November 9, 2015

Bruce Hinze
Senior Health Policy Attorney
California Department of Insurance
45 Fremont Street, 24th Floor
San Francisco CA 94105
Sent via email

Re: Provider Network Adequacy Regulations (Permanent); REG-2015-00001

Dear Mr. Hinze,

The National Association of Dental Plans (NADP) is concerned with the Provider Network Adequacy Regulations as currently drafted. On September 25, the California Department of Insurance (CDI) released draft regulations making the emergency regulations released on January 30, 2015 permanent. The draft regulation also expanded and clarified "regulations to update the implementation of the provider network adequacy framework."

The greatest concern is the confusion surrounding what specifically applies to dental policies within the draft regulations. There are exemptions for specialized policies of health insurance (which includes separate dental policies) listed under section 2240.1, as well as section 2240.16 which applies directly to specialized plans. The two sections do not align and there are additional requirements listed within the specialized section which do not parallel to those sections listed as applicable in 2240.1. In addition, there is confusion on which mandates are applied to dental policies offered as the pediatric essential health dental benefit, versus all other commercially offered dental policies.

Regardless of the confusion amidst the regulations, the main question is why specialized plans were included at all within the draft regulations. The emergency regulations exempted specialized dental plans, and we have seen no evidence of dental plans narrowing their networks or consumers reporting of their inability to see a dentist.

- **Recommendation**: Exempt dental plans from the draft regulations. If evidence arises which illustrate a need for oversight, provide distinct and appropriate requirements for specialized health plans.

OFFICERS & DIRECTORS

Chair
THERESA McCONEGHEY
Principal Financial Group
Des Moines, IA

Vice Chair
DR. GENE SHERMAN
Starmount Life
Baton Rouge, LA

Secretary
KIRK E. ANDREWS
UnitedHealthcare Dental
Santa Ana, CA

Treasurer
STACIA ALMQUIST
Assurant Employee Benefits
Kansas City, MO

Directors
RON BOLDEN
Cigna
Phoenix, AZ

DR. DAN CROLEY
Delta Dental of
CA, NY, PA & Affiliates
San Francisco, CA

KATE McCOWN
Ameritas Life Insurance
Corp. Lincoln, NE

SUE WRIGHT
Lincoln Financial Group
Omaha, N3

Immediate Past Chair
CHRIS SWANKER, FSA, MAAA
Guardian Life Insurance
Company of America
Bethlehem, PA

Executive Director
EVELYN F. IRELAND, CAE
National Association
of Dental Plans
Dallas, TX

National Association of Dental Plans
12700 Park Central Drive • Suite 400 • Dallas, Texas 75251
972.458.6998 • 972.458.2258 [fax]

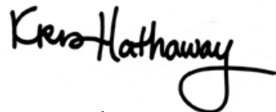
We highly recommend the CDI closely review recommendations provided by the California Association of Dental Plans (CADP). Their attached comments provide a detailed explanation of how the Department may stay true to the intent of the statute without sacrificing the flexibility necessary for specialized plans to remain a valued benefit within California.

As our members and their providers strive to provide quality oral health care for Californians, we must be realistic on how regulations will affect the cost of doing business in the state, and how it will clearly impair the ability of dental plans to continually offer cost-effective choices to consumers. Without adopting full exemption for specialized plans or addressed by the CADP, Californians may have fewer choices in their dental and vision care.

In addition to these comments, we have also attached the CADP letter referenced above and an NADP member list for your review. If you have any questions or concerns, please do not hesitate to contact me at your convenience.

Thank you for this opportunity.

Sincerely,



Kris Hathaway
Director of Government Relations

NADP Description
NADP is the largest non-profit trade association focused exclusively on the dental benefits industry, i.e. dental PPOs, dental HMOs, discount dental plans and dental indemnity products. NADP's members provide dental benefits to approximately 90 percent of the 187 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

November 9, 2015

BOARD MEMBERS

PRESIDENT
Robin Muck
The Guardian

VICE PRESIDENT
Alan Hirschberg
MetLife

SECRETARY/TREASURER
Kirk E. Andrews
UnitedHealthcare Dental
Dental Benefit Providers of CA

Jeff Album
Delta Dental of California

Stephen R. Casey
California Dental Network, Inc.

Bryan Geremia
Aetna Dental of California, Inc

Laurie Laspina
United Concordia Dental Plans of CA

David M. Meadows
Liberty Health Plan of California

Josh Nace
Dental Health Services

Charles Stewart, DMD
Aetna Dental of California Inc.

DIRECTOR OF OPERATIONS
Timothy L Brown
brownt@cadp.org
844-422-CADP (2237)

Bruce Hinze, Esq.
Senior Health Policy Attorney
California Department of Insurance
45 Fremont Street, 24th Floor
San Francisco, CA 94105

Sent via electronic mail: Bruce.Hinze@insurance.ca.gov

Re: Provider Network Adequacy Regulation, Title 10 Investment, Chapter 5. Insurance Commissioner, Subchapter 2, Policy Forms and Other Documents, Article 6, Provider Network Access Standards for Health Insurance

Dear Mr. Hinze,

On behalf of the California Association of Dental Plans ("CADP"), representing 25 specialized dental plans serving nearly 20 million Californians, we submit these comments to the California Department of Insurance ("CDI") regarding the Permanent Regulations submitted on September 25, 2015, entitled, "Provider Network Adequacy Regulation (Permanent)." CADP is concerned with multiple portions of the draft network adequacy regulations as they apply to dental plans, numbering them below and including recommendations for your review.

A proposed regulation offered by a state agency must meet California's plain English requirement and meet the six standards of Necessity, Authority, Clarity, Consistency, Reference, and Non-duplication under Government Code 11349.1 to be approved by the Office of the Administrative Law. As currently written, the Provider Network Adequacy regulation fails to meet the standards of "Necessity" and "Clarity" under Section 11349(a) and (c) of the California Government Code[1] and California Code of Regulations, Title 1, Section 16[2].

1 Section 11349(c) defines "clarity" as written or displayed so that the meaning of the regulations will be easily understood by those persons directly affected by them.

2 1CCR Section 16 requires that in examining a regulation for compliance with the clarity requirement under Government Code Section 13349.1, the Office of Administrative Law shall consider that a regulation shall be presumed not to comply with the "clarity" standard if (5) the regulation presents information in a format that is not readily understandable by persons "directly affected."

1. **Revisions made to the Provider Network Adequacy Regulation fail to meet the "Necessity" standard in its applicability to dental and vision carriers.**

The Emergency Regulation, originally enacted on January 30, 2015, and readopted on October 26, 2015, specifically exempted dental and vision carriers from any network adequacy requirements as stated in Section 2240.1(a); "[t]he provisions of [Article 6] do not apply to specialized policies of health insurance that provide coverage for vision care or dental care expenses only." However, CDI has removed the total exemption from Article 6 in its permanent Network Adequacy regulation for health insurance policies that provide dental-only and vision-only expenses, and applied certain provisions of the regulation to all dental and vision carriers.

It is unclear why the change was made from the Emergency Regulation since dental and vision network adequacy has not varied since the promulgation of the Emergency Regulation. Furthermore, the additional requirements imposed on dental-only and vision-only carriers that do not offer Essential Health Benefits ('EHB") is inconsistent with the purpose of the regulation and would likely fail to meet the "Necessity" [3] requirement.

On page 5 of the Notice of Proposed Rulemaking issued on September 25, 2015, the Commissioner proposes to adopt new section 2240.16, to provide clarity relating to access standards for the provision of the pediatric oral and vision EHB. However, the Notice is silent regarding dental and vision benefits offered by dental-only or vision-only carriers and fails to explain why Section 2240.1(a) was revised to extend certain provisions of the regulation to dental and vision carriers that do not offer EHB policies.

In enacting the regulation, CDI's focus was to address policies offering EHB benefits and put additional requirements on them as evidenced by the title of Section 2240.16: "Access Standards for Pediatric Vision and Oral Essential Health Benefits." Specialized dental and vision carriers have not significantly changed their networks by creating limited or narrow networks. Additionally, these plans continue to allow their PPO members to access all in-network, as well as all out-of-network, for the provision of services.

Recommendation: CADP recommends CDI: (1) return the provisions of the permanent network adequacy regulation to apply only to policies covering pediatric vision or oral EHBs; and (2) exempt from the requirements of Article 6 specialized policies that provide coverage for vision care expenses only or dental care expenses only

2. **Amending Section 2240.1(a) is necessary to clarify the requirements for dental and vision carriers generally, and how they differ from the requirements on specialized health insurance carriers that offer *EHB* dental and vision benefits and *EHB* dental benefit administrators.**

The proposed Section 2240.1 states that specialized policies of vision care expenses and dental care expenses only are exempt from Article 6, except for the following subdivisions: Section 2240.15(b)(11),

[3] Section 11349(a) defines "necessity" as the record of the rulemaking proceeding demonstrates by substantial evidence the need for a regulation to effectuate the purpose of the statute … or other provision of the law that the regulation implements, interprets, or makes specific, taking into account the totality of the record.

(b)(12), (c)(2)(B), and (c)(2)(E); Section 2240.16(a) and (b); and Section 2240.5(a). However, other sections of the regulation that appear to pertain to specialized health policies that offer EHB dental and vision benefits are not listed in Section 2240.1(a). These include Section 2240.15(c)(2)(C), Section 2240.16(c), and Section 2240.5(b) or (c). It is unclear why these relevant sections were not included with other provisions in Section 2240.1(a) that are applicable to specialized policies of vision care expenses and dental care expenses only.

The definition of "Clarity" under Section 11349(c) of the California Government Code and California Code of Regulations, Title 1, Section 16 requires that the meaning of a regulation must be easily understood by those persons directly affected by them.

Recommendation: CADP recommends that, to enable Section 2240.1(a) to achieve the clarity requirement, it should: (1) explicitly and comprehensively enumerate all subdivisions applicable to dental and vision carriers; and (2) include additional provisions that apply to specialized health policies including EHB services since some specialized health insurance policies that offer EHB services are sold by dental-only or vision-only carriers.

As an alternative, the CDI should create a separate subdivision within 2240.1 to clearly identify the requirements for specialized health insurance policies that include dental and vision EHB benefits that would apply to both Stand Alone Dental Plans ("SADP") and EHB dental benefit administrators. The absence of a section specific to the provisions relating to the specialized health insurance policies that include dental and vision EHB benefits creates confusion around how these carriers are expected to comply with the draft Network Adequacy regulation.

For instance, the exclusion of Section 2240.5(b) and (c) makes it difficult to decipher what is expected of the annual network filing that is a requirement of SADPs that offer EHBs under Section 2240.5(a). Some provisions within Section 2240.5(b) and (c), such as information about network hospitals or mental health or substance use disorder access, clearly do not apply to dental only policies. However, other requirements, such as the issuer's enrollment information or health information technology information, are less obvious.

In submitting filings for the 2016 plan year, SADPs with EHB policies were instructed to file information relating to various sections of the Emergency Regulation that were not entirely clear in its applicability to dental carriers by a plain reading of the Regulation.[4] Going forward, without clear guidance on the applicability of relevant subdivisions within Section 2240.5(c), the required provisions of the annual network filing are not easily understood by the affected carriers.

Moreover, there is also no mention of a specified time and distance standard required of dental carriers. It is also unclear whether the time and distance, and provider ratio requirements under Section 2240.1(c)(1)-(5) are meant to apply to dental and vision carriers. Section 2240.16(a) requires "adequate full-time equivalents of primary care network practitioners accepting new patients…" and (b) sets forth a clinical appropriateness standard by which all dental carriers must ensure contracted oral and vision

4 Dental carriers were instructed via email communication from the various dental carrier form filing reviewers to comply with Section 2240.5(d)(2), (d)(3), (d)(4), (d)(6), (d)(14), and (g), and were also told that for the 2017 filing year, to expect to report on (d)(7), (d)(8), (d)(10), and (d)(11).

provider networks have adequate capacity and availability of providers to offered insureds appointments within the specified wait times. However, in the application of the Emergency Regulation, CDI required SADPs offering EHB policies to adhere to the time and distance standards under Section 2240.1(c)(2) and (c)(4) despite the specific mention of "primary care network providers" and "medically required network specialists…," terminology that clearly is specific to health carrier networks and should not be applied to dental and vision plans.

There are significant gaps and inconsistencies in the presentation of which the draft Network Adequacy regulations apply to dental and vision carriers, as well as the requirements that are specific to those specialized health insurance policies that offer dental and vision EHB services. The scope and comprehensive nature of this section as originally intended for medical carriers cannot be adequately implemented for SADPs offering EHB as written. Many of the requirements are not applicable to the dental industry. Therefore, as currently drafted the regulation lacks sufficient clarity to understand how CDI intends issuers to implement these requirements.

3. Expansion of customer call back and appointment wait time provisions to all dental and vision carriers does not meet California's Clarity requirement.

The specific expansion of certain provisions of the draft Network Adequacy Regulation to all dental and vision carriers, namely the appointment wait time and customer call-back standards, is unnecessary given the nature of dental and vision care requirements. Furthermore, the regulations lack clarity on how a dental or vision carrier can realistically track this type of information.

CADP understands and supports the need for timely consumer call backs. However, a guaranteed 30 minute call back requirement as outlined in Section 2240.15(b)(11) is not the standard call-back timeframe for non-urgent dental matters.

CADP acknowledges there likely may be occasions that warrant a more timely response, and recommend the regulations specifically clarify the 30 minute call back requirement applies only to urgent access to care issues.

Additionally, Section 2240.16 lacks clarity in its application to dental-only and vision-only carriers that do not offer EHB. The title of the section itself and the Notice of Proposed Rulemaking seem to limit the application of this section to "Pediatric Vision and Oral Essential Health Benefits." What's more, the text of subsection (b) mentions only "specialized health insurance policies covering dental benefits" and omits vision benefits.

Recommendation: CADP encourages CDI to consider the lack of evidence surrounding appointment wait times and timeliness of customer call-backs, and that these requirements will be an extremely costly for dental carriers to implement, while providing consumers with little tangible benefits since delivery of these standards is already satisfactory.

4. Clarification needed on annual enrollee and provider survey as applied to specialized policies including EHB benefits, and the calculation of the rate of compliance.

The draft Network Adequacy Regulation, under Section 2240.15(c)(2)(B), (c)(2)(C), and (c)(2)(E), requires specialized policies which include EHB services, to conduct an annual covered person experience survey and an annual provider survey. However, these specific provisions need more clarity as to how dental and vision carriers are to comply with these requirements.

On Page 5 of the Notice of Proposed Rulemaking, CDI mentions that the new Section 2240.15 was largely adopted from the DMHC regulation (Title 28, California Code of Regulations, Section 1300.67.2.2) relating to standards for network design and appointment wait time, and retrospective evaluation of the network through survey and other methodologies. In enacting its timely access requirements under Section 1300.67.2.2(a)(2), DMHC explicitly excluded dental plans from the annual reporting, enrollee and provider survey requirement, and the rate of compliance.

CADP understands CDI has required these surveys for dental EHB policies in order to calculate and potentially report on the rate of compliance if Section 2240.16(d)(7) is applicable to dental carriers. However, due to the nature of dental networks, these surveys will not efficiently collect the data needed to demonstrate the rate of compliance. Policies offering EHB benefits utilize a state-wide commercial network, and dental carriers do not limit or narrow their networks for use for exchange policies. The survey requirement would need to be sent to ALL dentists in networks because it would be difficult to identify which PPO dentists are providing services to EHB services customers – something that would be necessary in order to pinpoint the data specific to EHB policies only. If required to implement these surveys, the cost of administrative requirements will be borne by all commercial enrollees who access a carrier's network.

Also, if dental and vision carriers are required to report on the rate of compliance, further clarification and guidance is needed to understand how dental and vision carriers calculate the rate of compliance from the provider and enrollee surveys.

***Recommendation*:**

For all the reasons set forth above, CADP requests the CDI provide greater clarity and focus of the Provider Network Adequacy requirements that pertain to dental carriers. We believe this can be achieved by revising the regulations to include discrete sections that apply to dental carriers in general, and to SADPs that provide pediatric dental EHB benefits. CADP additionally encourages CDI to focus on requirements intended to address legitimate access to care concerns, versus provisions aimed at addressing non-existent problems, thereby avoiding unnecessary burden to the carriers and increased costs to the consumer.

Thank you for the opportunity to provide these comments. Please contact CADP's Director of Operations, Timothy L. Brown at brownt@cadp.org or 844-422-CADP (2237) x 508 if you have questions or need additional information on these comments.

Respectfully,

Robin Muck
Board President

CC: Timothy L. Brown, CADP Director of Operations

Stesha Hodges, Esq.
Attorney III
Health Policy & Reform Branch
California Department of Insurance
300 Capitol Mall, 17th Floor
Sacramento, CA 95814
Sent via: Stesha.Hodges@insurance.ca.gov

NADP MEMBERS & SUBSIDIARIES

Last Updated: November 2015

Advantage Dental Plan
Aetna Dental
Group Dental Service
Altus Dental Ins Co
Delta Dental of RI
American Dental Professional Svcs
American Dental Partners
American Enterprise Group
Medco Benefits
Ameritas Life Ins Corp.
First Ameritas Life Ins Corp.
Anthem Blue Cross Blue Shield
Anthem Health & Life Ins Co
Blue Cross Blue Shield of GA
Blue Cross Blue Shield of MO
Blue Cross Blue Shield of WI
Blue Cross of CA
DeCare
Golden West Dental & Vision Plan
Unicare Health Ins Co of the Midwest
Unicare Life and Health Ins Co
WellPoint
Argus Dental Plan, Inc.
Assurant Employee Benefits
Dental Health Alliance, LLC
DentCare, Inc. a Kentucky corporation
DentiCare of Alabama, Inc.
DentiCare of Oklahoma, Inc.
DentiCare, Inc. a Florida corporation
First Fortis Life Ins Co
Fortis Benefits DentalCare of New Jersey In
Fortis Benefits DentalCare of WI, Inc.
Fortis Benefits Ins Co
Fortis Dental Benefits
Georgia Dental Plan, Inc.
UDC Life and Health Ins Co
Union Security Life Ins Co of NY
United Dental Care Ins Co
United Dental Care of Arizona, Inc.
United Dental Care of Colorado, Inc.
United Dental Care of Michigan, Inc.
United Dental Care of Missouri, Inc.
United Dental Care of Nebraska
United Dental Care of New Mexico, Inc.
United Dental Care of Ohio, Inc.
United Dental Care of Pennsylvannia, Inc.
United Dental Care of Texas, Inc.
United Dental Care of Utah, Inc.
United Dental Ins. Company
Best Life and Health Ins Co
Blue Cross Blue Shield of AZ
Blue Cross Blue Shield of MI
Blue Care Network
Blue Care Network of East MI
Blue Cross Blue Shield of NC
Blue Cross Blue Shield of NE
Blue Cross Blue Shield of SC
Blue Cross Blue Shield of RI
Blue Shield of CA
CareFirst BlueCross BlueShield
The Dental Network, Inc.
CAREINGTON INTERNATIONAL
CBA, Inc.
Blue Cross of Vermont
The CDI Group
Cigna Dental & Vision Care
Great West Healthcare
Citizens Security Life Ins Co
Companion Life Ins Co
Dedicated Dental / Interdent
Delta Dental of AZ
Delta Dental of CA
Alpha Delta of AL
Alpha Delta of AZ
Alpha Delta of NV
Delta Dental Ins. Co. (DE)
Delta Dental Ins. Co. (DC)
Delta Dental Ins. Co. (MD)
Delta Dental of NY
Delta Dental of PA
Delta Dental Ins. Co. (PR & VI)
Delta Dental of PR & VI
Delta Dental Ins. Co. (WV)
Delta Dental of IA
Delta Dental of MI, OH, IN
Delta Care
Delta Dental of AR
Delta Dental of TN
Renaissance Dental Network
Renaissance Health Inc. Company of NY
Renaissance Life & Health Ins. Company
Delta Dental of MO
Advantica Benefits
Delta Dental of WA
Delta Dental of WI
DENCAP Dental Plans
Dental Care Plus Group Inc.
Dental Health Svcs of America
Custom Benefit Advisors
DBA-Preferred Administrators
Dental Health Svcs (an Oregon corp)
Dental Health Svcs, Inc.

Dental Heath Svs of America Cont'd
Dental Health Svcs, Inc. (Arizona corp)
Dental Management Svcs
Dental Network Svcs
DHS Ins Svcs Inc
Dental Network of America, Inc. (DNOA)
Blue Cross Blue Shield of IL
Blue Cross Blue Shield of NM
Blue Cross Blue Shield of TX
Colorado Bankers Life
Dearborn National
DenteMax, Inc.
Ft. Dearborn Life Ins Co
Health Care Svcs Corp
Medical Life Ins Co
Dental Select
DentalPlans.com
DentaQuest
Dominion Dental Svcs, Inc
EMI Health
EmblemHealth Svcs
Connecticare
GHI HMO Select
Group Health Inc
Employee Choice
Blue Cross Blue Shield of LA
First Continental Life
GEHA
PPO USA
Guardian Life Ins Co of America
Berkshire Life Ins Co of America
First Commonwealth, Inc.
Managed Dental Care
Premier Access Dental & Vision
Health Resources, Inc.
HealthNet
HealthPartners, Inc
Central Minnesota Group Health Inc
Group Health Plan Inc
HealthPartners Administrators, Inc.
Midwest Assurance Company
Horizon BCBS NJ
Humana Ins. Co.
CompBenefits Corporation
Oral Health Svcs
IHC Health Solutions
American National Life Ins. Company
Fidelity Security Life
GroupLink Reins Co LTD
Guarantee Trust Life
Madison National Life Ins Co
Strategic Health Alliance
Kaiser Permanente Dental Care Program
Kansas City Life Ins Co
Liberty Dental Plan
Lifemap Assurance
Life and Specialty Ventures
Blue Shield of Arkansas
Blue Shield of Hawaii
Blue Cross of Florida
Blue Cross Blue Shield of MA
Florida Combined Life Ins Co
USAble Life
Lincoln Financial Group
MetLife
SafeGuard Dental and Vision
SafeGuard Health Plans, Inc
SafeGuard Health Enterprises
Mutual of Omaha
National Guardian Life Ins Co
Nationwide Mutual Ins Co
Nevada Dental Benefits
NexDent
Nippon Life Ins Co of America
Northeast Delta Dental
Pacific Source Health Plans
Pan American Life
Physicians Mutual
Premera Blue Cross
Blue Cross of WA and AK
Lifewise Assurance
Lifewise Health Plan of OR
Premera Blue Cross Blue Shield of AK
Principal Financial Group
Diversified Dental Svcs
Employers Dental Svcs, Inc.
Security Life Ins Co of America
Union Security Life Ins. Company of NY
SelectHealth
Solstice Benefits
Southland National Ins Corporation
Standard Ins Co
Starmount Life Ins Co
Always Care
Sun Life Financial
Superior Dental Care Inc.
TruAssure
United Concordia Companies Inc.
Blue Cross Blue Shield of WV (Mountain St)
Highmark Blue Cross Blue Shield
United Concordia Life & Health
United Healthcare Specialty Benefits
Dental Benefit Providers, Inc.
Illinois Pacific Dental
MAMSI Life & Health Ins Co
National Pacific Dental
Nevada Pacific Dental
Oxford Health Plans
Pacific Union Dental
PacifiCare Dental & Vision
PacificDental Benefits, Inc.

Solstice Benefits

United Health Care Corporation

UPMC Health Plan

Western Dental Sv

Willamette Dental Insurance, Inc

Willamette Dental Group

Willamette Dental Management Corporation

Willamette Dental of Idaho, Inc.

Willamette Dental of Washington, Inc.

Willamette Dental Group (Skoutes, Inc.)

Associate Members

Aspen Dental
Benevis
Coast Dental
Dental Associates
Dental Care Alliance
DentalOne Partners
Great Expression Dental Centers
Heartland Dental Care
North American Dental Group
Pacific Dental Services
Park Dental
Smile Brands Inc.

Supporting Organizations

Aldera
Beam Dental Technologies
BeneCare
Brighter
Dentistat, Inc.& go2dental.com, Inc.
EHG
Eldorado
Health Care Excel
Health Solutions Plus
Healthscape Advisors
McKenna, Long & Aldridge
McKinsey and Company
Milliman Inc.
NextGen
Nova Net
P & R Dental Strategies, Inc.
Perio Protech
Plexis Healthcare
Pure Perio
Revolv (formerly Corvesta)
Secure EDI
Sprig Health
Stratose
Tesia Clearinghouse
The Ignition Group
The Premier Dental Group, Inc.
Towers Watson
West Monroe Partners
Wonderbox Technologies

Individual Members

Dr. Peter Barnett
Dr. Manny Chopra
Dr. Leigh Colby
Jeff DeCapua
Teresa Duncan
Dr. D.E. FitzGerald
Lynda Hunnicutt
Dr. Mark W Jurkovich
Dr. Steven Keller
James Kingston
Dr. David Klock, Ph.D.
Dolores Kordek
Dr. Krefman
Dr. Nanarao Krothapalli
E. Craig Lesley
Tom Limoli, Jr.
James Lintner
Ray Martin
Allan Morris
David O. Mulligan
Dr. James Spivey
Chuck Stewart
Christin Taxin
Dr. Doyle Williams
Ruth Ann Woodley