future of our profession. Thank you for trusting me with the responsibility to represent Tennessee PAs in this historic year.

AAPA House of Delegates: Reference Committee C Report

By Jennifer Harrington, PA-C

I enjoyed representing Tennessee at the AAPA House of Delegates meeting. Being my first AAPA House of Delegates meeting, I did not know what to expect. I found that the energy and passion for the progress of our profession was palpable, even in the virtual format. It is amazing to see the leaps and bounds the PA profession is making. I very much look forward to being a part of the HOD again in 2022. This is a summary of the Reference Committee C resolutions:

Resolutions C01 through C10

AAPA adopted the statement “AAPA opposes all forms of racism” in C-01. They also amended C-03 to add the word “equity” to the diversity and

See Ref Com C, page 7

Ref Com C, continued from page 6

inclusion initiatives for the PA profession. In C-04 the policy to “provide and support educational experiences that are focused on diversity, healthcare disparity issues, and social determinants of health” was amended and adopted. C-06 was adopted to recommend that AAPA create an annual diversity award.

AAPA affirmed its commitment to non-discrimination in membership, scholarship, and leadership opportunities, and encouraged constituent organizations to offer equitable and inclusive treatment of all student members, regardless of their educational setting in C-07.

AAPA supported admissions policies that help ensure a workforce that includes underrepresented minorities in C-08 and C-09. In C-10 AAPA denounced excessive force by all law enforcement agencies against people of color and vulnerable populations and committed to advocating for safe policing policies and training.

Resolutions C-11 through C-19

AAPA adopted the policy paper entitled “Disparities in Maternal Morbidity and Mortality”, in C-11, in effort to decrease maternal mortality in vulnerable populations. C-12 was amended and adopted to read, “PAs should be engaged in providing, or aware of programs within their communities that provide, access to affordable, quality, and culturally competent preconception and prenatal care.”

In C-13 AAPA adopted a statement to advocate for reproductive interventions to prevent unwanted births and STDs via telehealth. C-16 was amended and adopted to support coparent or second-parent adoptions regardless of gender. AAPA supported evidence-based guidelines for concussion evaluation and treatment and encouraged research in that area in C-17.

AAPA supported the use of point-of-care ultrasound (POCUS) in clinical practice and the development of POCUS educational opportunities in C-18. The words “prevention and screening” were added to the C-19 statement supporting the appropriate diagnosis and treatment of mental health issues.

Resolutions C-20 through C-30

The wording substance abuse was amended to “substance use disorders” in C20 and C21 statements. The wording drunken drivers was amended to “driving under the influence of alcohol” in C-22.

The wording nicotine dependence was amended to “tobacco use disorder” in C-23 as well as some amended wording to encourage smoking cessation education and treatment by PAs.

Resolutions C25 through C-29 amended the word marijuana to read “cannabinoids”. The paper “Recognizing Pornography as a Public Health Crisis” was rejected.

AAPA House of Delegates: Reference Committee D Report

By Chief Delegate John J. Davis, PA-C, DFAAPA

My fellow Tennessee PAs, hello to each of you and thank you for your support of your 2021 TAPA Delegates: Leigh Anne Pickup, Sarah Murawski, Jennifer Harrington and me. I also want to give my sincere thanks to Katherine Moffat and her staff of Joyce Elkins and Mallory Briggs for their dedicated support to the TAPA delegates over these many years.

Many of you are aware that I have served as Chief Delegate for TAPA for more than 25 years. It has been a most cherished, exciting and educational experience for me. I was a Director-at-Large to the AAPAs’ Board of Directors when we made the decision to develop an AAPA House of Delegates. A decision that to this day I still believe was the right one to have made to enhance the future of the Academy.

Does your practice need to hire a PA?

Are you searching for a job?

If so, visit TAPA’s Job Board!

Jobboard.tnpa.com

Ref Com D, continued from page 7

In 2019 I made the decision that the 2021 HOD would be my last. I have worked with so many talented PAs in TAPA that I feel good about handing over the reins of the TAPA HOD positions to any of them.

Below is my final report for my portion of the AAPA HOD Resolutions, the Reference Committee D Resolutions. Thank you, Tennessee PAs.

D-1 PAs and Other Health Professionals; a part of this resolution was about removing the word Physician from the resolution. Amended to leave PHYSICIAN in.

D-2 PA Obligations: should not have collaboration mentioned in body. Collaboration may have negative impact on OTP Amended by Deletion.

D-3 Use "Practice Model" instead of Ratio. Some concerns about having this Task force at all as well as the wording. Amended

D-4 This resolution dealt with listing of PAs in International Directories; It is difficult to impossible to find the title of "PAs" listed. Adopt

D-5 AAPA Opposes Differentiating Between PAs This resolution indicates that AAPA opposes any regulations, guidelines or payment policies that differentiate between PAs. Amended.

D-6 PA Practice Ownership Policy, including partnerships, co-ownership and medical corporations. This resolution deals with PA Ownership Policies. Adopted as amended.

D-7 This resolution is regarding Health Care Shortages. AAPA supports efforts that

promotes solutions to healthcare shortages. Adopted on Consent Agenda.

D-10 The PA in Disaster Response-Core Guidelines Paper. This resolution was Referred.

D-11 The Telemedicine Paper; involves more support for Base Rates, Licensing and including Telemedicine CME. Adopted as Amended.

D-12 Quality Incentive Policy Paper. This resolution reports that AAPA believes that PAs should be an integral part of the process development and decision-making processes of incentive programs. Adopted as amended.

D-13 Medical Home; This resolution emphasizes that AAPA supports the Medical Home concept to expand access and improve the quality of patient care. Adopted

D-14 Health information Technology Systems (H.I.T.). Expired

D-15 Adoption of Home-Centered Care Paper. This resolution shows AAPA Supporting PA Practice in Settings External to Clinics and Hospitals. Adopted

D-16 Prescription Drug Benefit Plans. This resolution speaks to AAPA's support of transparency in prescription drug plans. Adopted on Consent Agenda.

D-17 Maintenance of Certification (MOC) Requirements. This resolution indicates that AAPA supports uncoupling Maintenance of certification AND TESTING requirements from the maintenance of license and prescribing privileges in state laws. Adopted

D-18 Maintenance of Licensure (MOL) This resolution indicates that AAPA believes that Testing should not be part of the MOL process. Adopted as Amended.

D-19 Guidelines for PAs working internationally Adopted on Consent Agenda

D-20 Internationalization Labor Organization (ILO). This resolution shows that AAPA recommends a new classification of international healthcare workers to include PAs. Adopted as Amended.



Be sure to "like" TAPA's Facebook page to keep up to date on Academy news.

Also, each TAPA region has a FaceBook group. Join your region's group to find out about dinner meetings, job opportunities, and other networking events.

Support TAPA PAC

TAPA's political action committee (PAC) needs your support more than ever! TAPA had an extremely successful legislative session this year, achieving one of the three tenets of Optimal Team Practice (OTP) - establishing an independent Board of PAs.

However, we still have more work to do to modernize PA practice in our state. Many legislators support the next tenet of OTP - removing the tie between a PA's license and a specific physician's license. We must ensure that these legislators have the resources to run successful campaigns so that we can work with them in future legislative sessions.

TAPA's PAC is an important tool that allows us to financially contribute to election campaigns. One-time contributions to the PAC fund are very appreciated and help us build our account! However, we need every PA in the state to commit to contributing \$300 per year to the PAC.

Not every PA is in the position to write a large check. Therefore, TAPA has set up a monthly or quarterly payment system to help us achieve our fundraising goals.

Won't you consider making smaller monthly contributions that will add up to significantly support the PAC? Just \$25 a month adds up to \$300 over the course of a year, \$50 a month adds up to \$600 a year, and \$100 a month adds up to \$1200. The ability to keep your job and practice to the fullest extent of your training is certainly worth a small, monthly investment. Simply [click here](#) to sign up for the automatic contributions on your credit card and join your colleagues listed with an asterisk by their name who are regular contributors to TAPA PAC.

2021 PAC Contributors

As of 6/30/2021

Bridge Members

contributing \$250+

Greg Cain*

John Davis

David Lennon*

Sadril Mohammad*

Jim Montag*

Michelle Ross*

Desirae Sheppard

Sustaining member

contributing \$100-\$249

Donald Black*

Rebecca Dodd

Richard Heint*

Timothy Jenkins

Courtney Ledbetter

Joseph Lindahl*

Sarah McQueen

Casey Messer

Andrew Morgan

Johnny Nowlin*

Joshua Porter

Melissa Watson*

Sarah Vensel

Desmond Watt

Chloe Wilson

Debra Wittmaier

*Current monthly

contributor

Contributing member

contributing up to \$100

Jill Absher

Amy Bonk-Chanin

Caryl Brower

Jarrett Brown

Megan Burrows

Brian Buxton

Kaycie Cartwright

Megan Chapman

Alecia Colvin

Samuel Cook

Rayma Coslett

Patrecia Eaton*

Kelly Foutch

Sioeli Fuimaono

Anna Herring

Karen Isopi

William Johnson

Allison Jowers

Ronda Kopra

Jennifer Mayer

Lea Meine

Ashley Messick-Hite

David Mittman

Jena Morcelle

Sarah Murawski

Ka Chun Ng

Melissa Noel

Brent Oland

Andrea Perkins

Elizabeth Perkins Hayes

Alexia Proulx

Kimberly Quiring

David Roberts

Laurie Ryznyk

Anastasiya Sasloff

Miggy Scott

Vicki Stiltner

Carol Taylor

Robert Tomsett