



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 15-01901-160**

## **Healthcare Inspection**

# **Alleged Violations of Nurse Practitioner Requirements Carl Vinson VA Medical Center Dublin, Georgia**

**February 16, 2017**

**Washington, DC 20420**

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## Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection at the request of Senator Johnny Isakson, Chair of the Senate Committee on Veterans' Affairs, to assess the merit of allegations that nurse practitioners (NPs) lacked appropriate oversight and were operating beyond their scopes of practice and in violation of Georgia Board of Nursing (GBON) and Georgia Composite Medical Board (GCMB) licensure requirements at the Carl Vinson VA Medical Center (facility) in Dublin, GA. Specific allegations included the following:

- The majority of NPs at the facility had been practicing at the facility for many years without the supervision of a designated physician of record with the GCMG, and the facility rushed to place all NPs under protocol agreements.<sup>1</sup>
- The GBON was led to believe that the NPs applying for protocol agreements were newly hired when, in fact, they had been treating patients at the facility for many years without protocol agreements in place.
- An NP in Mental Health (MH) Service has been making MH diagnoses, prescribing psychotropic medications, and providing individual psychotherapy without the requisite educational background and national certification required for an NP to provide these types of MH services.
- Concerns were expressed to senior management about another NP who was allowed to practice in the role of a physician, make medical diagnoses, and prescribe medications for over 7 years. There have been issue briefs and congressional reports concerning veterans' complaints about the NP.
- The facility Chief of Staff knew that NPs were prescribing [medications] and failed to report it to the GCMB.

We limited our review to the allegations concerning NPs currently employed at the facility with primary licensure through the State of Georgia.

We substantiated that in the past, the facility was not in compliance with the GCMB and the GBON requirements for NPs; however, this had been rectified by the time of our visit.

We substantiated that facility leadership made a concentrated effort to get protocol agreements in place for 12 NPs; however, these actions were appropriate and approved by the GCMB.

We did not substantiate that facility leadership misled the GBON into believing that the requested protocol agreements were for newly hired NPs, because the application forms did not inquire as to the NPs' length of service at the facility.

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<sup>1</sup> A protocol agreement is a collaborative agreement between an NP and a physician to establish and maintain a practice model in which the NP will provide healthcare services under the supervision of a physician. <http://floridasnursing.gov/forms/arnp-protocol-sample.pdf>. Accessed July 12, 2016.

We substantiated that a certified family medicine NP with prior experience in MH was practicing in the role of an MH NP since 2008 in collaboration with an MH physician. Because this practice was permitted by the American Academy of Nurse Practitioners and the NP was in the position prior to VA policy changes requiring NPs to be certified in their fields of practice, this was acceptable.

We did not substantiate the allegation that an NP was acting in the role of a physician and prescribing medications outside of his/her scope of practice. The NP in question was a certified family NP. We found that the NP's scope of practice accurately reflected the expected practices of his/her position and that he/she fully complied with all requirements for prescribing medications and abided by the limitations on his/her prescription authority. We did not substantiate that senior leadership did not act on complaints regarding the NP's care and/or treatment of veterans. We found no evidence of formal complaints or reports about the NP in question.

We did not substantiate that the facility Chief of Staff had full knowledge that NPs were prescribing medications without protocol agreements required by the GCMB and failed to report it to the GCMB. Since becoming aware of the deficiency, the facility's efforts to place NPs under valid GCMB protocol agreements have been satisfactory.

We made no recommendations.

## Comments

The Veterans Integrated Service Network and Facility Directors reviewed the report, and the Facility Director concurred with the findings. (See Appendixes A and B, pages 10–11 for the Directors' comments). No further action is required.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Purpose

The VA Office of Inspector General (OIG) conducted a healthcare inspection at the request of Senator Johnny Isakson, Chair of the Senate Committee on Veterans' Affairs, to assess the merit of allegations that nurse practitioners (NPs) lacked appropriate oversight and were operating beyond their scopes of practice and in violation of Georgia Board of Nursing (GBON) licensure requirements at the Carl Vinson VA Medical Center (facility) in Dublin, GA.

## Background

Part of the Veterans Integrated Service Network (VISN) 7, the facility serves more than 36,000 veterans in 52 rural counties in Georgia. The facility has 34 acute care beds and 161 community living center beds and provides acute, primary, and mental health (MH) care; physical medicine and rehabilitation; dentistry; surgery; women's health; and domiciliary outpatient treatment programs.

At the time of our visit, June 29–July 2, 2015, the facility employed 19 NPs in various clinical services, including Primary Care, Geriatrics, MH, and Compensation and Pension clinics. The NPs were licensed in one or more of seven states: Georgia, Florida, New York, North Carolina, Maine, California, and Iowa.

### **NPs**

NPs are registered nurses who have been educated at the masters' or post-masters' level. An NP's educational focus may include, but is not limited to, the areas of Adult Acute Care, Adolescent Primary Care, Family Medicine, Neonatal, Geriatric, Women's Health, and MH.<sup>2</sup>

NPs deliver direct, individualized patient care, diagnose and manage acute and chronic conditions, and emphasize health promotion and disease prevention. Their services include ordering, conducting, and interpreting diagnostic and laboratory tests; prescribing medications and non-medicinal therapies; and teaching and counseling. They practice in collaboration with their supervising physicians and other health care professionals to manage patients' health needs.<sup>3</sup>

### **VHA NP Certification Requirements**

NP certification may be obtained through many different sources. The most common certifications are obtained through (1) the American Academy of Nurse Practitioners (AANP) Certification Program, which is nationally recognized and honored by the boards of nursing in all 50 states, the District of Columbia, and some U.S. territories,

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<sup>2</sup> VHA Directive 2008-049, *Establishing Medication Prescribing Authority for Advanced Practice Nurses*, August 22, 2008. This VHA directive expired on August 31, 2013 and has not yet been updated.

<sup>3</sup> The American Association of Nurse Practitioners, <https://www.aanp.org/>. Accessed April 20, 2016.

and (2) the American Nurses Credentialing Center certification, which is recognized in all 50 states and offers multiple types of certifications.

Prior to March 17, 2009, VA policy<sup>4</sup> only required that: “A NP must be licensed or otherwise recognized as a nurse practitioner in a State, possess a master’s degree from an accredited program and maintain full and current certification as a nurse practitioner from the American Nurses Association or another nationally recognized certifying body.”<sup>5</sup> Subsequently, VA policy<sup>6</sup> added the requirement that NPs hired after March 17, 2009 are certified in the specialty for which they are appointed or selected. Under a “grandfather” provision, all NPs appointed or hired prior to March 17, 2009 were exempted from the more rigorous certification requirement.<sup>7</sup>

### **VA Policies for NP Licensure and Prescriptive Authority**

VA does not require an NP to have a license in the state in which he/she is physically practicing, but instead accepts substitute licensure from any state or territory of the United States.

VA policy assigns Directors of VA medical facilities responsibility for defining the role of an NP operating within the VA, including limitations on prescriptive practices for controlled and non-controlled substances.<sup>8</sup> Facilities must ensure that a locally determined scope of practice identifies prescriptive authority, defines routine and non-routine duties, and describes the NP’s general areas of responsibility. To have prescriptive authority, an NP must have a current license as a registered nurse, graduate level pharmacology course work, a master’s, post-master’s, and/ or doctoral degree, and have and maintain full and current certification from a nationally recognized certifying body. VA policy also states:

*Because state laws cannot regulate the activities of the Federal Government, or its employees when the employees are acting within the scope of their Federal employment, (except by congressional consent), state laws and regulations relating to medication orders and prescriptions for non-controlled substances do not affect scope of practice statements under this Directive.<sup>9</sup>*

### **Georgia Board of Nursing Regulations for NPs**

Individual activities NPs can perform and how much physician oversight is required are regulated by each state’s Board of Nursing. Georgia Board of Nursing (GBON)

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<sup>4</sup> VA Handbook 5005/27, *Staffing*, March 17, 2009.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> “The Grandfathering Clause” is a legal provision, which specifies that a new rule or policy does not apply to people who satisfied certain conditions before the new rule or policy was established.

<sup>8</sup> VHA Directive 2008-049, *Establishing Medication Prescribing Authority for Advanced Practice Nurses*, August 22, 2008.

<sup>9</sup> Ibid.

guidelines for NPs state that NP protocol agreements<sup>10</sup> must be signed by the designated collaborative physician and received by the Georgia Composite Medical Board (GCMB) within 30 days from the date of execution of the protocol agreement. Specifically, GBON states:

*Advanced practice registered nurse means a registered professional nurse...who is recognized by the board as having met the requirements established by the board to engage in advanced nursing practice and who holds a master's degree or other graduate degree from an approved nursing education program and national board certification in his or her area of specialty, or a person who was recognized as an advanced practice registered nurse by the board on or before June 30, 2006.<sup>11</sup> Nurse protocol agreements must be received by the GCMB within 30 days from the date of execution of the agreement. If, after review, the Board determines that the nurse protocol agreement failed to meet accepted standards of medical practice, the delegating physician will be so notified and be required to amend the agreement in order to comply with such accepted standards.<sup>12</sup>*

GBON regulations also allow physicians to delegate to NPs the authority to order controlled substances consistent with the Georgia Code. The Georgia Code permits NPs to order controlled substances that are “selected from a formulary of such drugs established by the [GBON].” The Georgia Code also allows physicians to delegate to NPs the authority to order “dangerous drugs,” which would include psychotropic medications.

### **GCMB**

The GCMB is the licensing entity for physicians in the State of Georgia. The GCMB has oversight of all protocol agreements between NPs and their collaborating physicians. Protocol agreements must be submitted to the GCMB within 30 days following execution of the protocol for approval and annually thereafter.

### **Credentialing and Privileging**

Credentialing is required to ensure an applicant has the required education, training, experience, and skills to fulfill the requirements of the position. The VA credentialing process includes verification through the appropriate primary sources of an individual's professional education, training, licensure, certification, registration, previous experience (including documentation of any gaps greater than 30 days), employment, professional references, adverse actions, and criminal violations, as appropriate. Primary Source verification is documentation from the original source of a specific credential that verifies the accuracy of a qualification reported by an individual health

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<sup>10</sup> A protocol agreement is a collaborative agreement between an NP and a physician to establish and maintain a practice model in which the NP will provide healthcare services under the supervision of a physician. <http://floridasnursing.gov/forms/arnp-protocol-sample.pdf>. Accessed July 12, 2016.

<sup>11</sup> [GBON Georgia Nurse Practice Act, Code 43-26-3](#); Advanced Practice Registered Nurse definition under GBON terms. Accessed July 12, 2016.

<sup>12</sup> Rules and Regulations of the State of Georgia, searchable website, [GBON Regulation-Filing of Nurse Protocol Agreements with the Board, 360-32-.03, 3-4](#). Accessed August 19, 2016.

care practitioner or an adverse action. The facility must receive written verification from a primary source that an applicant's qualifications are current at the time privileges are initially granted, at each renewal, whenever there is a revision of privileges, and at the time of license expiration.<sup>13</sup>

Privileging refers to granting practitioners certain clinical privileges to perform specific therapeutic treatments and/ or provide a particular level of care.

### **Allegations**

On January 12, 2015, OIG received a letter from Senator Johnny Isakson, Chair of the Senate Committee on Veterans' Affairs, with the following allegations:

- The majority of NPs at the facility had been practicing there for many years without the supervision of a designated physician of record with the GCMB, and the facility rushed to place all NPs under protocol agreements.
- The GBON had been misled into thinking that the NPs who have been at the facility for many years without protocol agreements in place were newly hired.
- An NP in MH had been making MH diagnoses, prescribing psychotropic medications, and providing individual psychotherapy without the appropriate educational background and national certification required for an NP to provide these types of MH services.
- Another NP was allowed to practice in the role of a physician, render medical diagnoses, and prescribe medications for over 7 years; there have been issue briefs and congressional reports concerning veterans' complaints about this NP.
- The facility Chief of Staff knew that NPs were prescribing medications and failed to report it to the GCMB.

## **Scope and Methodology**

We conducted our review from January 2015 through April 2016. We made a site visit from June 29 through July 2, 2015. We interviewed the facility Director, the Chief of Staff, the Chief Nurse Executive, facility NPs, the Chief of Pharmacy, the Chief of Primary Care, the Chief of MH, the Director of Quality Management, the Risk Manager, a patient advocate, credentialing and privileging (C&P) personnel, and other staff knowledgeable about the issues.

We reviewed VHA and facility policies, internal and external VA reports, meeting minutes, peer reviews, and other performance data. We reviewed staffing data, veteran complaints submitted to the facility Patient Advocate Office, and Joint Commission<sup>14</sup>

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<sup>13</sup> VHA Directive 2012-030, *Credentialing of Health Care Professionals*, October 11, 2012.

<sup>14</sup> The Joint Commission is an independent, not-for-profit organization, and is the nation's oldest and largest standards-setting and accrediting body in health care.

documents. We reviewed documentation from the GCMB and state boards of nursing, provider and NP C&P files, and NP protocol agreements.

We limited our review to the allegations concerning NPs currently employed at the facility with primary licensure through the State of Georgia.

VHA Directive 2008-049, *Establishing Medication Prescribing Authority for Advanced Practice Nurses*, August 22, 2008, cited in this report, expired August 31, 2013. We considered the policy to be in effect, as it had not been superseded by more recent policy or guidance. In a June 29, 2016 memorandum to supplement policy provided by VHA Directive 6330(1),<sup>15</sup> the VA Under Secretary for Health (USH) mandated the "...continued use of and adherence to VHA policy documents beyond their recertification date until the policy is rescinded, recertified, or superseded by a more recent policy or guidance."<sup>16</sup> The USH also tasked the Principal Deputy Under Secretary for Health and Deputy Under Secretaries for Health with ensuring "...the timely rescission or recertification of policy documents over which their program offices have primary responsibility."<sup>17</sup>

We **substantiate** allegations when the facts and findings support that the alleged events or actions took place. We **do not substantiate** allegations when the facts show the allegations are unfounded. We **cannot substantiate** allegations when there is no conclusive evidence to either sustain or refute the allegation.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

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<sup>15</sup> VHA Directive 6330(1), *Controlled National Policy/Directives Management System*, June 24, 2016.

<sup>16</sup> VA Under Secretary for Health Memorandum, *Validity of VHA Policy Document*, June 29, 2016.

<sup>17</sup> Ibid.

## Inspection Results

### Issue 1: NP Supervision and Protocol Agreements

#### Supervision

We substantiated that prior to our visits in June and July 2015, the facility was not in compliance with GBON requirements for NPs. Specifically, the facility did not have protocol agreements in place with designated, collaborating physicians for NPs licensed in the State of Georgia. However, at the time of our visit, this had been rectified for all NPs licensed through the GBON.

In July 2015, the facility employed 19 NPs. Seven NPs had either out-of-state nursing licenses or held multi-state licenses and were not required to follow the GBON guidelines with respect to protocol agreements. Twelve NPs held Georgia nursing licenses as their primary state of licensure and needed protocol agreements to practice at the facility.

#### Obtaining Protocol Agreements

We substantiated that the facility made a concentrated effort (“rushed”) to get protocol agreements in place for NPs licensed through the GBON; however, such actions were appropriate considering that the facility was not in compliance with GBON regulations.

We were told that prior to December 2014, the facility’s C&P office was understaffed, did not have a process in place to routinely monitor compliance with GBON practice requirements, and had overlooked the requirement to submit NP protocol agreements to GBON for approval. In January 2015, facility leadership began taking action to hire additional C&P personnel, provide additional training for C&P staff, and revise C&P processes.

Efforts were initiated in December 2014 to develop protocol agreements for submission to the GBON for 12 NPs. While we were onsite, we reviewed the C&P files of all currently employed NPs. We found that all NPs with Georgia as their primary state of licensure had designated collaborative physicians assigned to them and had submitted protocol agreements to the GBON. As of November 2015, all [Georgia licensed] NP protocol agreements had been approved by the GCMB.

#### Misleading GBON

We did not substantiate that the facility misled the GBON into believing that the submitted protocol agreements were for newly hired NPs. The NP protocol agreement form issued by the GBON did not request information related to how long an NP had been in practice at the facility prior to the submission of the protocol agreement.

## **Issue 2: NP Education and Certification Requirements**

We substantiated that an NP assigned to work in MH had been making MH diagnoses, prescribing psychotropic medications, and providing individual psychotherapy in collaboration with an MH physician but without specific education and national certification in MH. However, because the NP in question began working in MH at the facility prior to 2009, he/she was “grandfathered in” according to VA policy<sup>18</sup> and was not required to have a certification in MH. The complainant did not provide specific instances of patient harm related to this NP’s practice.

The NP was hired at the facility in December 2005 and was assigned to the MH Service in 2008. The NP provided us with a document from the VHA Workforce Management and Consulting Office,<sup>19</sup> Human Resource Consultant, that stated that the NP was grandfathered into the MH assignment; however, if the NP leaves the MH assignment, he/she will no longer be considered “grandfathered in” and would need to obtain the appropriate certification for a new assignment should he/she want to return to that role. The NP has limited prescriptive authority for psychotropic medications (which does not extend to schedule II drugs that have a high potential for abuse) and is practicing in collaboration with psychiatrists assigned to the MH Service.

The NP in question was certified as a Family Medicine NP by the AANP.<sup>20</sup> AANP provides entry-level, competency-based examinations for NPs in the adult, family, or adult-gerontology primary care practices areas. A specific MH NP certification is not attainable through AANP. The NP contacted the Director of the AANP in early January 2015 and was informed by AANP certification program staff that it does recognize advance practice hours in the area of MH and that direct patient care hours in MH services are within the Family Medicine NP scope of practice. AANP indicated that it would accept the NP’s clinical practice hours attained in the MH clinic to meet the clinical practice requirements towards the renewal of the Family Medicine NP Certification through AANP.

## **Issue 3: NP Role and Reported Complaints**

We did not substantiate that another NP was practicing in the role of a physician, rendering medical diagnoses, and prescribing medications for over 7 years. The complainant did not provide specific instances of patient harm related to this NP’s practice.

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<sup>18</sup> VA Handbook 5005/27, *Staffing*, March 17, 2009, II-G6-3, Section 6, 6(a).

<sup>19</sup> The Workforce Management and Consulting Office drives talent management throughout the VHA by providing consultation in VHA Human Resources policy development, oversight, operational guidance, human resource management systems, human resource operations, Equal Employment Opportunity/Affirmative Employment and in Diversity and Inclusion.

<sup>20</sup> AANP certification examinations are entry-level, competency-based examination for nurse practitioners reflective of a nurse practitioner’s knowledge and expertise.

We found that in June and July 2015, the NP in question had the appropriate education, training, and skills for his/her position. The NP had a protocol agreement in place indicating that a designated collaborating physician was assigned. We also found that designated physicians consistently reviewed medical record documentation and observed the NP's clinical practice as required by the facility's Medical By-laws and GCMB guidelines.

We could not substantiate that there were issue briefs or congressional reports regarding complaints from veterans specifically about this NP.

To evaluate the allegation that veterans complained about the NP, we reviewed the Patient Advocate records for specific veteran complaints, facility peer reviews, and periodic record reviews done by the NP's supervising physician. We found no complaints about or concerns with the care provided to patients by the NP in question.

#### **Issue 4: Senior Management Involvement with NP Prescribing Practices**

We did not substantiate that the facility Chief of Staff knew that NPs were prescribing [medications] and failed to report it to the GCMB. At the time of our visits in June and July 2015, we found that all facility NPs with prescribing authority had the proper protocol agreements in place for ordering clinically indicated medications according to their scopes of practice as required by VA policy and GCMB guidelines.

When facility leaders learned of the lack of compliance with GBON and GCMB requirements for NPs, action plans to correct the deficiencies were initiated.

## **Conclusions**

We substantiated that prior to our visit in mid-2015, the facility was not in compliance with GBON and GCMB requirements for NPs. However, at the time of our visit, this had been rectified for all NPs licensed through the GBON. When facility leaders learned that the facility was not in compliance with the GBON requirements for NPs, a concentrated effort was made to place all applicable NPs under a protocol agreement with assigned collaborating physician oversight.

Protocol agreements were submitted for 12 NPs whose primary state of licensure was Georgia. As of November 2015, all of these NP protocol agreements had been approved by the GCMB. We did not substantiate that facility leadership misled the GBON into believing that the requested protocol agreements were for newly hired NPs, because the application forms did not inquire as to the NPs' length of service at the facility.

We substantiated that a certified Family Medicine NP assigned to the MH Clinic was treating MH patients and prescribing psychotropic medications in collaboration with an MH physician. Because this practice was permitted by the AANP and the NP was hired and practicing in MH prior to March 13, 2009, this was acceptable and in accordance with VA Handbook 5005/27.

We did not substantiate the allegation that an NP was acting in the role of a physician and prescribing medications outside his/her scope of practice. We found that the NP's scope of practice adequately reflected the expected practices of the position and that he/she fully complied with all requirements for prescribing medications and abided by all limitations on his/her prescription authority. We found no evidence of formal complaints or reports about this NP.

We did not substantiate that the facility Chief of Staff knew that NPs were prescribing medications and failed to report it to GCMB. The efforts to correct the deficiencies regarding NP protocol agreements were satisfactory.

We found that the facility now has a process in place to monitor compliance with GBON and GCMB requirements for NPs. Therefore, we made no recommendations.

## VISN Director Comments

**Department of  
Veterans Affairs**

## Memorandum

**Date:** January 11, 2017  
**From:** Director, VA Southeast Network (10N7)  
**Subj:** Healthcare Inspection—Alleged Violations of Nurse Practitioner Requirements, Carl Vinson VA Medical Center, Dublin, Georgia  
**To:** Director, Bay Pines Office of Healthcare Inspections (54SP)  
Director, Management Review Service (VHA 10E1D MRS Action)

1. I have had the opportunity to review the Healthcare Inspection- Alleged Violations of Nurse Practitioner Requirements, Carl Vinson VA Medical Center, Dublin, Georgia.
2. Carl Vinson VA Medical Center submits the attached memorandum concurring with the draft report.
3. I appreciate the opportunity for this review as part of a continuing process to improve the care of our Veterans.
4. If you have any questions or require further information, please contact Donna Schnider, VISN 7 Quality Management Officer at (678) 924-5700.

  
Robin E. Jackson, Ph.D., LCSW

## Facility Director Comments

**Department of  
Veterans Affairs**

## Memorandum

**Date:** January 3, 2017  
**From:** Director, Carl Vinson VA Medical Center (557/00)  
**Subj:** Healthcare Inspection—Alleged Violations of Nurse Practitioner Requirements, Carl Vinson VA Medical Center, Dublin, Georgia  
**To:** Director, VA Southeast Network (10N7)

1. The facility concurs with the report.
2. No additional comments.



Maryalice Morro, RN, MSN  
Director

## OIG Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
<b>Contributors</b>	Darlene Conde-Nadeau, MSN, ARNP, Team Leader Carol Torczon, MSN, ACNP Andrea Buck, MD, JD

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