American Osteopathic Association

House of Delegates

Ad Hoc Committee

Sandra Cook, DO, Chair
Eric Goldsmith, DO, Vice Chair

October 13, 2020
2020 Special Session

CONSENT AGENDA – FOR COLLECTIVE ACTION BY THE HOUSE OF DELEGATES

Mr. Speaker, I present the following Consent Agenda, and the Committee recommends that it be APPROVED:

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<td>DISSEMINATION OF PUBLICATIONS IN OSTEOPATHIC RESEARCH (H600-A/15)</td>
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<td>Page 1 Line 20 …PROMTE should be PROMOTE Page 1 Line 22 … add period after the word data Page 1 Line 27… change WITH to WHICH</td>
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<td>H617</td>
<td>PEDIATRIC PSYCHIATRIC CARE HEALTH RECORDS (H625-A/15)</td>
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Editorial Comment: Remove health records in the title and Line 4 as the resolution does not pertain to health records.
ATTENTION DEFICIT DISORDER / ATTENTION DEFICIT HYPERACTIVITY DISORDER (H626-A/15)

VETERANS ADMINISTRATION CREDENTIALING OF NON-PHYSICIAN PROVIDERS HEALTH RECORDS (H630-A/15)

Editorial Comment: Strike Health Records from the title as it is not relevant in the resolution

TAX CREDITS FOR HEALTH PROFESSION SHORTAGE AREAS (H631-A/15)

OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) IN A PRE-PAID ENVIRONMENT –PAYMENT POLICIES FOR (H632-A/15)

PRESCRIPTION OF DRUGS FOR OFF LABEL USES (H633-A/15)

NEWBORN AND INFANT HEARING SCREENS (H635-A/15)

MEDICARE PREVENTIVE MEDICAL SCREENING (H636-A/15)

CONFIDENTIALITY OF PATIENT RECORDS (H637-A/15)

DIABETICS CONFINED TO CORRECTIONAL INSTITUTIONS (H638-A/15)

DISCRIMINATION BY INSURERS (H639-A/15)

EXECUTIONS IN CAPITAL CRIMES CRIMINAL CASES (H640-A/15)

MANAGED CARE – ALL PRODUCTS CLAUSES (H642-A/15)

MEDICAL PROCEDURE PATENTS (H643-A/15)

OSTEOPATHIC MEDICAL STUDENT, RESIDENT, AND PHYSICIAN MENTAL HEALTH (H646-A/15)

AMERICAN OSTEOPATHIC ASSOCIATION (AOA) OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) COVERAGE DETERMINATION GUIDANCE (H647-A/15)

PROFESSIONAL LIABILITY INSURANCE REFORM

Editorial amendment: “I’m sorry” in line 23 should be in quotes.

REFERRED RESOLUTION: H-615: POSTPARTUM DEPRESSION

Sandra Cook, DO, Chair
Eric Goldsmith, DO, Vice Chair

H649 SUPPORT THE BOLSTERING OF VETERAN HEALTH ADMINISTRATION RESOURCES THROUGH PROVIDER PAY REFORM

And I so move. APPROVED

H603 PAY FOR PERFORMANCE (H604-A/15)

Mr. Speaker, I present for consideration Resolution No. H603, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 5 In an effort to support the establishment of REASONABLE PAYMENT appropriate pay for performance methodology that will …

Line 9

1. THE AOA SUPPORTS THE ESTABLISHMENT OF QUALITY REPORTING AND/OR PAY-FOR-PERFORMANCE SYSTEMS WHOSE PRIMARY GOALS ARE TO IMPROVE THE HEALTH CARE AND HEALTH OUTCOMES OF PATIENTS. THE AOA BELIEVES THAT SUCH PROGRAMS SHOULD NOT BE BUDGET NEUTRAL. APPROPRIATE ADDITIONAL RESOURCES SHOULD SUPPORT IMPLEMENTATION AND REWARD PHYSICIANS WHO PARTICIPATE IN THE PROGRAMS AND DEMONSTRATE IMPROVEMENTS. THE AOA RECOMMENDS THAT ADDITIONAL FUNDING BE USED TO ESTABLISH BONUS PAYMENTS.

2. THE AOA BELIEVES THAT TO THE EXTENT POSSIBLE, PARTICIPATION IN QUALITY REPORTING AND PAY-FOR-PERFORMANCE PROGRAMS SHOULD BE VOLUNTARY AND PHASED-IN OVER AN APPROPRIATE TIME PERIOD. THE AOA ACKNOWLEDGES THAT FAILURE TO PARTICIPATE MAY DECREASE ELIGIBILITY FOR BONUS OR INCENTIVE-BASED PAYMENTS BUT FEELS STRONGLY THAT PHYSICIANS MUST BE AFFORDED THE OPTION OF NOT PARTICIPATING.

3. THE AOA RECOMMENDS THAT PHYSICIANS HAVE A CENTRAL ROLE IN THE ESTABLISHMENT AND DEVELOPMENT OF QUALITY STANDARDS. A SINGLE SET OF STANDARDS APPLICABLE TO ALL PHYSICIANS IS NOT ADVISABLE. INSTEAD, STANDARDS SHOULD BE DEVELOPED ON A SPECIALTY-BY-SPECIALTY BASIS, APPLYING THE APPROPRIATE RISK ADJUSTMENTS AND TAKING INTO ACCOUNT PATIENT COMPLIANCE. ADDITIONALLY, QUALITY STANDARDS SHOULD NOT BE ESTABLISHED OR UNNECESSARILY INFLUENCED BY PUBLIC AGENCIES OR PRIVATE SPECIAL INTEREST GROUPS WHO COULD GAIN BY THE ADOPTION OF CERTAIN STANDARDS. HOWEVER, THE AOA DOES SUPPORT THE ABILITY OF APPROPRIATE OUTSIDE GROUPS WITH ACKNOWLEDGED EXPERTISE TO ENDORSE DEVELOPED STANDARDS THAT MAY BE USED.
4. THE AOA DOES NOT SUPPORT THE EXCLUSIVE USE OF CLAIMS-BASED DATA IN QUALITY EVALUATION. INSTEAD, THE AOA SUPPORTS THE DIRECT AGGREGATION OF CLINICAL DATA BY PHYSICIANS. PHYSICIANS OR THEIR DESIGNATED ENTITY WOULD REPORT THIS DATA TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) AND/OR OTHER Payers.

5. THE FEDERAL GOVERNMENT MUST ADOPT STANDARDS PRIOR TO THE IMPLEMENTATION OF ANY NEW HEALTH INFORMATION SYSTEM. SUCH STANDARDS MUST ENSURE INTEROPERABILITY BETWEEN PUBLIC AND PRIVATE SYSTEMS AND PROTECT AGAINST EXCLUSION OF CERTAIN SYSTEMS. INTEROPERABILITY MUST APPLY TO ALL PROVIDERS IN THE HEALTH CARE DELIVERY SYSTEM, INCLUDING PHYSICIANS, HOSPITALS, NURSING HOMES, PHARMACIES, PUBLIC HEALTH SYSTEMS, AND ANY OTHER ENTITIES PROVIDING HEALTH CARE OR HEALTH CARE RELATED SERVICES. THESE STANDARDS SHOULD BE ESTABLISHED AND IN PLACE PRIOR TO ANY COMPLIANCE REQUIREMENTS.

6. THE AOA ENCOURAGES THE FEDERAL GOVERNMENT TO REFORM EXISTING STARK LAWS IN ORDER TO ALLOW PHYSICIANS TO COLLABORATE WITH HOSPITALS AND OTHER PHYSICIANS IN THE PURSUIT OF ELECTRONIC HEALTH RECORDS (EHR) SYSTEMS WITHOUT FEAR OF PROSECUTION. THIS WILL PROMOTE WIDESPREAD ADOPTION OF EHR, EASE THE FINANCIAL BURDEN ON PHYSICIANS, AND ENHANCE THE EXCHANGE OF INFORMATION BETWEEN PHYSICIANS AND HOSPITALS LOCATED IN THE SAME COMMUNITY OR GEOGRAPHIC REGION.

7. THE AOA SUPPORTS THE ESTABLISHMENT OF PROGRAMS TO ASSIST ALL PHYSICIANS IN PURCHASING HEALTH INFORMATION TECHNOLOGY (HIT). THESE PROGRAMS MAY INCLUDE GRANTS, TAX-BASED INCENTIVES, AND BONUS PAYMENTS THROUGH THE MEDICARE PHYSICIAN PAYMENT FORMULA AS A WAY TO PROMOTE ADOPTION OF HIT IN PHYSICIAN PRACTICES. WHILE SMALL GROUPS AND SOLO PRACTICE PHYSICIANS SHOULD BE ASSISTED, PROGRAMS SHOULD NOT EXPRESSLY EXCLUDE LARGE GROUPS FROM PARTICIPATION.

8. THE AOA SUPPORTS THE ESTABLISHMENT OF PROGRAMS THAT ALLOW PHYSICIANS TO BE COMPENSATED FOR PROVIDING CHRONIC CARE MANAGEMENT SERVICES. FURTHERMORE, THE AOA DOES NOT SUPPORT THE ABILITY OF OUTSIDE VENDORS INDEPENDENT OF PHYSICIANS TO PROVIDE SUCH SERVICES.

9. THE AOA BELIEVES THAT PHYSICIANS WHO PARTICIPATE IN PAY FOR PERFORMANCE PROGRAMS HAVE THE RIGHT TO REVIEW, COMMENT, AND APPEAL ANY PERFORMANCE DATA.
10. THE AOA BELIEVES THAT PAY FOR PERFORMANCE PROGRAMS SHOULD INCLUDE MONITORING AND EVALUATION BY BOTH PAYORS AND PHYSICIAN ORGANIZATIONS TO IDENTIFY ELEMENTS THAT POSITIVELY AFFECT OUTCOMES.

11. THE AOA BELIEVES THAT PATIENT SATISFACTION MEASURES SHOULD BE LIMITED TO EASILY DEFINABLE MEASURES.

Explanatory Statement: The Committee inserted the Principles from the original policy H604-A/15 so they could be viewed during review by the House.

And I so move. **ADOPTED**

H 607 PHYSICIAN COMPETENCY RETESTING (H614-A/15)

Mr. Speaker, I present for consideration Resolution No. H607, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

LINE 10-11 postdoctoral levels, AND physician assessment through osteopathic continuous certification and its AOA Clinical Assessment Program (CAP). 1988; reaffirmed 1993; revised 1998, 2003; revised

And I so move. **ADOPTED**

H612 MEDICAID PAYMENT (H619-A/15)

Mr. Speaker, I present for consideration Resolution No. H612, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 5-6 The American Osteopathic Association supports legislation to ESTABLISH MEDICAID-MEDICARE PAYMENT PARITY. THE EFFORTS IN EACH STATE TO UPHOLD THEIR OBLIGATION TO PAY PHYSICIANS AND HOSPITALS AT A FAIR AND EQUITABLE RATE FOR PROVIDING QUALITY CARE TO THE STATE’S MEDICAID RECIPIENTS

Explanatory Statement: The resolution submitted to the Committee did not contain the original language. Once obtained the Committee felt the original language better conveyed the intent of the resolution. Editorial comment reimburse was changed to pay to align with AOA policy on not using the word reimburse.

And I so move. **ADOPTED**

H615 ELECTRONIC HEALTH RECORDS – PHYSICIAN ASSISTANCE PROGRAMS FOR TRANSITION TO (H622-A/15)

Mr. Speaker, I present for consideration Resolution No. H615, and the Committee recommends that it be APPROVED with the following AMENDMENTS:
HEALTH INFORMATION TECHNOLOGY - PHYSICIAN ASSISTANCE PROGRAMS FOR TRANSITION TO ELECTRONIC HEALTH RECORDS
SUPPORT FOR ADOPTING INNOVATIVE

The American Osteopathic Association will continue to work with state osteopathic associations to support solo practice physicians and small-group practices in the adoption of health information technology (HIT). THE AOA SUPPORTS INCENTIVES OR ENHANCED PAYMENTS FOR ADOPTION OF INNOVATIVE HIT THAT IMPROVES CARE DELIVERY, COORDINATION, AND VALUE.  2005; revised 2010; reaffirmed as amended

And I so move. ADOPTED

H633  MEDICARE CONTRACTOR DENIAL LETTERS (H644-A/15)

Mr. Speaker, I present for consideration Resolution No. H633, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 4  H644-A/15  MEDICARE CONTRACTOR DENIAL OF SERVICE LETTERS
Line 7  The American Osteopathic Association calls upon the Centers for Medicare and Medicaid Services (CMS) to continue to involve osteopathic physicians in the development of screening parameters FOR DENIAL OF SERVICES FOR including osteopathic structural diagnoses and OSTEOPATHIC manipulative treatments.  1990; revised 1995, 2000, 2005; revised 2010; reaffirmed 2015

And I so move. ADOPTED

H636  ACCESS TO CARE – NETWORK ADEQUACY AND COVERAGE

Mr. Speaker, I present for consideration Resolution No. H636, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 11-12  RESOLVED, the AOA support state insurance commissioners AND/OR OTHER APPROPRIATE REGULATORY AGENCIES as the primary enforcers of network adequacy requirements

And I so move. ADOPTED

H637  ADDRESSING FEARS AND BARRIERS TO TELEMEDICINE IMPLEMENTATION AND ALIGNMENT

Mr. Speaker, I present for consideration Resolution No. H637, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 14-15  RESOLVED, that the AOA engage in evaluating processes that help our physicians implement telemedicine in practices BELIEVES THAT EVERY EFFORT SHOULD BE MADE TO ALLOW TELEMEDICINE SERVICES TO BE
And I so move. **ADOPTED as AMENDED**

H645  REFERRED RESOLUTION: H636-A/2019 OBESITY TREATMENT REIMBURSEMENT IN PRIMARY CARE

Mr. Speaker, I present for consideration Resolution No. H645, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 20-21  WHEREAS, it is well within the scope of practice of ALL primary care physicians to treat this condition, and obesity is not currently a payable diagnosis for primary care; now, therefore, be it

Explanatory Statement: The Committee felt that the statement “obesity is not currently a payable diagnosis for primary care” may not always be the case and may vary from payor to payor. The change suggested would prevent the resolution from becoming obsolete and still convey the original intent.

And I so move. **ADOPTED**

H648  RESEARCHING PATIENT SAFETY AND PROVIDER QUALIFICATIONS

Mr. Speaker, I present for consideration Resolution No. H648, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Page 2 Line 29  RESOLVED, that the American Osteopathic Association supports ENCOURAGES independent research on the qualification and outcomes of nurse practitioners and other midlevel providers that practice independently; and be it further  
RESOLVED, THAT THE AOA RESEARCH & PUBLIC HEALTH STAFF PERFORM AN META ANALYSIS OF CURRENT, VALID AND PUBLISHED RESEARCH ON CLINICAL OUTCOMES, RESOURCE UTILIZATION AND MALPRACTICE EXPERIENCE FOR INDEPENDENTLY PRACTICING NPS AND PAS AND PROVIDE THIS INFORMATION TO OSTEOPATHIC PHYSICIANS.

And I so move. **ADOPTED as AMENDED**

H614  MEDICAL MALPRACTICE JUDGMENTS REQUIRING REIMBURSEMENT OF MEDICARE PAYMENTS (H621-A/15)
Mr. Speaker, I present for consideration Resolution No. H614, and the Committee recommends that it be REFERRED to the Council on Economic and Regulatory Affairs for review and comment.

Explanatory Statement: The Committee would like a report back on what steps have been taken since adoption of this resolution and the outcome to determine this policy’s relevance.

And I so move. REFERRED (to Council on Economic and Regulatory Affairs)

H619 MEDICARE RECOVERY AUDIT CONTRACTORS (H628-A/15)

Mr. Speaker, I present for consideration Resolution No. H619, and the Committee recommends that it be REFERRED to the Council on Economic and Regulatory Affairs for review and comment.

Explanatory Statement: The Committee would like a report back on what steps have been taken regarding this policy and the outcome.

And I so move. REFERRED (to Council on Economic and Regulatory Affairs)

H620 MEDICARE LAW AND RULES (H629-A/15)

Mr. Speaker, I present for consideration Resolution No. H620, and the Committee recommends that it be REFERRED to the Bureau on Federal Health Programs for review and comment.

Explanatory Statement: The Committee would like a report back with examples and steps that have been taken to address.

And I so move. REFERRED (to Bureau on Federal Health Programs)

H638 ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH DATA COLLECTION AND IMPROVED ACCESS TO SOCIAL SERVICES

Mr. Speaker, I present for consideration Resolution No. H638, and the Committee recommends that it be REFERRED to the Student Osteopathic Medical Association for review and comment.

Explanatory Statement: The Committee feels this needs to be restructured due to lack of clarity and overlap with existing policy.

And I so move. REFERRED (to Student Osteopathic Medical Association)

H640 H623-A/18 NON-PHYSICIAN CLINICIANS

Mr. Speaker, I present for consideration Resolution No. H640, and the Committee recommends that it be REFERRED to the Council on State Health Affairs (formerly Bureau of State Government Affairs) for review and comment.
Explanatory Statement: The Committee feels the Patient Safety and Independent Practice and Liability sections need to be further developed. The committee also believes that the policy does not adequately assess the current scope expansion movement and the innovations being proposed in states to respond to expansions. The policy should identify how the AOA can align with innovations. The policy does not evaluate differences in the role of advanced practitioners between primary care and specialist care. Additionally, the committee feels the policy should define the education and training differences that uniquely qualifies physicians. The policy should also define the differences between nurse practitioners and PAs.

And I so move. REFERRAL not approved | H640 ADOPTED as AMENDED

H642 PRIOR AUTHORIZATION

Mr. Speaker, I present for consideration Resolution No. H642, and the Committee recommends that it be REFERRED to the Council on Economic and Regulatory Affairs for review and comment.

Explanatory Statement: The committee believes that the principles in the bullets on lines 5, 13, 16, 18, and 33 need to be clarified or are unachievable.

And I so move. REFERRAL not approved | H642 ADOPTED

H650 TELEMEDICINE; REIMBURSEMENT FOR

Mr. Speaker, I present for consideration Resolution No. H650, and the Committee recommends that it be REFERRED back to the New York State Osteopathic Medical Society.

Explanatory Statement: The Committee felt that because this Resolution was sent in so late that it did not go through the review process and that it needs long term directives.

And I so move. REFERRAL not approved | H650 ADOPTED as AMENDED

H602 REIMBURSEMENT FOR PHYSICIAN TIME SPENT OBTAINING PRE-CERTIFICATION AND PRE-AUTHORIZATION (602-A/15)

Mr. Speaker, I present for consideration Resolution No. H602, and the Committee recommends that it be DISAPPROVED.

Explanatory Statement: The Committee believes this contents of this resolution is captured in H642.

And I so move. H602 SUNSET

H616 PRESCRIPTION MEDICATIONS -- OVERRIDES FOR (H624-A/15)

Mr. Speaker, I present for consideration Resolution No. H616, and the Committee recommends that it be DISAPPROVED.
Ad Hoc Committee

Sandra Cook, DO, Chair
Eric Goldsmith, DO, Vice Chair

Explanatory Statement: The Committee believes this policy needs to remain active since the policy the Bureau of Socioeconomic Affairs/Council on Economic and Regulatory Affairs submitted for consideration for 2020 HOD (H642), which incorporated this policy, was not approved by the Committee.

And I so move. **DISAPPROVED**

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<td>H639</td>
<td>ELIMINATION OF PRIOR AUTHORIZATION AND STEP THERAPY</td>
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Mr. Speaker, I present for consideration Resolution No. H639, and the Committee recommends that it be **DISAPPROVED**.

Explanatory Statement: Complete elimination of prior authorization and step therapy could result in improper utilization. The committee feels that H642, reviewed by this committee, can be used to help place guardrails on these practices.

And I so move. **DISAPPROVED**

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<td>H641</td>
<td>MARKETING AOA BOARD CERTIFICATION</td>
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Mr. Speaker, I present for consideration Resolution No. H641, and the Committee recommends that it be **DISAPPROVED**.

Explanatory Statement: This policy conflicts with marketing campaigns and efforts recently started by the AOA.

And I so move. **DISAPPROVED**

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<tr>
<td>H644</td>
<td>RE-ESTABLISHMENT OF THE BUREAU OF OSTEOPATHIC SPECIALTY SOCIETIES (BOSS)</td>
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Mr. Speaker, I present for consideration Resolution No. H644, and the Committee recommends that it be **DISAPPROVED**.

Explanatory Statement: AOA has just completed a systematic review and restructuring of its bureaus, councils, and committees. The AOA has also updated affiliate agreements with their input. This policy would be counterproductive to the AOA’s recent efforts that it has undertaken in collaboration with affiliates.

And I so move. **DISAPPROVED**

Mr. Speaker, this concludes the Committee’s report. I would like to thank the members of the Committee.

Committee Members:
Sandra Cook DO, **Chair** - Ohio
Eric Goldsmith, DO - **Vice Chair** - Florida
Ad Hoc Committee

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2020 Special Session

Sandra Cook, DO, Chair
Eric Goldsmith, DO, Vice chair

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