

HAWAII MEDICAL BOARD
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

Date: March 11, 2021

Time: 1:00 p.m.

Place: Virtual Videoconference Meeting – Zoom Webinar
<https://dcca-hawaii-gov.zoom.us/j/93137236187>

Present: Jone Geimer-Flanders, D.O., Chairperson, Oahu Osteopathic Member
Maria Chun, Ph.D., Public Member
Franklin V.H. Dao, M.D., Oahu Member
Darren K. Egami, M.D., Maui Member
Andrew “Rick” Fong, M.D., Hawaii Member
Peter Holt, M.D., Oahu Member
Michael Jaffe, D.O., Oahu Osteopathic Member
Wesley Mun, Public Member
Danny Takanishi, M.D., Oahu Member
Geri Young, M.D., Kauai Member
Shari J. Wong, Deputy Attorney General (“DAG”)
Ahlani K. Quiogue, Executive Officer
Jenny Yam, Secretary
Lei Ana E. Green, Executive Officer
Micah Cadalzo, Secretary
Leanne Abe, Secretary
Kerrie Shahan, Executive Officer
James Skizewski, Executive Officer

Excused: Peter Halford, M.D., Vice-Chairperson, Oahu Member

Zoom Webinar Guest(s): Lamar B. Edwards, PA, Applicant
Brian Martin, PA-C, Applicant

Agenda: The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by §92-7(b), Hawaii Revised Statutes (“HRS”).

A short video was played to explain the meeting procedures and how members of the public could participate in the virtual meeting.

Call to Order: The meeting was called to order at 1:06 p.m., at which time quorum was established.

Chair Geimer-Flanders welcomed everyone to the meeting, and proceeded with a roll call of the Board members. All Board members confirmed that they were present, with the exception of Dr. Halford who

was excused from the meeting.

Approval of the
February 11, 2021,
Minutes:

It was moved by Dr. Holt, seconded by Dr. Takanishi, and unanimously carried to approve the minutes of the executive session and the minutes of the open session of the February 11, 2021, meeting as circulated.

Adjudicatory
Matters:

Chair Geimer-Flanders called for a recess from the meeting at 1:11 p.m., to discuss and deliberate on the following adjudicatory matters pursuant to Chapter 91, HRS (Note: Board members and staff entered into the Microsoft Teams meeting):

A. In the Matter of the Application for a Medical License of Juan Esber Manzur, M.D.; MED-LIC-2019-003

It was moved by Dr. Takanishi, seconded by Dr. Dao, and unanimously carried to approve the Hearings Officer's Findings of Fact, Conclusions of Law and Recommended Order as its Final Order.

B. In the Matter of the Physician Assistant's License of Steven Richardson, P.A.; MED 2020-237-L

It was moved by Dr. Holt, seconded by Dr. Takanishi, and unanimously carried to approve the Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order.

Following the Board's review, deliberation, and decision on these matters pursuant to Chapter 91, HRS, Chair Geimer-Flanders announced that the Board reconvene to its regular Chapter 92, HRS, meeting at 1:19 p.m. Board members and staff returned to the Zoom meeting.

Applications for
License/
Certification:

A. Applications:

It was moved by Dr. Takanishi, seconded by Dr. Holt, and unanimously carried to enter into executive session at 1:20 p.m., pursuant to HRS §92-5(a)(1), to consider and evaluate personal information relating to individuals applying for professional licenses cited in HRS §26-9, and, pursuant to HRS §92-5(a)(4), to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities and liabilities. (Note: Board members and staff entered into Microsoft Teams):

(i) Physician (Permanent/Non-Endorsement):

- a. Alvin Camello Cacho, M.D.
- b. Bharat Mittal, D.O.

The Board provided the Microsoft Teams invitation link by email and called Dr. Mittal into the Microsoft Teams meeting at 1:38 p.m.; however, Dr. Mittal did not respond to either the call or email.

(ii) Physician Assistant:

- a. Lamar Blair Edwards, PA

Mr. Edwards entered the Microsoft Teams meeting at 1:56 p.m.

Mr. Edwards left the Microsoft Teams meeting at 2:08 p.m.

- b. Brian Roger Martin, PA-C

Mr. Martin entered the Microsoft Teams meeting at 2:19 p.m.

Mr. Martin left the Microsoft Teams meeting at 2:24 p.m.

By consensus, the Board moved this item out of order:

Applications for
License/
Certification:

A. Applications:

(i) Physician (Permanent/Non-Endorsement):

- b. Bharat Mittal, D.O.

Dr. Dao left the Microsoft Teams meeting at 2:31 p.m.

Dr. Mittal entered the Microsoft Teams meeting by phone at 2:34 p.m.

Dr. Mittal left the Microsoft Teams meeting at 2:48 p.m.

Dr. Dao entered the Microsoft Teams meeting at 2:48 p.m.

By consensus, the Board returned to regular order of the agenda.

It was moved by Dr. Takanishi, seconded by Dr. Holt, and unanimously carried to return to the open meeting at 2:51 p.m. Board members and staff returned to the Zoom meeting.

Applications for
License/
Certification:

A. Applications:

(i) Physician (Permanent/Non-Endorsement):

- a. Alvin Camello Cacho, M.D.

It was moved by Dr. Holt, seconded by Dr. Takanishi, and unanimously carried to defer Dr. Cacho's application pending submission of additional information.

- b. Bharat Mittal, D.O.

It was moved by Dr. Jaffe, seconded by Dr. Holt, and unanimously carried to approve Dr. Mittal's application

pending receipt of a revised application.

(ii) Physician Assistant:

a. Lamar Blair Edwards, PA

It was moved by Dr. Takanishi, seconded by Chair Geimer-Flanders, and unanimously carried to deny Mr. Edwards's application. The Board based its decision on the following citation of the Hawaii Revised Statutes ("HRS"), which finds factual supports in the records and files of Mr. Edwards's application:

HRS 453-8 provides that:

(a) In addition to any other actions authorized by law, any license to practice medicine and surgery may be revoked, limited, or suspended by the board at any time in a proceeding before the board, or may be denied, for any cause authorized by law, including but not limited to the following:

* * *

- (6) Procuring a license through fraud, misrepresentation, or deceit, or knowingly permitting an unlicensed person to perform activities requiring a license;
 - (7) Professional misconduct, hazardous negligence causing bodily injury to another, or manifest incapacity in the practice of medicine or surgery;
 - (11) Revocation, suspension, or other disciplinary action by another state or federal agency of a license, certificate, or medical privilege;
 - (12) Conviction, whether by nolo contendere or otherwise, of a penal offense substantially related to the qualifications, functions, or duties of a physician or osteopathic physician, notwithstanding any statutory provision to the contrary; and
 - (15) Submitting to or filing with the board any notice, statement, or other document required under this 23 chapter, which is false or untrue or contains any material misstatement or omission of fact.
- (c) Notwithstanding any other law to the contrary, the board may deny a license to any applicant who has been

disciplined by another state or federal agency. Any final order of discipline taken pursuant to this subsection shall be a matter of public record.

HRS 436B-19 provides that:

In addition to any other acts or conditions provided by law, the licensing authority may refuse to renew, reinstate or restore or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

* * *

- (1) Failure to meet or maintain the conditions and requirements necessary to qualify for the granting of a license;
- (8) Failure to maintain a record or history of competency, trustworthiness, fair dealing, and financial integrity; and
- (9) Conduct or practice contrary to recognized standards of ethics for the licensed profession or vocation.

The Board considered Mr. Edwards's conduct extremely concerning and contrary to the recognized standards of conduct as adopted by the National Commission on Certification of Physician Assistants ("NCCPA"). Specifically, the Board believed that Mr. Edwards failed to uphold the following NCCPA Principles of Conduct:

Certified or certifying PAs and PAs with the PA-C Emeritus designation shall comply with all applicable laws, regulations and standards related to their professional role, including but not limited to those governing clinical practice. Certified or certifying PAs and PAs with the PA-C Emeritus designation:

- Shall respect appropriate professional boundaries in their interactions with patients and others;
- Shall avoid behavior that would pose a threat or potential threat to the health, well-being or safety of others apart from

reasonable risks taken in a patient's interest during the delivery of health care; and

- Shall behave in a manner that is lawful and ethical, during and outside the practice of medicine, that upholds accepted standards of professional practice and conduct.

(ii) Physician Assistant:

b. Brian Roger Martin, PA-C

It was moved by Dr. Dao, seconded by Dr. Young, and unanimously carried to approve Mr. Martin's application.

Applications for License/Certification:

B. Ratifications:

(i) List

It was moved by Dr. Takanishi, seconded by Chair Geimer-Flanders, and unanimously carried to ratify the attached list of individuals for licensure or certification.

2021 Proposed Legislation:

A. HB306, HD1 / SB976, SD1 RELATING TO HEALTH

The purposes of these bills are to: amend the definition of "preceptor" and "volunteer-based supervised clinical training rotation" to improve accessibility for providers to receive income tax credits for acting as preceptors; and include the Director of Health on the Preceptor Credit Assurance Committee.

The Board will continue to monitor these bills.

B. HB313, HD2 / SB613, SD1 RELATING TO PHYSICIAN WORKFORCE ASSESSMENT

The purposes of these bills are to: repeal the requirement that no less than fifty per cent of the physician workforce assessment fees deposited into the John A. Burns School of Medicine special fund be used for purposes identified by the Hawaii Medical Education Council; repeal the monetary cap of expenditures from the John A. Burns School of Medicine special fund; and authorize the John A. Burns School of Medicine special fund to provide loan repayment to certain physicians and scholarships to qualifying medical students.

The Board will continue to support the intent of these bills.

C. HB472, HD1 RELATING TO TELEHEALTH

The purposes of these bills are to: exempt telehealth-related gifts from procurement requirement; codify the authorization of advanced practice registered nurses to use telehealth to assist a patient, including those advanced practice registered nurses who are not licensed in the State, under certain conditions; and make permanent certain telehealth-related exemptions for licensed health professions issued by recent gubernatorial proclamation.

Ms. Quiogue stated that there were significant amendments made during the joint hearing before the House Committee on Disaster Preparedness and House Committee on Health, Human Services, & Homelessness. The House Committee on Consumer Protection & Commerce passed this measure unamended. She went on to say that this measure did not crossover to the Senate because it was not heard by the House Committee on Finance.

D. HB473, HD2 / SB970, SD2 RELATING TO TELEHEALTH

The purpose of these bills is to authorize the establishment of a physician-patient relationship via a telehealth interaction, if the physician is licensed to practice medicine in the State.

The Board will continue to support these bills.

E. HB478 / SB25, SD 1 RELATING TO MEDICAL CARE FOR MINORS

The purposes of these bills are to: permit minors to consent to medical care related to the diagnosis or treatment of HIV or the prevention of HIV; and provide that a minor, under certain circumstances, shall not be liable for payment for treatment or prevention of HIV.

The Board will continue to monitor these bills.

F. HB487 / SB839, HD1 RELATING TO HEALTH

The purposes of these bills are to: authorize advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority; authorize psychiatric mental health nurse practitioners, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient; reduce the mandatory waiting period between oral requests from twenty days to fifteen days; and waive the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period.

The Board will continue to monitor these bills.

G. HB540, HD2 RELATING TO LIABILITY

The purpose of the bill is to make immune from civil or criminal liability a health care provider who acts in good faith during a state of emergency or local state of emergency and adheres to crisis standards of care.

The Board will monitor this bill.

H. HB576, HD2 / SB624 RELATING TO HEALTH CARE

The purpose of these bills is to authorize advanced practice registered nurses to perform medication or aspiration abortions. Effective 7/1/2060.

Ms. Quiogue informed the Board that physician assistants were removed from H.B. 576, H.D. 2, and that the House Committee on Judiciary & Hawaiian Affairs heard the bill on March 2, 2021, and passed the measure with a H.D. 3. The H.D. 3 added referenced HRS section 453-16 on page 3, line 19, which reads “[n]otwithstanding section 453-16 or any law to the contrary, an advanced practice registered nurse may provide medical or aspiration abortion care in the first trimester of pregnancy...”

Ms. Quiogue stated, and DAG Wong agreed, that reference to HRS section 453-16 in this context is not necessary, but is also not an issue.

Based on this, the Board will continue to monitor this bill.

I. HB945 / SB1099 RELATING TO THE PRACTICE OF MEDICINE

The purpose of these bills is to clarify the definition of the practice of medicine to provide uniformity of practice for both medical physicians and osteopathic physicians.

Ms. Quiogue reminded members that these bills are part of the Governor’s administration package.

Ms. Quiogue advised members that these bills were not heard and S.B. 324 would be the vehicle moving forward, and thus, the Board would only need to refer to that bill.

J. HB975, HD1 / SB1129 RELATING TO REPORTS OF CHILD ABUSE

The purpose of these bills is to add immunity from civil and criminal liability for individuals who provide information or assistance in child abuse investigations.

The Board will monitor these bills.

K. HB1120 / SB1258 REALATING TO TELEHEALTH

The purpose of these bills is to allow for standard telephone contacts for

telehealth purposes.

The Board will monitor these bills.

L. SB241, SD1 RELATING TO MEDICAL CANNABIS

The purpose of the bill is to authorize qualifying patients and qualifying out-of-state patients to transport cannabis between islands of the State for personal medical use.

The Board will monitor this bill.

M. SB324, SD1 RELATING TO THE PRACTICE OF MEDICINE

The purpose of the bill is to clarify the definition of the practice of medicine to provide uniformity of practice for both medical physicians and osteopathic physicians.

Ms. Quiogue advised the Board that, as mentioned, this bill is the only vehicle moving, which amends the practice of medicine. She went on to say that this bill includes the language in its administration bills (H.B. 945 and S.B. 1099), which did not receive hearings.

By consensus, the Board supports this bill.

N. SB1191 SD1 / HB1037 RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM

The purpose of these bills is to update chapter 329, Hawaii Revised Statutes, to clarify who may access information stored in the electronic prescription accountability system.

The Board will monitor this bill.

O. SB1340, SD2 RELATING TO EMERGENCY MEDICAL SERVICES

The Board discussed the above bill.

The purpose of this bill is to enable the Board to certify emergency medical responders other than emergency ambulance service personnel.

Ms. Quiogue informed the Board that this measure creates a tiered system of certification for emergency medical personnel as the Board preferred for transport versus non-transport personnel and does not lower the standard of care that the Board's rules provide. She went on to say that if this measure continues to move through the legislative process, she would be requesting funding for additional staffing given there is an anticipated 1,100+ firefighters who may qualify for this level of

certification.

Chair Geimer-Flanders stated that this measure would provide better access to care for rural areas where there is a significant geographic delay from the nearest health care facility being 25 to 60 minutes away.

By consensus, the Board will provide comments, appreciating the intent of the bill.

New Business:

A. Federation Credentials Verification Service (“FCVS”)

The Board will preliminarily discuss whether the FCVS should be required as part of physicians’ applications.

Chair Geimer-Flanders summarized the information regarding the FCVS and its services, as circulated. She noted that the Federation of State Medical Boards (“FSMB”) offers the FCVS service to physicians and physician assistants. This would require a physician/physician assistant to create a profile which includes information, such as: (1) medical education; (2) graduate medical education; (3) examination history; and (4) license history. She added that with the FCVS, an individual will not need to submit documents repeatedly as part of a credentialing package. The FCVS will provide the profile to the designated state, hospital, etc. While the program is not flawless, in her opinion, the FCVS is one of the best services.

Chair Geimer-Flanders noted further that since the onset of the COVID-19 pandemic, the FCVS has improved its services enormously by enhancing its turn-around-time to hours versus days with their current end goal of verifying credentials within 48 hours.

Chair Geimer-Flanders shared with the Board that she learned about this program when she was approached by an individual requesting to consider using the FCVS in place of the current required hospital forms. She is of opinion that the FCVS, if required, will help with speediness of the licensure process and offload some of the work from the licensing staff.

Dr. Takanishi questioned that with the addition of the FCVS and the current application fee required by the Department of Commerce and Consumer Affairs (“DCCA”), will applicants be required to continue to pay the application fee to DCCA plus the required fees from the FCVS? He noted that the additional fee that will be required from the FCVS may become an issue with future applicants. He further noted that as it is, applicants and members have complained of the additional assessment fee paid during renewal (\$60.00), which currently goes towards the physician workforce assessment.

Chair Geimer-Flanders clarified that the FCVS profile would not be required at the time of renewal; only for initial applications. She stated further that applicants will decide who the FCVS provides their profiles to. In this case, the applicant would select the State of Hawaii Medical Board as the receiving state medical board. She noted that this process is similar to the process that applicants must go through to obtain their American Medical Association Physician Profile except that the FCVS includes more information.

Ms. Quiogue related that the DCCA has one of the lowest initial and renewal application fees in the nation for both Hawaii-allopathic and Hawaii-osteopathic licensure. She further explained the current application process and clarified that in addition to the application, license, and Compliance Resolution Fund fees paid by applicants, applicants, if the Board chooses to require the FCVS Profile, would also pay an additional fee of \$375 to the FSMB. The FSMB will then provide the FCVS Profile, which includes, among other things, primary source verification of education, residency training, examination scores, and most recently the National Practitioner Data Bank report.

Ms. Quiogue inquired with DAG Wong on the process of adding the requirement of the FCVS profile for initial applications for Hawaii-osteopathic and Hawaii-allopathic licensure. She asked whether its current statutes provide the authority needed to amend its administrative rules to require the FCVS Profile. She indicated that Hawaii Administrative Rules section 16-85-7 would need to be amended.

Discussion followed. DAG Wong concluded that the Board is able to amend its administrative rules.

Mr. Mun queried whether there would be any ethics issues, conflicts of interest, etc., if the Board were to require the FCVS Profile.

Chair Geimer-Flanders and Dr. Takanishi were of the opinion that there would be no conflicts of interest.

Ms. Quiogue thanked Mr. Mun for his question, and related that given the number of bills introduced during this session, the Board should be prudent in determining whether there may be a conflict of interest given that each member and its executive officer are Fellows of the FSMB by virtue of serving on the Board or working for the Board.

DAG Wong advised that the HRS specifically outlines conflicts of interest to include: substantial financial interest; or where the member/staff have engaged as legal counsel, advisor, consultant, representative, or other agency capacity. In this case, it does not appear that either instance has occurred; thus, there does not appear to be a conflict.

Dr. Takanishi added that all members file with the Hawaii State Ethic Commission every year. He noted that it is important for the Board to

perform its due diligence by looking at other options, potential costs, and the long-term benefits. He noted that while on these tasks, the Board concurrently reviews its administrative rules and statutes.

Dr. Takanishi also emphasized that although the members are automatically included as a Fellow of the FSMB, the Board does not have a structured report to the FSMB. He noted that the FSMB does not have governance authority over any medical board in the nation. He further clarified that the Board would not gain any personal benefit from implementing the use of the FCVS.

Dr. Takanishi added that rather than obtaining multiple reports from multiple different sources, the FCVS will downsize it to only requiring one report submitted to the DCCA offices for its licensure requirements.

Chair Geimer-Flanders shared the list of Boards participating with the FCVS as follows:

- Medical Board of California
- Medical Licensing Board of Indiana
- Iowa Board of Medicine
- Kansas State Board of Healing Arts
- Kentucky Board of Medical Licensure
- Maine Board of Licensure in Medicine
- Maine Board of Osteopathic Licensure
- Maryland Board of Physicians
- Massachusetts Board of Registration in Medicine
- Minnesota Board of Medical Practice
- Nevada State Board of Medical Examiners
- New Hampshire Board of Medicine
- New Mexico Medical Board
- North Dakota Board of Medicine
- State Medical Board of Ohio
- Oklahoma Board of Medical Licensure and Supervision
- Oklahoma State Board of Osteopathic Examiners
- Tennessee Board of Medical Examiners
- Tennessee Board of Osteopathic Examination
- Texas Medical Board
- Wisconsin Medical Examining Board

Discussion ensued among members of the Board regarding the benefits of the FCVS for both the DCCA and the applicant.

Dr. Holt circled back to the discussion that the Board has been proactively addressing the issue of potential perceived conflicts of interest.

Dr. Takanishi emphasized that the members disclosed their relationship as Fellows of the FSMB. He clarified that FSMB has no governance authority over the Board. He added that there are no benefits to the

Board, that they are not advocating for the FCVS, and if needed, the Board may seek opinion from the Hawaii State Ethics Commission.

DAG Wong interjected that there are no individuals benefitting from the FCVS financially. She added that the complaints and concerns have been about the alleged lengthy processing time to get an application through the channels. This is a means for the Board to respond to those complaints, and show that it is trying to remedy or shorten the processing time by amending its administrative rules to require the FCVS Profile with an initial application for Hawaii-allopathic and Hawaii-osteopathic medical licensure.

After discussion, it was moved by Dr. Takanishi, seconded by Dr. Holt, and unanimously carried to move forward with amending HAR section 16-85-7 as authorized by HRS sections 453-4 and 453-5.1, to require the FCVS Profile for initial licensure.

Next Meeting: Thursday, April 8, 2021
1:00 p.m.
Virtual Videoconference Meeting – Zoom Webinar

Adjournment: The meeting adjourned at 3:39 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/Ahlani K. Quiogue

/s/Micah Cadalzo

(Ms.) Ahlani K. Quiogue
Executive Officer

(Ms.) Micah Cadalzo
Secretary

AKQ:mc
3/25/2021

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Minutes approved as is.

Minutes approved with changes: _____

HAWAII MEDICAL BOARD 3/11/2021 - RATIFICATION LIST

LTYPE LIC NUM BP NAME PART 1

MD 21675 HELEN H <KIM<
MD 21676 LEANDREA S <LAMBERTON<
MD 21677 ERIC B <HARBOLDT<
MD 21678 MARK D <DAIGLE<
MD 21679 MORTON I <HYSON<
MD 21680 BRENTON G <YUEN<
MD 21681 NATHANIEL L <SMITH<
MD 21682 CHUONG T <TRAN<
MD 21683 DAVID H <LEE<
MD 21684 EUGENE F <MORTISON<
MD 21685 RICARDO A <MOLERO BRAVO<
MD 21686 LYNN O <CHOI<
MD 21687 ALEXANDER J <LEEDS<
MD 21688 MARK P <CAIN<
MD 21689 RACHELN M S <SANTIAGO<
MD 21690 KATRINA S <VONGSY<
MD 21691 QUINLINN K <ADOLPHO<
MD 21692 JEFFREY T <SAKAMOTO<
MD 21693 JONATHAN A <FRANKEL<
MD 21694 BARBARA A <WALKER<
MD 21695 STUART A <ROSTANT<
MD 21696 EMI <MASUDA<
MD 21697 NEIL G <BROWN<
MD 21698 JOSHUA M <HAMILTON<
MD 21699 ASHLEY K <ARATANI<
MD 21700 JASDEEP <DALAWARI<
MD 21701 THOMAS R <OLIVERA<
MD 21702 JUAN P <GALVEZ<
MD 21703 JOHN K <BOTSON<
MD 21704 STEVEN M <COHEN<
MD 21705 GARY M <COLES<
MD 21706 JOSHUA D <HANDBURY<

MD 21707 KAREN S <KIM<
MD 21708 MARGARA A <LECCA ESPEJO<
MD 21709 IMOLA K <OSAPAY<
MD 21710 ELISHIA M L <OLIVA<
MD 21711 JUSTIN D <LAROCQUE<
MD 21712 JESSICA J <DUKE<
MD 21713 MICHAEL <CHAMBERLIN<
MD 21714 JENNIFER L <MASSARA<
MD 21715 LAURA C <HOUK<
MD 21716 ANDREW S <ROSS<
MD 21717 JEAN MICHEL R <GRILLON<
MD 21718 BRIAN E <CLARKE<
MD 21719 AHMAD <KAAKO<

MD 21720 RACHEL <ASH-BERNAL<

MDR 8036 KATHERINE <VANHISE<
MDR 8037 NICOLE <TANTOCO<
MDR 8038 RISHAN T <DESTA<
MDR 8039 LAUREN T <MOORE<
MDR 8040 STACEY <FRISCH<

AMD 1029 ALEXIS R <ANTHONY<
AMD 1030 NATALIE <HAAN<
AMD 1031 SARAH E <KANE<
AMD 1032 DANA D <MICHAAN<
AMD 1033 IAN K <AWAI<
AMD 1034 WILLIAM Z <MYERS<

DOS 2139 SAMUEL J <FESENMEIER<
DOS 2140 CALVIN R <CHEN<
DOS 2141 RALPH D <WADE<
DOS 2142 DEBORAH A <WHITE<
DOS 2143 ROSELLE E <LIGANOR<

PO 237 ANTHONY <BORGIA<

EMT 3049 NICHOLINA <TOMPKINS<
EMT 3050 RENATA M <LLOYD<
EMT 3051 ZOE O <ELDER<
EMT 3052 MAI Q L <REINVALD<
EMT 3053 TERESA <AQUINO<
EMT 3054 JAMIE <WRIGHT<
EMT 3055 KAYLA GERILYNN C <LOKITS<
EMT 3056 MYLES A A <TABIOS<
EMT 3057 SWITCELLE R G <RUBONAL<
EMT 3058 DINA-RAE M <CARILLO<
EMT 3059 PETER M <MATSUURA<
EMT 3060 KAMALEI A <SUAN<
EMT 3061 JONATHAN O <KEGLEY<
EMT 3062 BAILEY R <CARY<
EMT 3063 ALYSSA F D <BUSTAMANTE<
EMT 3064 BRADLEY K <YOUNG<
EMT 3065 LATASHA K <MIYAHIRA<

EMTP 2316 BENJAMIN B <GRODJESK<