

**Southwest Virginia Health Authority  
Minutes of  
Cooperative Agreement Task Force Meeting  
December 9, 2020 at 5:00 PM**

**Virtual Meeting Through ZOOM™**

**I. Call to Order.**

Chairman Kilgore called the meeting to order at 5:04 p.m.

Chairman Kilgore called on Mr. Mitchell to make certain introductory announcements regarding the meeting.

Mr. Mitchell stated that the meeting was a virtual meeting of the Board of Directors pursuant to properly posted notice under Section 2.2-3707 of the Code of Virginia. He asked that everyone mute their telephone or computer microphone if they were not speaking. Mr. Mitchell explained that the meeting would be conducted through the use of electronic means pursuant to Section 2.2-3708.2(A)(3) of the Code of Virginia. Mr. Mitchell stated the Chairman had noted that the Governor had declared a state of emergency due to the COVID-19 pandemic and that the nature of the declared emergency made it impracticable or unsafe to assemble a quorum in a single location. Further, the Chairman had noted that the purpose of the meeting - health care in Southwest Virginia – met the requirement that the virtual meeting be called to “address the emergency.” Mr. Mitchell informed the listeners that the meeting was being held consistent with the directions and guidance of the Attorney General because of the current COVID-19 state of emergency declared by Governor Ralph Northam. He added that the meeting was being recorded and a recording would be made available following the meeting. Mr. Mitchell noted that the public was provided with the means and opportunity to listen into the meeting. Pursuant to Section 2.2-3708.2 of the Code of Virginia, each Commissioner was asked via email to provide their location, their means of communication, and their reason for participation electronically. He noted that this information would be recorded in the minutes (attached as Schedule 1). Mr. Mitchell stated that each speaker should identify themselves before speaking. All votes of the Commissioners would be conducted by a roll-call vote. He said that the only anticipated vote was the approval of the minutes from the November 21st, 2019 meeting of the full Authority. Mr. Mitchell shared that if anyone had any issues during the meeting or questions, he would be monitoring the chatroom, or the person could call his office at (540) 443-9272.

**II. Roll Call.**

Chairman Kilgore called roll. The following members were present: Mr. Block, Dr. Cantrell, Ms. Brillhart, Dr. Henry, Delegate Kilgore, Ms. Mayhew, Senator Pillion, Mr. Neese, Ms. O'Dell, Mr. Prewitt, Ms. Rheuban, Ms. Sayers, Mr. Sarrett, Ms. Shelton, Mr. Vanover, Ms. Ward, Ms. Rawlins, Mr. Wieting, and Mr. Edwards.

**III. Declaration of Quorum.**

Chairman Kilgore declared that a quorum existed.

**IV. Approval of Minutes.**

Chairman Kilgore stated that there was an issue with the January 3, 2020 minutes. He informed the Board members that the minutes would be circulated later that week and be considered at the next Board meeting.

**V. Officers' Report.**

**A. Treasurer's Report**

Chairman Kilgore moved to the next agenda item on the list, the Treasurer's Report.

Chairman Kilgore called on Dr. Henry to deliver the report.

**Dr. Henry's Presentation**

Dr. Henry reviewed the Treasurer's Report.

The invoice for salary compensation as an employee for the months of January through June 2020 showed that January and February totaled \$8,000 (\$4,000/month). For the months of March through May, the compensation was reduced by 50% due to COVID and reduced travel. The compensation totaled \$6,000 (\$2,000/month). Lastly, for the month of June the total was \$4,000. The total compensation for those months was \$18,000.

Mr. Barry's expenses for the period of January 1, 2020 to June 30, 2020 were \$1,701.52.

Dr. Henry stated that Mr. Barry submitted a claim for expenses for two trips totaling \$1,208.34. The compensation and expenses for the following months was reported at \$16,000, broken-down as \$4,000/month multiplied by four months.

Dr. Henry noted that the Authority lacked the funds to pay all of the expenses and might break the bill up, with priority given to Mr. Barry.

Dr. Henry thanked Chairman Kilgore.

Chairman Kilgore thanked Dr. Henry and asked if there were any questions.

**VI. Old Business.**

**A. Task Force Report**

Chairman Kilgore addressed the first item of Old Business, the Task Force Report. He called on Senator Pillion to present this report to the Board.

**Senator Pillion's Report**

Senator Pillion thanked Chairman Kilgore. He started by informing the Board that the Task Force had met recently to receive an update from Mr. Barry on Cooperative Agreement activity during the pandemic.

The Senator reminded everyone that the plan for the Task Force was to meet quarterly. The first meeting in 2020 was scheduled for March, but due to the pandemic, it was canceled. Senator Pillion stated that Mr. Barry would report later, in more detail, that the activity related to the Cooperative Agreement had become stagnant during the summer. He stated that the Task Force did begin to resume their meetings again in November 2020.

Senator Pillion reminded the Board members that as Directors, they should each receive notices of the meetings and the Task Force hoped that they would attend any future meetings if able.

He informed the Board that at the November meeting the Task Force considered two main items. The first item acknowledged that following the 2019 meeting, their goal was to fill the vacant citizen seat on the Task Force at the March meeting.

At their November meeting, Senator Pillion proposed that they hold the seat vacant for Dr. Cantrell, who had announced her retirement and plan to leave the Authority. She served on the Authority by virtue of her status as the Health Director. His hope was that after a few weeks of retirement, she would return to the Authority as a citizen member of the Task Force. Senator Pillion emphasized that Dr. Cantrell had not said “yes” but she also had not said “no.”

Senator Pillion stated that the second item of business was to receive Mr. Barry’s report. He stated that Mr. Barry would present later in the meeting and that the Authority was fortunate to have Mr. Barry and his colleagues. Mr. Brownlee had attended the Task Force meeting.

Senator Pillion noted that they appreciated the engagement of the Ballad Health leadership, especially the leadership of Marvin Eichorn.

Senator Pillion thanked Chairman Kilgore.

Chairman Kilgore thanked Senator Pillion and then moved on to the second item of Old Business. He called on Mr. Barry to provide the review of the Cooperative Agreement monitoring.

### **Monitor’s Report**

Mr. Barry introduced his job and what it entailed. He stated that he typically met with Ballad Health representatives monthly for one or more days. The meetings included monitors from VDH and Tennessee. Some of these meetings had been held virtually due to the pandemic, starting in March 2020. These meetings would consist of reviewing quality data, financial reports, and probe more deeply in areas where questions would arise.

Mr. Barry next discussed the impacts and consequences of COVID-19 to the southwest region. The number of cases in the spring peaked at 125 inpatients, but now those numbers are rising to over 290 as of today and there is no indication that the upward trend will be tapering off any time soon.

Mr. Barry pointed out that the coronavirus had been extremely taxing on Ballad Health’s resources. They have had to reduce elective surgeries so nursing staff could be reassigned. If the numbers continued to go up, they might have to ultimately eliminate elective surgeries. Ballad had also reassigned staff from smaller hospitals to hospitals treating COVID-19 patients. They were paying a considerable amount of overtime and paying very high amounts for temporary nurses coming in from elsewhere.

He reported that Ballad's expenses in October, just to deal with COVID-19, were well over \$4 million. The cost breakdown included extra compensation for the staff, PPE, and compensation for staff hired outside of the system.

He noted that Ballad was also losing staff members who contracted the virus and were forced to quarantine, which was leaving the hospitals short-staffed at a time when they needed all that they could get.

Per Ballad's request, he reported that the two states had suspended parts of the Cooperative Agreement or in Tennessee, the COPA, in March 2020. The spending was suspended but NOT eliminated. He also noted that the reporting obligations for the quarterly and annual report were stopped, but since the pandemic was dragging on, Ballad had set a date that the reports would be due. The due date was November 25, 2020. The last annual report for 8 months was February 29, 2020. He added that Ballad's requirement for monthly quality reporting had also been suspended, which was consistent with what CMS was doing.

#### *FY 2020 Financial Results*

Mr. Barry then addressed the fiscal results for 2020. For FY2019, Ballad reported a \$39 million profit, and that number was based on nearly \$2 billion of income. He stated that the Authority did not yet have the audited financial statements for 2020, which should be coming out any day. Mr. Barry predicted that Ballad would see half as much income, which would be a fairly happy result considering the decline in elective surgeries and the public's fear of coming into the hospital. The results would have been much worse if it were not for the huge influx of federal funding through the CARES Act. Some of that money would cross over into FY2021. Ballad should still be able to qualify for the FEMA funding in 2021, but there was a great deal of uncertainty here. He summarized the financial report by stating that the big takeaway from this information is that there was a great deal of uncertainty right now.

#### *Spending Requirements*

Ballad had committed, as part of applying for the Cooperative Agreement, to spend \$380 million to improve healthcare in the community. This spending was an incremental increase in spending. For employee compensation equalization, \$72 million was set aside, leaving them with a balance of \$308 million to be spent on population health, rural health, behavioral health, children's health, medical education and research, and implementing a health information network for the entire service area. The spending was pursuant to plans developed by Ballad Health, with review and approval by both states.

He noted that these are three-year plans and the end of the initial three years is coming up. New plans should be in place for the three-year period commencing July 1, 2021. He reported that the monitors should see the new plans submitted to the states on or before April 1, 2021, with the hope of seeing some of those plans before then.

#### *Spending Shortfalls for FY2019*

Mr. Barry presented a table representing the actual spending versus the commitments for the FY2019. The table below shows where there was excess spending during the FY2019. Before he

got started, he wanted to outline and define some necessary terms to note when looking at the table below.

“Incremental” is the increase in the baseline amounts that have been determined and only spending in excess of the baseline is counted.

Mr. Barry stated that Ballard proposed spending targets in 3-year plans submitted to and subject to approval by the States. These new plans were due no later than April 1 for the 3-year period commencing on July 1, 2021.

	<b>FY 2019 Spending Commitment</b>	<b>FY 2019 Actual Spending</b>	<b>FY 2019 Spending Excess (Shortfall)</b>
<b>Behavioral Health Services Plan</b>	1,000,000	960,000	(40,000)
<b>Children’s Services Plan</b>	1,000,000	33,000	(967,000)
<b>Rural Health Services Plan</b>	1,000,000	412,000	(588,000)
<b>Population Health Improvement Plan</b>	1,000,000	1,650,000	650,000
<b>Health Research &amp; Graduate Medical Education Plan</b>	3,000,000	0	(3,000,000)
<b>Regio-Wide Health Information Exchange Plan</b>	1,000,000	0	(1,000,000)
<b>Total</b>	<b>\$8,000,000</b>	<b>\$3,055,000</b>	<b>(\$4,945,000)</b>

*Table 1. Ballard Health Actual Spending vs. Commitments – Fiscal Year 2019<sup>1</sup>*

Mr. Barry pointed out that Ballard was \$40,000 short on a \$1 million commitment for Behavioral Health Services. For TENNESSEE this was not a problem, as it had a 15% window around the committed amount so that if Ballard was below by less than 3% it is not a problem. Ballard did not have to make it up in the subsequent year, and spending the exact number planned was not always easy.

At the beginning of 2019, it became clear that the Children’s Services plan as proposed was a bit too aggressive. At the same time, Ballard noticed that the number of births in this area and pediatric cases were plummeting. Ballard was also having trouble recruiting the specialists required under this plan. There were hopes to see a revised plan in April 2020, but it had gotten caught up in COVID. They still hoped to see the revised plan before April 1, 2021.

For the Rural Services Plan, Mr. Barry stated that Ballard was getting there, but there was not efficiency in 2019. He noted he would comment more later in the presentation when talking about Lee County.

---

<sup>1</sup> Table is found on Dennis Barry’s PowerPoint Presentation labeled as Table 3.

In Population Health, he reported that Ballard spent well over the amount it was required to spend. They were very well organized in this area and in providing grants out to the community. This was a success story. Mr. Barry believed this would be something that Ballard could point to with pride in the future.

There was a difference between Tennessee and Virginia in the Health Research and Graduate Medical Education plan with respect to timing. Tennessee agreed to a postponement of this amount, so with respect to Tennessee, they were a little overspent with **material**. With Virginia there was a **material underspent**. Ballard had hoped to get some training programs in place, but it took longer than anticipated. They were working on it and there were a couple of proposals to amend this plan to be discussed later in the presentation.

The Region-Wide Health Information Exchange Plan existed so that anybody in this region that was plugged into this network could go into a system (when it was implemented) and access a patient's entire medical record. The patient must give consent for this, but it should vastly improve treatment. Ballard initially said it was going to be working on this FY2019 and FY2020, but they were also in the process of implementing EPIC computer system. The EPIC conversion in Ballard's non-converter physician office sites happened on June 1, 2020 and went very well. Their conversion of all Mountain State Hospitals happened in early October 2020, and that also went very well.

#### Action on Spending

Mr. Barry reported that Delegate Kilgore, Senator Pillion, and Mr. Barry were concerned about the shortfall in spending for FY2019, and they sent a letter to Dr. Oliver at the Virginia Department of Health, saying that the spending was the core of the Cooperative Agreement and we needed to communicate to Ballard how important this was to us. Dr. Oliver wrote a letter to Ballard stating that they did not reach their spending targets and requested a corrective action plan.

Mr. Barry said that when the COVID crisis ended, targets on the spending would need to be reset.

#### Adverse Judgment Affirmed on Appeal

Mr. Barry reported on the status of a lawsuit that started more than 10 years ago when executives at Wellmont entered into an agreement with a group representing several physician practices. The agreement was on how they were going to negotiate jointly on a certain payer contract. Mr. Barry had not read the agreement and did not know the details of it, but the physician group was called HPI.

HPI claimed that Wellmont violated that agreement and brought suit. The jury found against Wellmont on September 25, 2020 and held Ballard responsible. Ballard appealed. That decision was made. The reserve for this judgment was reflected in the FY 2020 financial statements. He stated that the result would not affect bond covenants and Ballard has more than enough cash to cover the judgment.

#### Modification of Research/Education Plan

Mr. Barry explained a process where Ballad could identify new opportunities not included in the original plan. They could request modification of the plan to count the new spending toward the plan.

Ballad had gone through this process for their Research and Medical Education Plan to include funding of approximately \$2 million for a program sponsored by the Appalachian School of Law and by Virginia Tech that would allow law students, with the supervision of a licensed attorney and with special permission from the State Bar, to help patients and patient families get resources (*e.g.* rent). These students would also be giving advice to health professionals who sought them out. The program would go for about 2.5 years and would be evaluated along the way. There were a series of similar programs that were well established.

Another modification that Ballad had made this year was to postpone a psychiatric residency program in Southwest Virginia. In lieu of this program, they were establishing a training program for primary care physicians for prescribing medications for mental health. Mr. Barry stated he agreed it would be unwise for Ballad to start a psychiatric residency program alone, so for the time being they were postponing.

Ms. Mullins asked Mr. Barry whether Ballad canvassed the majority of patients' insurance to determine whether they included mental health coverage and to see how people were going to pay for this program. Mr. Barry did not know the answer to this question and speculated that Ballad was aware of the type of coverage people have in the area.

#### *Change in Services*

Mr. Barry next discussed the status of the Lee County hospital project. Lee County was delayed by COVID-19 but is predicted to be back on track to open as a new hospital by July 2021. He noted that the new hospital is a more than \$11 million capital expenditure.

The OB/Gyn program at Holston Valley, Tennessee, is being consolidated and moved into Indian Path in Kingsport. This was shutting down a program at a hospital, so it required a waiver. Since this had to be done, they expected the waiver to be approved.

Mr. Barry shared that there were three urgent care centers being closed due to low use.

#### *Wise County*

Mr. Barry informed the Task Force they should expect a proposal for consolidation of services among Norton, Lonesome Pine, and Mountain View. Ballad Health must come forward with a plan.

#### *Revision of CA and TOC*

The contents of the annual report had been changed to be more useful and less burdensome to prepare. The Commonwealth and Ballad wanted to resolve inconsistencies between Tennessee and Virginia. Mr. Barry explained that the terms were being clarified, such as charity, mediation, and arbitration with payors when deadlocked on contract negotiations.

Mr. Barry, unless directed to the contrary, planned to present recommendations on amending the Cooperative Agreement to the Task Force for its review and a decision on what to recommend to the Authority to submit to the Commissioner.

Mr. Barry stated that this was the conclusion of his presentation. Chairman Kilgore thanked Mr. Barry and called on Mr. Eichorn to respond to the report, if he desired.

Mr. Eichorn provided a COVID update and stated that they were at 307 COVID inpatients on the day of the meeting. The current projections were based on the number of COVID cases that continued to be diagnosed together with those that continue to be hospitalized. Those cases were expected to number 450-500 in the next week. He mentioned that unlike spring 2020, Ballard was not furloughing any personnel this time.

Mr. Eichorn stated that even though the Commonwealth and State of Tennessee issued a suspension letter, they decided that they were going to go ahead and function as if they had not received a suspension letter. They were still spending money against the commitments and had just finished filing the annual report. They concluded that they had to move ahead on some initiatives.

He reported that in 2020 they were successful in coming together for Ballard Health Commercial Contracts, a significant achievement. They felt very good about everything.

Finally, he noted that when the pandemic hit they suspended activity in Lee County, but they had since restarted construction.

Chairman Kilgore asked about the process for the Authority funding fee that was billed to Ballard. Mr. Eichorn said that they had received the bill and that Ballard would submit payment no later than Thursday of next week.

Chairman Kilgore addressed the final item of Old Business, which was review of the Ballard Health Program: the Appalachian Highlands Care Network. Chairman Kilgore called on Mr. Norris to present.

#### *Appalachian Highlands Care Network Presentation*

Mr. Norris thanked Chairman Kilgore. He stated that the Appalachian Highlands Care Network (AHCN) consists of many regional partners dedicated to the mission of delivering a better, more cohesive system of care for the region's uninsured patients and improving the health of the region.

He reported that \$75 million in care was donated by local providers coordinated by Project Access. There were 9,721 cumulative patients served in the existing service area covering 21 counties.

The Appalachian Highlands Care Network was comprised of Ballard Health, Project Access, Safety Net Providers, Regional Specialty Practices, Community Resources, and Patients . Mr. Norris outlined qualifications for eligible patients:

- Any Northeast Tennessee or Southwest Virginia resident living within the 21-county service area
- They do not have access to health insurance



- Their income must meet or fall below the 225% of the federal poverty line
- The patient is willing to commit to using network services appropriately and to manage their own health
- The patients who qualify for Project Access will automatically qualify for Ballad Health charity care and will not be billed when they present with a Project Access coordinated encounter

Mr. Norris noted that all Ballad Health practices, urgent care centers, hospitals, and ancillary services were participating providers. This was a growing network of other regional providers including free clinics, FQHCs, hospital-based providers, and specialty providers.

Mr. Norris stated that a crucial discussion topic was the funding and need for this project. Mr. Norris stated that Ballad Health provided support for Project Access operations and expansion regionally. Project Access received state safety net funds and private donations. The regional providers donated services in an equitable model. He emphasized that once patients qualify as network members, they are no longer billed for services.

Mr. Norris next discussed the need for the program. He stated that each year, Ballad Health served approximately 9,000 people, including \$39 million in charity care. A substantial portion of this care was the result of preventable emergency department and hospital use due to unmanaged conditions resulting from gaps in access to care upstream. He stated that our region had higher rates of chronic disease and a disproportionate burden from leading causes of death and lost productivity. He said that our neighbors needed our help to be healthier, have better quality of life, and contribute more to the overall well-being of our region.

Mr. Norris informed the public that the network launched in a limited way on September 1, 2020, working with existing network members to test systems across the region with priority cases. He stated that they were currently scaling up regional volumes and that any qualifying person would be enrolled, but that their priority focus this year was on the people with immediate medical needs. Mr. Norris said that the future programs would focus more on prevention of disease with the currently healthy. He stated that they would seek to identify those who have not received recommended cancer screenings and provide access.

Mr. Norris shared that Care Management services for complex care need members would begin in January 2021. This Care Management Team should include the following:

- Community Health Workers focused on social needs, personal support, and selfcare
- Care managers focused on health education and chronic disease management
- Ballad Health primary care, care management, teambased care, and behavioral health
- Project Access care coordination for medical service needs

Mr. Norris asked for questions. [There were none?]

Chairman Kilgore thanked Mr. Norris and stated that this was an important project for this region and that the Authority was grateful for everything that they were doing.

## **VII. New Business.**

Chairman Kilgore declared that there was only one item of New Business, the consideration of revising the Blueprint. Chairman Kilgore called on Dr. Cantrell to present.

#### Revision of the Blueprint

Dr. Cantrell thanked Delegate Kilgore.

Dr. Cantrell stated that the first edition of the Blueprint was developed and published in 2009 and created by a community assessment process. The progress report that was included in the packet for the meeting was published in 2011 and reviewed the original blueprint goals. In 2015 the full Authority proposed updating the Blueprint. At that time, the footprint of the Authority was in the process of expanding to include Bristol City, Washington County, and Smyth County.

She noted that at that time the Authority also felt that it would be important to use an evidence-based tool to conduct the community assessment to ensure a system was used that would provide a fair and objective view of the health priorities in the community. Dr. Cantrell and others were a part of a team that evaluated the few evidence-based tools for community assessments.

Dr. Cantrell pointed out that it was wise to update these assessments every three to five years. In December 2019, the Authority proposed updating the Blueprint in FY2020, but as Senator Pillion pointed out, they had begun to consider the process at the beginning of the year but were interrupted by the pandemic. The Authority pivoted to other responses, so work on the Blueprint or on the assessment to the Blueprint was suspended.

Dr. Cantrell proposed that if the response to the pandemic were to become manageable they should start looking for resources to update the Blueprint. She emphasized that this was something that needed to be addressed.

She asked the Authority for their support in working to update the Blueprint within the next twelve months, and preferably sooner.

Chairman Kilgore said that they do not need a motion to approve this since it was previously approved in 2019.

### **VIII. Announcements.**

Chairman Kilgore stated that before he asked for announcements from anyone else, he had one announcement to make himself.

He shared that in early November, Dr. Cantrell announced her retirement, effective January 1<sup>st</sup>. On behalf of the Board, he commended Dr. Cantrell on her remarkable career in healthcare and her tireless work on behalf of the people of this region.

He noted that Dr. Cantrell served as the Director of both LENOWISCO and Cumberland Plateau Health District. She began her career at the VDH in 1991 as the Director of the LENOWISCO Health District.

Prior to becoming part of the critical regional public health \_\_\_\_\_?, Dr. Cantrell had an internal medicine practice in Norton. She was a sought-after speaker and advisor on issues of public health, especially in rural America.

Chairman Kilgore stated that Dr. Cantrell had suffered an enormous personal tragedy earlier in the year and pointed out that many of the Board members continued to hold her in their prayers. He added that he spoke for the elected officials on the Authority Board in saying that they had valued her guidance and occasional “prodding” on issues.

Chairman Kilgore said that Dr. Cantrell’s vision and her fingerprints could be found in many of the region’s health care policies. Dr. Cantrell had been a forceful advocate for better care in the region. He hoped that Dr. Cantrell took great pride in knowing that the lives of the people of Southwest Virginia were better and healthier because of her.

Chairman Kilgore thanked Dr. Cantrell.

Dr. Cantrell thanked him for his words and everyone for their comments and support.

Chairman Kilgore asked for any other announcements.

Mr. Mitchell said that there were two items to address. He did not think a vote was needed on directing the Task Force to make recommendations to revise the three-year plans or to revise the cooperative agreement because that is within their charter.

Mr. Mitchell stated that all of the Blueprint documents and presentations would be sent out after the meeting.

**IX. Next Meeting of Authority.**

Chairman Kilgore stated that the next meeting for the Authority had not been set. He said that it was his understanding that the Task Force was aiming to meet in February 2021.

Mr. Mitchell stated that the full Authority will not meet until June 2021.

**X. Public Comment.**

Chairman Kilgore asked Mr. Mitchell if anyone signed up to make a public comment. Mr. Mitchell stated that no one had signed up.

**XI. Adjournment.**

Chairman Kilgore asked for a motion to adjourn. \_\_\_\_\_ (male) motioned and \_\_\_\_\_ (female) seconded the motion.

Chairman Kilgore called the meeting to adjourn at approximately 6:30 pm.

**Schedule 1**  
**Attendance Chart**

<b>Name</b>	<b>Association</b>	<b>Location</b>	<b>Method</b>
<b>William Block</b>	Quillen College of Medicine	Home	Computer
<b>Catherine Brillhart</b>	City of Bristol	Home	Computer
<b>Sue Cantrell</b>	Lenowisco Health District	Office	Computer
<b>Howard Chapman</b>	GMEC	Home	Computer
<b>Susan Copeland</b>	Coalfield Economic Development Authority	Home	Computer
<b>Donna Henry</b>	University of Virginia's College at Wise	Home	Computer
<b>Delegate Terry Kilgore</b>	Virginia General Assembly	Home	iPad
<b>Susan Mayhew</b>	Appalachian College of Pharmacy	Office	Phone
<b>Senator Todd Pillion</b>	Virginia General Assembly	Home	Computer
<b>Sam Neese</b>	Washington County	Office	Computer
<b>Sandy O'Dell</b>	Frontier Health	Home	Phone
<b>Malcom Perdue</b>	Virginia Community Healthcare Association		
<b>Ron Prewitt</b>	Wise County	Home	iPad
<b>Karen S. Rheuban</b>	The University of Virginia School of Medicine	Home	Computer
<b>Regina Sayers</b>	Tazewell County	Home	Computer
<b>David Sarrett</b>	Virginia Commonwealth University Dental School	Home	Phone
<b>Karen Shelton</b>	Cumberland Plateau Health District	Home	Computer
<b>Mark Vanover</b>	Dickenson County	Home	Phone
<b>Debbie Ward</b>	City of Norton	Home	Phone
<b>Michael Wieting</b>	LMU DeBusk College of Osteopathic Medicine	Home	Computer