COMMITTEE ON ETHICS

EMPLOYEE POST-TRAVEL DISCLOSURE FORM ☑ *Original* ☐ *Amendment*

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual *Financial Disclosure Statements* of those employees required to file them. In accordance with House Rule 25, clause 5, **you must complete this form and *file it with the Clerk of the House by email at gifttravelreports@mail.house.gov*, within 15 days after travel is completed.** Please ***do not*** file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Isabel deAntonio
2. a. Name of Accompanying Relative: _____ ***OR*** ☑ None
   b. Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
3. a. Dates: Departure: 10/26/2026 Return: 10/28/2026
   b. Dates at Personal Expense, if any: _____ ***OR*** ☑ None
4. Departure City: Washington, D.C. Destination: Nashville, TN Return City: Washington D.C.
5. Sponsor(s), Who Paid for the Trip: Federation of American Hospitals
6. Describe Meetings and Events Attended: Tour of a rural hospital, Stakeholder meeting and discussion at HCA Headquarters, a tour of an inpatient rehabilitation facility, and dinner with stakeholders.
7. Attached to this form are ***each*** of the following, *signify that each item is attached by checking the corresponding box:*
   a. ☑ a completed *Sponsor Post-Travel Disclosure Form*;
   b. ☑ the *Primary Trip Sponsor Form* completed by the trip sponsor ***prior*** to the trip, ***including all*** attachments ***and*** the *Additional Sponsor Form(s)*;
   c. ☑ page 2 of the completed *Traveler Form* submitted by the employee; ***and***
   d. ☑ the letter from the Committee on Ethics approving my participation on this trip.
8. a. ☑ I represent that I participated in each of the activities reflected in the attached sponsor's agenda. *Signify statement is true by checking the box.*
   b. If not, explain: _____

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

Signature of Traveler: [signature] **Date:** 11/5/2026

I authorized this travel in advance. I have determined that all of the expenses listed on the attached *Sponsor Post-Travel Disclosure Form* were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

Name of Supervising Member: Rep. Darin LaHood **Date:** 11/5/2026

Signature of Supervising Member: Darin LaHood

last updated 7/2023

COMMITTEE ON ETHICS

SPONSOR POST-TRAVEL DISCLOSURE FORM

☐ *Original* ☐ *Amendment*

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. **A completed copy of the form must be provided to each House Member, officer, or employee who participated in the trip *within 10 days of their return.*** You must answer all questions, and check all boxes, on this form for your submission to comply with House Rules and the Committee's Travel Regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Sponsor(s) who paid or provided in-kind support for the trip: Federation of American Hospitals
2. Travel Destination(s): Nashville, TN
3. Date of Departure: October 26, 2026 Date of Return: October 28, 2026
4. Name(s) of Traveler(s): Davis Michols, Kendall Smith, Liz Beltran, Isabel deAntonio, Bridget Visconti

   Note: You may list more than one traveler on a form only if ***all*** information is ***identical*** for each person listed.
5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:

	Total **Transportation** Expenses	Total **Lodging** Expenses	Total **Meal** Expenses	Total **Other** Expenses (dollar amount per item and description)
Traveler	$418.37 ($248.37 flight; $170 ground transport van) plus taxes and fees	$460 ($230 GPD rate plus fees and taxes)	$206 ($30 breakfast value, $48 catered lunch, $128 dinner)	$140 (taxes and fees associated with private dining room)
Accompanying Family Member				

6. ☒ All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. *Signify statement is true by checking box.*

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: [signature] **Date:** November 5, 2026

Name: Adam Broder **Title:** Chief Strategy Officer

Organization: Federation of American Hospitals

☒ ***I am an officer of the above-named organization. Signify statement is true by checking box.***

Address: 750 9th St NW, Ste 600 Washington, DC 20001

Telephone: 202-725-5384 **Email:** ABroder@fah.org

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.

last updated 7/2023

COMMITTEE ON ETHICS

TRAVELER FORM

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed trip sponsor form(s) and any attachments. A copy of this form, minus this initial page, will be made available for public inspection.

This form and any attachments may be submitted at 1015 Longworth House Office Building or travel.requests@mail.house.gov.

Your completed request must be submitted to the Committee no less than 30 days before your proposed departure date. Absent exceptional circumstances, permission will not be granted for requests received less than 30 days before the trip commences. **You must receive explicit approval from the Committee before you depart on this trip.**

Name of Traveler: Isabel deAntonio

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: Isabel deAntonio

Name of Signatory (if other than traveler): _____

For Staff (name of employing Member or Committee): Rep. Darin LaHood

Office Address: 27 Independence Ave SE #503 Washington D.C. 20515

Telephone Number: 202-225-6201

Email Address of Contact Person: Isabel.deAntonio@mail.house.gov

☐ Check this box if the sponsoring entity is a media outlet, the purpose of the trip is to make a media appearance sponsored by that entity, *and* these forms are being submitted to the Committee less than 30 days before the trip departure date.

NOTE: You must complete all of the contact information fields above, as Committee staff may need to contact you if additional information is required.

KEEP A COPY OF THIS FORM. Page 2 (but not this page) must be submitted to the Clerk as part of the post-travel disclosure required by House Rule 25. Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting paperwork for three subsequent Congresses from the date of travel.

If there are any questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or via email: *travel.requests@mail.house.gov*.

COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Isabel deAntonio

2. Sponsor(s) who will be paying or providing in-kind support for the trip: Federation of American Hospitals

3. City and State **OR** Foreign Country of Travel: Nashville, TN

4. a. Date of Departure: October 26, 2026 Date of Return: October 28, 2026

   b. Yes ☐ No ☑ Will you be extending the trip at your personal expense?

   If yes, list dates at personal expense: _____

5. a. Yes ☐ No ☑ Will you be accompanied by a family member at the sponsor's expense? **If yes:**

   (1) Name of Accompanying Family Member: _____

   (2) Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____

   (3) Yes ☐ No ☐ Accompanying Family Member is at least 18 years of age?

6. a. Yes ☑ No ☐ Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)?

   b. **If yes**, and you are requesting lodging for two nights, explain why the second night is warranted:

   To be able to travel to a rural hospital, which would not be possible with same-day travel.

7. Yes ☑ No ☐ *Primary Trip Sponsor Form* is attached, including agenda, invitation, invitee list, and any other attachments and Additional Sponsor Forms.

   NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.

8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. **Staff should include their job title and how the activities on the itinerary relate to their duties.**

   As Rep. Latlood's Health Legislative Assistant, this trip would be educational as visiting a rural hospital will help my boss shape policies that increase access to quality health care for rural patients. My boss represents a rural district, so patient access is a priority for him in the health space.

9. **Yes ☐ No ☑ Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, or arranging the trip?**

10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member: Lori Latlood **Date:** 10/6/26

COMMITTEE ON ETHICS

PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a *Traveler Form* **at least 30 days before the start date of the trip**. The trip sponsor should *NOT* submit the form directly to the Committee. The Committee's website (ethics.house.gov) provides detailed instructions for filling out the form. The Committee will notify the House invitees directly of its decision and will not notify the trip sponsors.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips. Signatures must comply with section 104(bb) of the Travel Regulations.

1. Sponsor who will be paying for the trip:

   Federation of American Hospitals

2. ☒ I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. *Signify that the statement is true by checking box.*

3. ***Check only one.*** I represent that:
   a. ☒ The primary trip sponsor has not accepted from any other source, funds intended directly or indirectly to finance any aspect of the trip; **OR**
   b. ☐ The trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds; **OR**
   c. ☐ The primary trip sponsor has accepted funds, services, or in-kind assistance from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.

   If "c" is checked, list the names of the additional sponsors: _____

4. Provide names and titles of **ALL** House Members *and* employees you are inviting. **For each House invitee, provide an explanation of why the individual was invited** (include additional pages if necessary): See additional attachr

5. Yes ☐ No ☒ Is travel being offered to an accompanying family member of the House invitee(s)?
6. Date of Departure: October 26, 2026 Date of Return: October 28, 2026
7. a. City of departure: October 28, 2026
   b. Destination(s): Nashville, TN
   c. City of return: Washington, DC
8. ***Check only one.*** I represent that
   a. ☐ The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965; **OR**
   b. ☐ The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent; **OR**
   c. ☒ The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.

9. ***Check only one of the following.***
   a. ☐ I checked 8(a) or (b) above; **OR**
   b. ☐ I checked 8(c) above but am not offering any lodging; **OR**
   c. ☐ I checked 8(c) above and am offering lodging and meals for one night; **OR**
   d. ■ I checked 8(c) above and am offering lodging and meals for two nights. If you checked this box, explain why the second night of lodging is warranted. To accommodate the travel required to visit a rural hospital, t
   As a result, same-day travel to or from Washington, DC is unlikely to be feasible.

10. ■ Attached is a detailed agenda of the activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). *Indicate agenda is attached by checking box.*

11. ***Check only one of the following.***
   a. ■ I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. *Signify the statement is true by clicking the box;* **OR**
   b. ☐ *Not Applicable.* Trip sponsor is a U.S. institution of higher education.

12. For ***each*** sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip ***and*** its role in organizing and/or conducting the trip:

_____

_____

_____

13. ***Answer parts a and b. Answer part c if necessary***:
   a. Mode of travel: Air ■ Rail ☐ Bus ☐ Car ☐ Other ■ (specify: Ground transport)
   b. Class of travel: Coach ■ Business ☐ First ☐ Charter ☐ Other ☐ (specify:)
   c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:

_____

_____

14. ■ I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). *Signify that the statement is true by checking box.*

15. ***Check only one.*** I represent that either:
   a. ☐ The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees; **OR**
   b. ■ The trip involves events that are arranged specifically *with regard* to congressional participation. If "b" is checked:
      1) Detail the cost *per day* of meals (approximate cost may be provided): Total cost for October 27 is $270, in
      lunch ($45), dinner ($165). Breakfast voucher ($30) offered to those leaving October 28 PM.
      2) Provide the reason for selecting the location of the event or trip: Nashville is known as "Health Care City"
      hub for health care companies, and is home to many FAH members. Nashville is convenient

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:
   Hotel Name: Embassy Suites Nashville I City: Nashville Cost Per Night: $219 plus taxes
   Reason(s) for Selecting: Location convenient for traveling in/out of city to visit hospitals, and nearby tc
   Hotel Name: _____ City: _____ Cost Per Night: _____
   Reason(s) for Selecting: _____
   Hotel Name: _____ City: _____ Cost Per Night: _____
   Reason(s) for Selecting: _____

17. ☒ I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. *Signify that the statement is true by checking the box.*

18. **Total Expenses for each Participant:**

☐ Actual Amounts ☐ Good Faith Estimates	Total **Transportation** Expenses per Participant	Total **Lodging** Expenses per Participant	Total **Meal** Expenses per Participant
For each Member, Officer, or Employee	$625 air and ground, inclusive of taxes and	$438 plus taxes	$270 plus taxes
For each Accompanying Family Member			

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee		
For each Accompanying Family Member		

19. ***Check only one:***
    a. ☒ I certify that I am an officer of the organization listed below; **OR**
    b. ☐ *Not Applicable.* Trip sponsor is an individual or a U.S. institution of higher education.

20. **I certify by my signature that**
    a. **I read and understand the Committee's Travel Regulations;**
    b. **I am not a registered federal lobbyist or registered foreign agent; and**
    c. **The information on this form is true, complete, and correct to the best of my knowledge.**

Signature: _____ Date: November 5, 2026

Name: Adam Broder Title: Chief Strategy Officer

Organization: Federation of American Hospitals

Address: 750 9th St NW, Ste 600 Washington, DC 20001

Email: ABroder@fah.org Telephone: 202-725-5384

If there are questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or travel.requests@mail.house.gov.

Michael Guest, Mississippi
Chairman
Mark DeSaulnier, California
Ranking Member

Andrew R. Garbarino, New York
Ashley Hinson, Iowa
Nathaniel Moran, Texas
Brad Knott, North Carolina

Deborah K. Ross, North Carolina
Glenn F. Ivey, Maryland
Sylvia R. Garcia, Texas
Suhas Subramanyam, Virginia

ONE HUNDRED NINETEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust
Staff Director and Chief Counsel

Jordan Downs
Chief of Staff to the Chairman

David Arrojo
Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515–6328
Telephone: (202) 225–7103
https://Ethics.House.gov

October 23, 2026

Ms. Isabel De Antonio
Office of the Honorable Darin LaHood
503 Cannon House Office Building
Washington, DC 20515

Dear Ms. De Antonio:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Nashville, Tennessee, scheduled for October 26 to 28, 2026, sponsored by Federation of American Hospitals. We remind you that, because the trip sponsor employs a federal lobbyist, you may participate in officially-connected activity on one calendar day only.

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than $525 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Michael Guest
Chairman

Mark DeSaulnier
Ranking Member

MG/MD:amr

#9 ADDENDUM

To accommodate travel to and from a rural hospital, the program is scheduled to begin at 8:00 AM CT and continue into the evening (approximately 8:00 PM CT). The location of the rural hospital outside of Nashville, combined with the duration of the program, makes same-day travel to or from Washington, DC, infeasible. Accordingly, the itinerary includes two nights of lodging to allow participants to arrive before the program begins and depart after its conclusion.

#15(b) ADDENDUM

1) Total cost for October 27 is $270, including breakfast (valued at $30) included in hotel rate, lunch ($45), dinner ($165). Breakfast (valued at $30) is offered to those leaving October 28 as part of the room rate.

2) Nashville is known as "Health Care City" as it is a growing hub for health care companies and is home to many FAH member headquarters and member facilities. Nashville is convenient for visiting FAH member facilities in both rural and urban areas, which is a key element to this trip.

2026 Nashville Invitee List
House of Representatives Staff

Reason for invite: *This select group of congressional staff were chosen to participate in this delegation trip sponsored by the Federation of American Hospitals due to their involvement and critical role in shaping federal health care policy. These individuals serve on committees of jurisdiction, hold key positions within congressional leadership, or manage key aspects of health care policy portfolios. Their involvement ensures a deeper understanding of the challenges and opportunities for multiple patient populations, living in different geographies, and for the hospitals and health systems that care for them. This selection of potential attendees will foster stronger relationships among the attendees themselves, as well as with hospital leaders, enhancing the legislative process to support informed decision-making on critical healthcare issues.*

**Individuals marked with an asterisk have confirmed their attendance as of September 22.*

House

- ***Davis Michols,** *Deputy Chief of Staff, Rep. Morgan Griffith*
- ***Isabel deAntonio,** *Legislative Assistant, Rep. Darin LaHood*
- ***Bridget Visconti,** *Senior Legislative Assistant, Rep. Rudy Yakym*
- ***Kendall Smith,** *Legislative Assistant, Rep. Lizzie Fletcher*
- **Liz Beltran,** *Legislative Assistant, Rep. Troy Carter*
- **Jonathan Kupperman,** *Professional Staff Member, Energy & Commerce Committee*
- **Clare Dentner,** *Legislative Director, Rep. Brian Fitzpatrick*
- **Matt Tucker,** *Deputy Chief of Staff, Rep. John Joyce*
- **Matt Hittle,** *Professional Staff Member, Committee on Ways & Means*
- **Madison Hughes,** *Legislative Director, Rep. Steven Horsford*
- **Elizabeth Tapia,** *Legislative Director, Rep. Raul Ruiz*
- **Amy Zhou,** *Senior Policy Adviser, Rep. Kim Schrier*
- **Julia Brunner,** *Legislative Assistant, Rep. Brad Schneider*
- **Laila Goharioon,** *Health Policy Adviser, Rep. Katherine Clark*
- **Ari Kirsh,** *Health Policy Adviser, Committee on Ways & Means*
- **Ross Johnston,** *Legislative Director, Rep. David Kustoff*
- **Eric Hoffman,** *Legislative Counsel, Rep. Mike Thompson*
- **Julia Grabo,** *Senior Policy Adviser, Rep. Suzan DelBene*
- **Sequoia Ragland,** *Senior Policy Adviser, Rep. Terri Sewell*
- **Alex Fink,** *Deputy Chief/Legislative Director, Rep. Ryan Mackenzie*

- **Anna Dodge,** *Senior Adviser Health Policy, Rep. Lauren Underwood*
- **Hannah King,** *Legislative Director, Rep. Greg Murphy*
- **Richie LaMura,** *Legislative Director, Rep. Aaron Bean*
- **Andrew Mansell,** *Legislative Assistant, Rep. Blake Moore*
- **Matthew McCulloch,** *Senior Policy Adviser, Rep. Kat Cammack*
- **Addison Porter,** *Legislative Director, Rep. Carol Miller*
- **Ryan Dalbec,** *Senior Policy Adviser, Rep. Mike Carey*
- **Meg Maykoski,** *Senior Legislative Assistant, Rep. Kevin Hern*
- **Austin Welter,** *Legislative Director, Rep. Craig Goldman*
- **Elizabeth Young,** *Deputy Chief of Staff, Rep. Ron Estes*

FAH Congressional Staff Delegation Trip
October 26-28

Monday, October 26

- **5:05 pm ET:** Depart DCA for BNA airport on Southwest
- **6:00 PM CT:** Arrive BNA
- **6:30PM CT:** Shuttle to hotel (~30 minutes to downtown)
- **7:00 PM CT:** Check into hotel

Tuesday, October 27

- **8:00 AM:** Breakfast at hotel

- **8:30 AM – 9:45 AM**: Transportation to Sumner Regional Medical Center (Lifepoint)

- **10:00 AM – 11:00 AM: Site Visit #1 – Sumner Regional Medical Center (Lifepoint Health)**
    - Attendees will tour the facility to hear directly from administrators, physicians, and nurses about providing critical care in a rural area outside of Nashville serving a socio-economically diverse population and the federal policies that impact providing care.

- **11:20 AM:** Depart for second site visit in Nashville (~1 hour drive)

- **12:30 PM – 2:30PM: Site Visit #2 – Working lunch at HCA Healthcare**
    - Attendees will have a working lunch at the headquarters of HCA Healthcare in downtown Nashville. HCA will be discussing their use of a disciplined, portfolio-based artificial intelligence (AI) strategy across its nearly 200 hospitals to reduce administrative burdens, improve patient safety, and streamline clinical workflows. Attendees will engage in three different interactive AI demos along with Q+A, and will also have the opportunity to visit HCA's Enterprise Emergency Operations Center (EEOC) to learn how hospitals prepare to respond in serious emergencies and natural disasters.

- **2:30 PM:** Depart for third facility (20 minutes)

- **3:00 PM – 4:00 PM: Site Visit #3 – Vanderbilt Stallworth Rehabilitation Hospital (Encompass Health)**
    - Attendees will tour an inpatient rehabilitation facility (IRF) and hear from physicians, nurses, and others about the specifics of providing care in a post-acute setting, including the challenges many patients face in receiving a

timely discharge to the most appropriate post-acute care setting. Attendees will be able to visit a rehabilitation gym and see how patients use innovative technologies as part of a tailored rehabilitation program.

- **4:00 PM:** Depart hospital for transportation to hotel (20 minutes)

4:30 – 6:00 PM: Break for attendees at hotel

- **6:20 PM:** Depart hotel for dinner (10 minutes)

- **6:30 PM – 8:30 PM: Networking dinner and conversation with health care industry stakeholders, Friends in Low Places Bar & Honky Tonk**
  - Attendees will debrief from the day at an educational and networking dinner. FAH staff, member representatives, and industry stakeholders from Nashville's diverse and growing health care community will be able to discuss pressing policy issues and how lawmakers and regulators can continue partnering with providers to support patient care in communities across the country.

- **8:30 PM:** Return to hotel

Wednesday, October 28

- **7:30 AM:** Transportation to airport
- **9:55 AM CT:** Depart BNA for DCA on Southwest
  - *Some attendees may choose a different return flight upon request*
- **12:58 PM ET:** Arrive DCA

# # #