

AMERICAN ACADEMY™
OF OPHTHALMOLOGY



ADVOCACY IN ACTION

Washington
Mid-Year Report
2017

A MESSAGE FROM GOVERNMENTAL AFFAIRS

‘Navigating the Shifting Health Care Landscape’

Dear Colleague:

Advocacy is as much about opportunity as it is the urgency of an issue. We are seeing both qualities today as we navigate a shifting health care landscape.

At the center of this shift is a new president and a new Congress. It's more important than ever to correctly read the tea leaves in Washington, D.C., and act when opportunities arise.

For example, federal regulations continue to sap time and energy from ophthalmologists nationwide. Securing changes to these requirements can enable us to refocus on what truly matters: our patients' health. The new regulatory environment represents an opportunity to do that.

There also continues to be a great deal of urgency behind our work. We've never seen such a dangerous, widespread assault on patient safety as what optometry is attempting in 19 states. It's also a critical time to protect access to quality eye care on behalf of our aging population.

The issues we are prioritizing this year reflect these opportunities and this urgency. Our work includes the following:

- Securing regulatory relief for physicians;
- Protecting patient safety in the states;
- Streamlining Medicare's Quality Payment Program;
- Preserving access to appropriately priced drug treatments;
- Maintaining a solid base for federal vision research; and
- Helping repeal the Independent Payment Advisory Board.

We are fortunate to have such a motivated and informed community of U.S. ophthalmologists to drive our engagement. We saw this energy during Congressional Advocacy Day in April, when your colleagues held direct meetings with more than 90 congressional lawmakers and their staffs, a 20 percent increase over last year.

We need that momentum to continue so key decision makers can hear loud and clear why it's important to preserve safe, quality patient care.

We look forward to your help as we continue this work throughout the remainder of 2017.

Sincerely,
Daniel J. Briceland, MD
Senior Secretary for Advocacy

George A. Williams, MD
Secretary for Federal Affairs

Kurt F. Heitman, MD
Secretary for State Affairs



Diana Shiba, MD, left, with fellow ophthalmologist Jesse L. Berry, MD, explains our profession's issues to Rep. Judy Chu, D-Calif.

REGULATORY RELIEF FOR PHYSICIANS

ISSUE

Federal regulations burden physicians with complex and meaningless administrative requirements. These regulations don't help our patients. They draw our focus away from the care of those who rely on us. The Academy wants changes to existing policies to drive meaningful physician-quality evaluations. We advocate for changes that can create better outcomes, processes and physician-patient interactions.

We also want to halt the current use of flawed cost-measurement policies that Medicare phasing out in its new programs. For instance, cost is zeroed out as a measure in the Merit-Based Incentive Payment Program's first year, in response to the Academy's objections. However, it is still used to evaluate physicians in their 2016 value-based modifier performance. The Academy believes that if a measure isn't appropriate for a physician in the future, it's also not appropriate for today.

WHAT THE ACADEMY IS DOING

We're capitalizing on a renewed interest in reducing federal regulations in Washington, D.C. One of President Trump's first acts in office was to issue an executive order requesting the repeal of two regulations for each new one. This signals a shift in the federal landscape unlike any we've seen over the past decade. This allows ample opportunity to pursue changes that benefit physicians and our patients.

Our regulatory-relief initiative can be viewed in two phases:

1. Immediate penalty relief for 2018 and
2. Changes to simplify Medicare's new physician payment system.

Continuing, harsh penalties could compel ophthalmologists to forgo seeing new Medicare patients. We cannot let this happen, especially as our pool of seniors in need of eye care grows. The forthcoming Quality Payment Program provides some relief, but not until 2019.

For example, ophthalmologists immediately face significant penalties from current quality programs. CMS will use their 2016 performance to enact penalties in 2018. These penalties could total as much as 10 percent of physicians' Medicare revenue. We want Congress to halt these penalties, which are tied to the Physician Quality Reporting System, the value-based modifier and meaningful use.

Meanwhile, we're pursuing regulatory and legislative changes that can help ensure that the Quality Payment Program is easy to participate in and does not put ophthalmologist at a disadvantage.



Rep. Kyrsten Sinema, D-Ariz., addresses the Academy's Leadership Development Program. She would later sign a bipartisan letter to U.S. Health and Human Services Secretary Tom Price, MD. It asked him to use his office's statutory powers to protect the physician-patient relationship by easing regulatory and administrative burdens.

REGULATORY RELIEF FOR PHYSICIANS

Leaning on the experiences of ophthalmologists

Hundreds within the Academy's community of U.S. ophthalmologists helped shape our regulatory-relief campaign. Your stories of how existing regulations have interfered with physician-patient relationships help us show the real consequences to care that federal regulators could never have anticipated. We have already shared specific examples provided by Academy members with leaders in Congress and the U.S. Department of Health and Human Services.

Leading a coalition that spans specialty medicine

We get by with a little help from our friends. That's why we secured the support of oncology, otolaryngology, dermatology, rheumatology, urology and others in this initiative. Our coalition is united in the belief that the current programs don't treat specialists fairly.

Directly engaging with U.S. Health and Human Services Secretary Tom Price, MD

We have the ear of one of the nation's most powerful physicians. In March, we met directly with HHS Secretary Tom Price, MD, and his senior staff, giving us rare facetime with the people making this country's major health care decisions. Secretary Price has vast regulatory powers to limit penalties associated with quality programs; we want him to use them.

Enlisting congressional champions to quality patient care

Congress is working for ophthalmology and other physicians by urging immediate action by Secretary Price. Led by Rep. Phil Roe, MD, R-Tenn., members of Congress sent a letter requesting that he direct the Centers for Medicare & Medicaid Services to limit penalties associated with the value-based modifier, meaningful use program and the Physician Quality Reporting System. Hundreds of Academy members reached out to their lawmakers to help secure the support of their member of the U.S. House of Representatives.

NEXT STEPS

We continue the conversation with federal leaders. We press forward showing the true ramifications of regulations on our patients. There is no more valuable a resource than real stories of patient care.



Cathy G. Cohen, the Academy's vice president for governmental affairs, meets with Department of Health and Human Services Secretary Tom Price, MD, to discuss regulatory relief for ophthalmologists.

PROTECTING PATIENT SAFETY IN THE STATES

ISSUE

Optometry is undertaking an unprecedented assault on patient safety across the U.S. More than one-third of the nation is under attack as optometrists seek to legislate their way to broader surgical privileges. Each state is different. In some, the focus is on laser surgery. In others, injections and scalpel. Some states are forced to consider intentionally vague proposals that do not define or limit the breadth of optometry's desired expansion.

WHAT THE ACADEMY IS DOING

The Academy works closely in conjunction with state ophthalmic societies to advance the following key messages:

- **Patient safety first.** When it comes to eye surgery, every patient deserves the best and safest care possible from qualified medical doctors who are trained surgeons.
- **There is a difference between ophthalmologists — medically trained physicians and surgeons with specialized training**

in eye care and diseases of the eye —and optometrists.

Optometrists are not medical doctors. Ophthalmologists spend eight years or more honing their surgical and medical skills — four years of medical school, a one-year hospital internship and three years of surgical residency — completing thousands of cases under the supervision of a surgeon before they can practice independently. Optometrists, meanwhile, want to add surgical privileges by taking a weekend course that lacks hands-on training.

- **Patients want their surgeries performed by medically trained surgeons.** In patient-safety battleground North Carolina, 91 percent of those surveyed believe that patients deserve the best and safest surgical care possible from qualified medical doctors and surgeons — ophthalmologists.

The tactics we used were varied yet effective. In Maryland, ophthalmologists used a vision-screening event in Annapolis to

convey to legislators that it is dangerous to let optometrists perform scalpel and laser eye surgery. In North Carolina and Florida, we waged an aggressive campaign in the media to win public support for our side.

NEXT STEPS

We continue to proactively identify scope-expansion threats and work to educate lawmakers and patients of the dangers. We are identifying compelling patient stories to show the human side of optometric surgical mismanagement. And we continue to gather peer-reviewed evidence that reinforces the critical role of trained surgeons in surgery.

We also continue to urge Academy members to maintain a well-fortified Surgical Scope Fund. The Surgical Scope Fund is ophthalmology's best tool in the fight to keep surgery in properly trained hands. States heavily rely on the Surgical Scope Fund to provide financial and staff support for optometric scope-expansion battles.



James A. Bryan III, MD (right), of Chapel Hill, N.C., meets with State Sen. W. Brent Jackson to urge him to vote no against an optometric scope-expansion proposal.

MEDICARE'S QUALITY PAYMENT PROGRAM

ISSUE

Medicare is in the first year of its new physician payment system. The Quality Payment Program is a value-based system that replaces the sustainable growth rate, which the Academy fought for years before winning its repeal in 2015. However, the Quality Payment Program relies too heavily on existing, flawed quality-measurement policies. It unfairly penalizes ophthalmologist and other specialists with overly complex, difficult-to-meet benchmarks.

WHAT THE ACADEMY IS DOING

We are diligently working to ensure that this and future years are smooth for ophthalmologists. For nearly a year, we've worked to educate ophthalmologists and their practice managers on the program and how to succeed. We're working with the Centers for Medicare & Medicaid Services to communicate what changes must be made for it to work for ophthalmologists and our patients.

We helped secure flexibility in the program's first year. CMS responded to our advocacy by enacting its "Pick Your Pace" program. This enables ophthalmologists to determine your level of activity in the program. It's based on whether you hope to avoid penalties, earn a small bonus or go for a full bonus in the initial 12 months of reporting.

We also gained an important accommodation from CMS that will help ophthalmologists successfully report in the advancing care information category. The agency confirmed to the Academy that ophthalmologists don't have to submit things that specialists rarely provide: transition-of-care or referral summaries. CMS will instead allow specialists to send summaries of care to patients' primary care provider. This is especially important for EHR vendors. They told us they needed official CMS confirmation on this issue before building this functionality into their products.

We've provided CMS with feedback on its proposed cost-measurement policy, known as episode groups. This particularly affects cataract surgery.

We also continue to better position subspecialists in cost evaluations. We capped a two-year effort this year by securing the use of new taxonomy codes for glaucoma, oculoplastics, retina and uveitis. These codes allow subspecialist ophthalmologists to be voluntarily measured against their peers in their area of expertise.

NEXT STEPS

Our goal is to ensure CMS extends the program's first-year flexibility to protect physicians from some of the program's more onerous requirements. When CMS releases its proposed changes for the program's second year, the Academy will communicate problems we see to the agency.

The Academy is also working with lawmakers in Congress to identify where legislation can help achieve the goals of this effort.

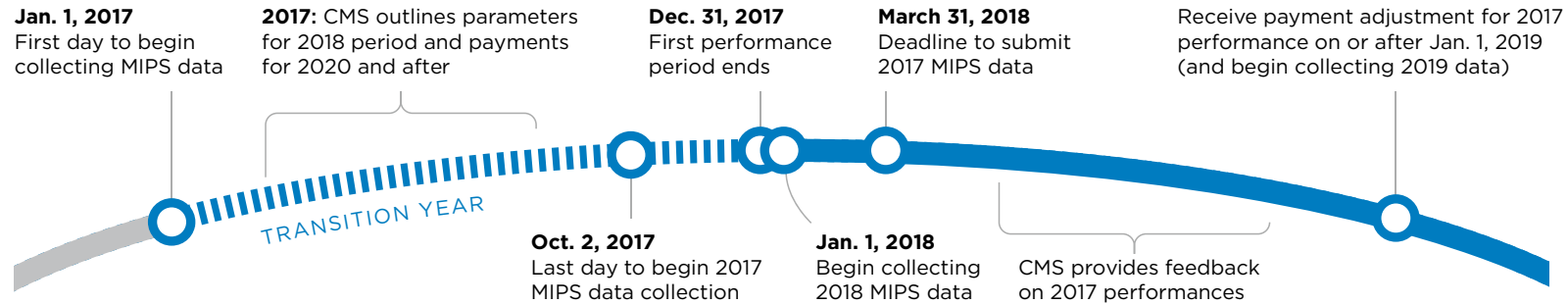


Hamzah S. Khalaf, MD, explains how Medicare affects ophthalmologists and our patients to Rep. Gene Green, D-Texas, a member of the U.S. House of Representatives Committee on Energy and Commerce. Rep. Green's responsibilities include oversight of the Medicare program.

MEDICARE'S QUALITY PAYMENT PROGRAM



KEY DATES



MIPS submission options for 2017 transition year:



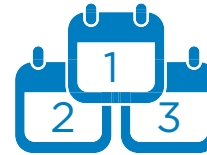
Submit nothing

Receive the full 4 percent negative adjustment.



Submit something

Avoid a negative payment adjustment for submitting partial 2017 data, such as complete data for one quality measure or one improvement activity.



Submit at least 90 days of data

Earn at least a neutral, if not a positive, adjustment for submitting three months of data and meeting requirements for any one of three categories (quality, improvement activities, and advancing care information).



Submit a full year of data

Earn a positive adjustment of up to 4 percent—and potentially an additional positive adjustment depending on performance—for submitting a full year's data in all three categories.

Source: Centers for Medicare & Medicaid Services' final rule for implementing Quality Payment Program under the Medicare Access and CHIP Reauthorization Act of 2015
By Janie Boschma, POLITICO Pro DataPoint

In an effort to encourage as much participation as possible in the first year, CMS lets clinicians “pick their pace” and choose how much 2017 data to submit through MIPS.

Clinicians can avoid a penalty by submitting a minimum amount of data and earn a neutral or positive adjustment by submitting at least three months of data. CMS plans to extend the transition period into at least part of 2018 “to provide a ramp-up of the program and of the performance thresholds.”

ACCESS TO COMPOUNDED, REPACKAGED AND LOW-VOLUME TREATMENTS

ISSUE

Access to sight-saving treatments remains paramount to ophthalmology's patients. The Food and Drug Administration in January released new draft guidance on repackaged biologics. It proposes a pathway for outsourcing facilities to set longer beyond-use dates, which should preserve access for our profession. However, while larger facilities would most likely be able to meet stringent, proposed testing requirements, smaller compounders could find these requirements difficult to meet.

WHAT THE ACADEMY IS DOING

Based on conversations with outsourcing facilities and other stakeholders, the Academy endorsed the FDA's plan for expanding biologic beyond-use dates. We are urging the FDA to adopt this revised proposal, which we've impacted through years of education and advocacy to agency leaders.

NEXT STEPS

While we support the FDA's proposed pathway to longer beyond-use dates, we still want clarifications on access. We'll continue to support the needs of compounding facilities because they are an important partner as we deliver best-quality care to our patients.

The Academy is urging the Food and Drug Administration to adopt the agency's proposed pathway to expanded beyond-use dates for compounded biologics. This would help preserve access to treatment options like Avastin. The FDA would allow expanded beyond-use dates by putting the onus on the facilities that provide these drugs to perform necessary quality testing. The proposal is an improved, nuanced approach to the critical access issue.



Charles C. Barr, MD, center, and Woodford S. Van Meter, MD, right, speak with Sen. Rand Paul, MD, R-Ky., a fellow ophthalmologist, and member of the Committee on Health, Education Labor & Pensions. The committee oversees the Food and Drug Administration, whose policies shape our profession's access to the compounded, repackaged and low-volume drugs on which our patients rely.

KEEPING DRUGS AFFORDABLE AND ACCESSIBLE FOR OPHTHALMOLOGY'S PATIENTS

ISSUE

Drug prices are part of a delicate balancing act. The Academy supports efforts to prevent sudden price spikes, but we are also aware that some proposals can threaten access to sight-saving treatments.

Generic-drug price spikes

Several of the drugs ophthalmologists use are on federal shortage lists. Several drugs spiked in price by more than 1,000 percent, seemingly overnight. This severely disrupted care, with some patients delaying or opting out of treatment because of costs. Since many ophthalmic drugs lack multiple manufacturers, the Academy wants to see greater competition in the market as an initial step to drive down costs.

Payment reform for drugs administered in-office

The president and Congress continue to oppose rising drug prices. Part B drugs, which physicians administer in-office, are among the most expensive. Independent advisors to Congress on Medicare issues have floated

several solutions. However, these proposals are problematic because they could create access issue. Previous efforts by the federal government to test new Part B drug-reimbursement models inadvertently threatened to remove ophthalmologists' ability to secure necessary treatments, especially for retina ailments.

WHAT THE ACADEMY IS DOING

We are one of Washington, D.C.'s leading physician voices in the fight to preserve fair prices for prescription drugs. The Senate Committee on Aging relies on the Academy for our expertise on the issue, and continually repeats our message of the need to preserve access to affordable medications.

We compelled the Center for Medicare & Medicaid Services to scrap its proposed Medicare Part B drug demonstration. The agency wanted to investigate how alternative payment strategies would affect providers' prescribing patterns. However, the demonstration could have adversely

effected those with complex conditions, such as age-related macular degeneration. Our advocacy helped generate significant, bipartisan congressional opposition, which led CMS to abandon the proposal.

NEXT STEPS

We'll continue to work with federal stakeholders to develop solutions to this important issue. The Academy supports efforts in Congress to drive down generic drug prices by injecting more competition into the market. Two new proposals introduced over the past few months in the U.S. House of Representatives and the Senate seek to expedite the review process for generic drug applications when a drug shortage occurs or only one manufacturer exists.

We're also working with Congress and CMS to reform Part B Medicare drug pricing. We believe that this will provide a long-term solution to ophthalmology's access issues.

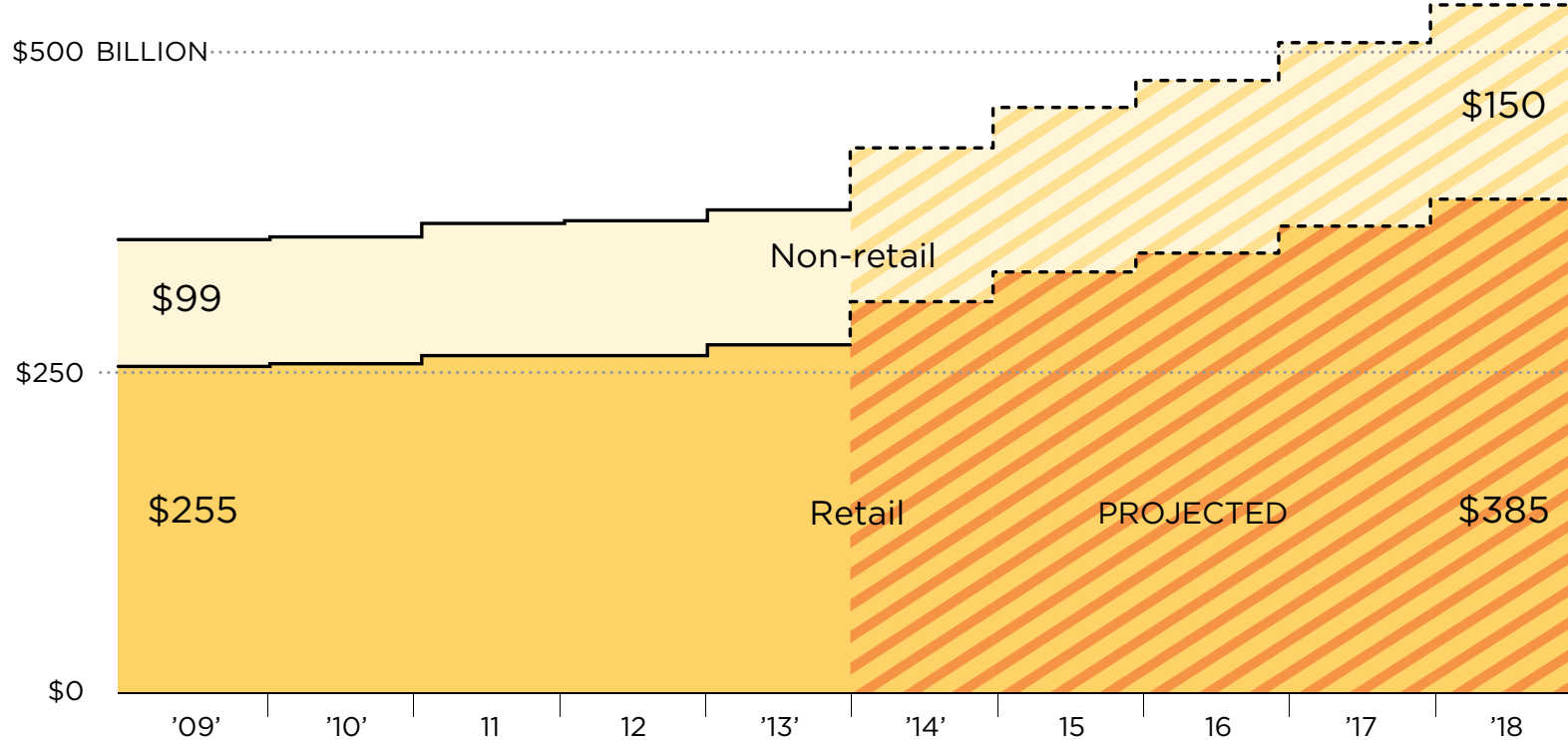


Rep. John Rutherford, R-Fla. (left), meets with ophthalmologists David Cano, MD, and Mark Michels, MD, during Congressional Advocacy Day 2017. Rep. Rutherford's state is significantly impacted by sudden drug price spikes.

KEEPING DRUGS AFFORDABLE AND ACCESSIBLE FOR OPHTHALMOLOGY'S PATIENTS



Total spent annually on non-retail and retail prescription drugs since 2009



A total of \$535 billion is projected to be spent in 2018, a 42 percent increase since 2013.

Sources: Centers for Medicare & Medicaid Services, Medicare Payment Advisory Commission
By Janie Boschma and Todd Lindeman, POLITICO Pro DataPoint

The increase of prescription drug spending in the United States partly stems from inflation. Other significant factors have emerged in recent years, according to the Department of Health and Human Services, including population increase, prescriptions per person, costly prescription drugs and rising drug prices.

FEDERAL VISION RESEARCH

ISSUE

Federal research programs are among the most fruitful in identifying and cultivating innovative treatments for vision ailments. We support vision-research programs at the National Institutes of Health and the Department of Defense.

WHAT THE ACADEMY IS DOING

Months of unyielding Academy advocacy helped compel Congress to adopt a federal spending bill that significantly increase funding for federal vision-research programs. Congress' vote to increase funding took place just a few days after hundreds of U.S. ophthalmologists personally lobbied their federal lawmakers on this issue.

Congress' appropriations bill funds the National Eye Institute at \$732.6 million, an increase of \$16.7 million. Additionally, it funds the Department of Defense Vision Research Program at \$15 million. This is a \$5 million increase over the last appropriations cycle.

The NIH also benefited from the Academy's support of the recently passed 21st Century Cures Act. That law increased the NIH's discretionary funding to enable new research into innovative treatments for cancer and brain-related ailments. It also increased funds for the Food and Drug Administration.

NEXT STEPS

We're already looking ahead towards the next appropriations cycle. We're carefully evaluating the Trump administration's priorities to identify programs we must promote or protect. By partnering with the other members of the National Alliance for Eye and Vision Research, we'll have a strong voice in our fight for continued, sustained funding. We'll continue to reinforce to Congress the importance of these programs, which affect patients nationwide. We'll also work to ensure that vision health becomes a greater public health priority.

We're also working to stop President Trump's proposed restructuring of the NIH in budget "clusters." If this occurs, the NEI would share funding with other brain-related institutes and centers that it would be grouped with.



After meeting with his ophthalmologist constituents, including Hardeep Dhindsa, MD (right), Sen. Dean Heller, R-Nev. (left), shown with his lead health care staffer, pledged to help protect federal funding for vision research by the National Institutes of Health and U.S. Department of Defense.

REPEAL THE INDEPENDENT PAYMENT ADVISORY BOARD

ISSUE

The Independent Payment Advisory Board is a component of the Affordable Care Act that has generated bipartisan opposition because of its ability to independently advance across-the-board Medicare spending cuts. IPAB is activated when the Centers for Medicare & Medicaid Services determines that Medicare's growth rate exceeds the agency's target. This year might be the first in which that occurs.

The Academy long-believed that the board's authority, including the ability to enact arbitrary cuts to physicians and other providers, would harm efforts to preserve access to patient care.

WHAT THE ACADEMY IS DOING

Democrats and Republicans have both soured on IPAB's authority after sustained efforts by the Academy and other stakeholders in medicine. We've shown them how the arbitrary nature of potential cuts could hurt patients. The Academy supported a congressional appropriations bill that eliminated funding for the Independent Payment Advisory Board. Its defunding leaves all Medicare fee decisions in the hands of the Trump administration.

NEXT STEPS

The Academy continues to push for a full IPAB repeal. This issue continues to have strong bipartisan support. Sen. Ron Wyden, D-Ore., recently became the most prominent member of his party to seek its repeal. Sen. John Cornyn, R-Texas, is also pushing forward with his own legislation. In the U.S. House of Representatives, Rep. Phil Roe, MD, R-Tenn., is generating bipartisan support for a similar proposal.



Rep. Frank Pallone, D-N.J. (left), with his lead health care staffer, meets with ophthalmologists from his state, including Donald J. Cinotti, MD (right). In May, Rep. Pallone voted to support legislation that eliminated funding for the Independent Payment Advisory Board.

CONGRESSIONAL ADVOCACY DAY 2017

Making Politics Personal in Washington, D.C.

Hundreds of the Academy's community of U.S. ophthalmologists brought our profession's issues directly to Washington, D.C.'s lawmakers, during our annual Congressional Advocacy Day. This year, we engaged Congress in person on behalf of millions of patients across the United States who require medical and surgical eye care.

During a record number of meetings with their respective members of the U.S. Senate and House of Representatives, ophthalmologists asked federal lawmakers to ensure patients' access to quality care by addressing the several key issues:

- Rising pharmaceutical drug prices;
- Increased funding for National Institute of Health and National Eye Institute;
- More federal dollars for the Department of Defense's vision research program;
- Timely access to compounded and repackaged drugs; and
- Relief for physicians from onerous Medicare quality reporting requirements.



Massachusetts ophthalmologists Jean E. Ramsey, MD, MPH, left, and John T.H. Mandeville, MD, PhD, huddle before a meeting with Sen. Elizabeth Warren, D-Mass.



Academy Senior Secretary for Advocacy Daniel J. Briceland, MD, right, talks about leadership on behalf of ophthalmology's patients during a event with Rep. Kyrsten Sinema, D-Ariz.



Amalia M. Miranda, MD, right, urges a staffer representing Rep. Markwayne Mullin, R-Okla., to consider the Academy's issues.

2017 VISIONARY AWARD WINNERS

Recognizing Our Allies in Federal Office

This year, the Academy honored nine members of Congress for their efforts to preserve access to quality medical eye care. The Academy's 2017 Visionary Awards recipients are Sen. Susan Collins, R-Maine; Sen. Chuck Grassley, R-Iowa; Sen. Claire McCaskill, D-Mo.; Sen. Chuck Schumer, D-N.Y.; Rep. Diane DeGette, D-Colo.; Rep. John Lewis, D-Ga.; Rep. Doris Matsui, D-Calif.; Rep. Peter Roskam, R-Ill.; and Rep. Kyrsten Sinema, D-Ariz.

Each played a pivotal role in advancing policies that are important to our patients, which include:

- Preserving timely, cost-appropriate access to sight-saving treatments;
- Ensuring well-intentioned federal programs do not inadvertently interfere with patient care;
- Maintaining access to quality medical eye care for all U.S. communities through fair physician reimbursements; and
- Improving policies governing the use of electronic health records for Medicare patients.



Sen. Susan Collins, R-Maine



Rep. Diane DeGette, D-Colo.



Sen. Chuck Grassley, R-Iowa



Rep. John Lewis, D-Ga.



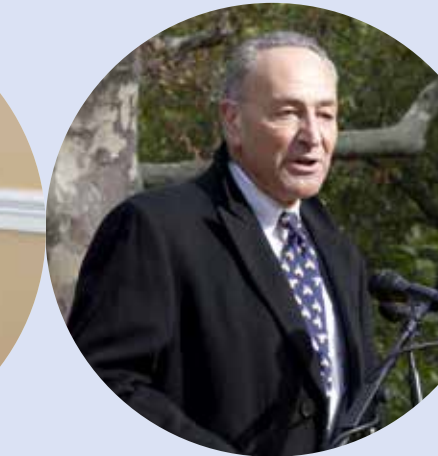
Rep. Doris Matsui, D-Calif.



Sen. Claire McCaskill, D-Mo.



Rep. Peter Roskam, R-Ill.



Sen. Chuck Schumer, D-N.Y.



Rep. Kyrsten Sinema, D-Ariz.

SUPPORTING OPHTHALMOLOGY'S FUTURE LEADERS

ADVOCACY AMBASSADOR PROGRAM

Sustaining our profession's success means investing in the next generation of ophthalmology's leaders. A record 170 members-in-training participated in the Academy's Mid-Year Forum 2017 through the Advocacy Ambassador Program. Now in its 13th year, the program was launched by the Academy's Secretariat for State Affairs to help young physicians learn firsthand the importance of membership and staying engaged.

The participation of these residents and young ophthalmologists was made possible by state ophthalmology societies, subspecialty/specialized interest societies and training programs.

THE ROBERT A. COPELAND JR., MD, ADVOCACY EDUCATION FUND

The Academy established the Robert A. Copeland Jr., MD, Advocacy Education Fund to cover the annual expenses for one resident to attend the Academy's Mid-Year Forum in Washington, D.C. We're now halfway to our goal of a self-sustaining endowment. Make a tax-deductible donation to keep our momentum going and pave the way for a new generation of leaders. You'll also honor one of the Academy's great advocates for our patients and profession. Before his sudden death last year, Dr. Copeland devoted a great amount of energy to engaging students, residents and others in the Academy's community of U.S. ophthalmologists in our lobbying efforts in our nation's capital.



A staffer representing Rep. Mike Lee, R-Utah, speaks with Academy advocacy ambassadors (left to right) Ashlie Bernhisel, MD; Julia M. Byrd, MD; and Richard "Reese" Feist, Jr., MD.

The late Robert A. Copeland, Jr., MD, left, shown at Mid-Year Forum 2015 with Advocacy Ambassador Nikisha Q. Richards, MD, and Michael Summerfield, MD, residency program director of the MedStar Georgetown University/MedStar Washington Hospital Center Ophthalmology Residency Program.

OPHTHPAC

Invest in Our Profession's PAC to Strengthen Necessary Congressional Relationships

A strong profession requires a strong political action committee. The Academy's OPHTHPAC® fund gives ophthalmology a voice on Capitol Hill that helps preserve our profession's ability to provide quality care. Year after year, investments by ophthalmologists like you have given our profession the necessary relationships to drive change in the federal government. It gives us the resources needed to establish and sustain important relationships in Congress. When a legislative fight emerges, OPHTHPAC helps ensure we have allies on our side in Washington, D.C.

Invest in OPHTHPAC to build and sustain necessary relationships in Congress at aao.org/opthtpac.

The return on investment of ophthalmology's PAC is strong. A strong PAC allows you to focus your time and energy on patient care. By strengthening OPHTHPAC, you're providing the Academy with the means to:

- LOBBY on your behalf to the U.S. House of Representatives and Senate;
- CONNECT with important committee members with oversight over health care policies;
- BUILD new relationships when newly elected leaders arrive in Washington, D.C.; and
- SUSTAIN existing relationships as our friends in Congress advance in their careers to more prominent positions.



One of the OPHTHPAC fund's goals is to elect more physicians to the U.S. Congress. OPHTHPAC's endorsement helped Rep. Roger Marshall, MD, R-Kan. (center), an obstetrician, flanked by Academy members William P. "Bill" Clifford, MD (left) and Paul D. Weishaar, MD (right), win his election, increasing the number of physicians in the 115th Congress to 13.



Former Academy President Ruth D. Williams, MD, left, presents an OPHTHPAC contribution to Rep. Peter Roskam, R-III.

OPHTHPAC

Invest in Our Profession's PAC to Strengthen Necessary Congressional Relationships

\$2 million goal

A 36 percent increase enables our involvement in more key races

2015 - 2016 Cycle at a Glance

\$1,465,381 raised in member contributions

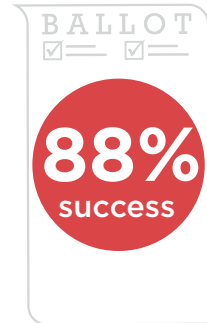
3,635 Academy members invested in OPHTHPAC

862 Donor Recognition Program participants

300+ members of Congress fighting on behalf of our profession

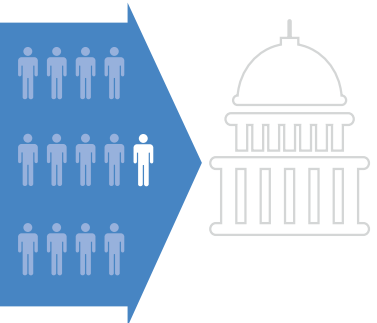
20% participation goal

To put us on equal footing with other physician-led PACs

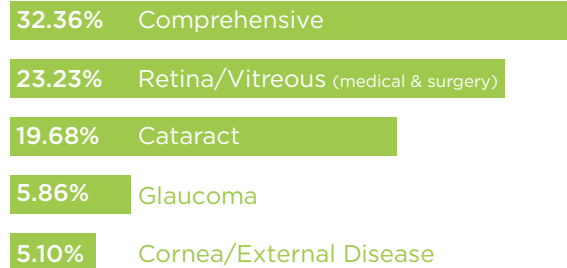


WON
137 of **155**
congressional races

Helped get one new physician elected to the 115th Congress, giving us 13 total.



Giving by specialty (top 5)



Federal victories

- ✓ Helped reduce glaucoma and retina fee cuts
- ✓ Derailed the onerous global surgery data collection proposal
- ✓ Halted CMS' misguided Medicare Part B Drug Demonstration
- ✓ Repealed the Sustainable Growth Rate (SGR)
- ✓ Secured greater flexibility and reduced future penalties under MIPS
- ✓ Secured blanket EHR MU hardship exception

2017 OPHTHPAC FOCUS

- Reduce regulatory burdens
- Preserve access to compounded drugs
- Fight cuts to Medicare
- Increase vision research funding
- Get more physicians elected to Congress



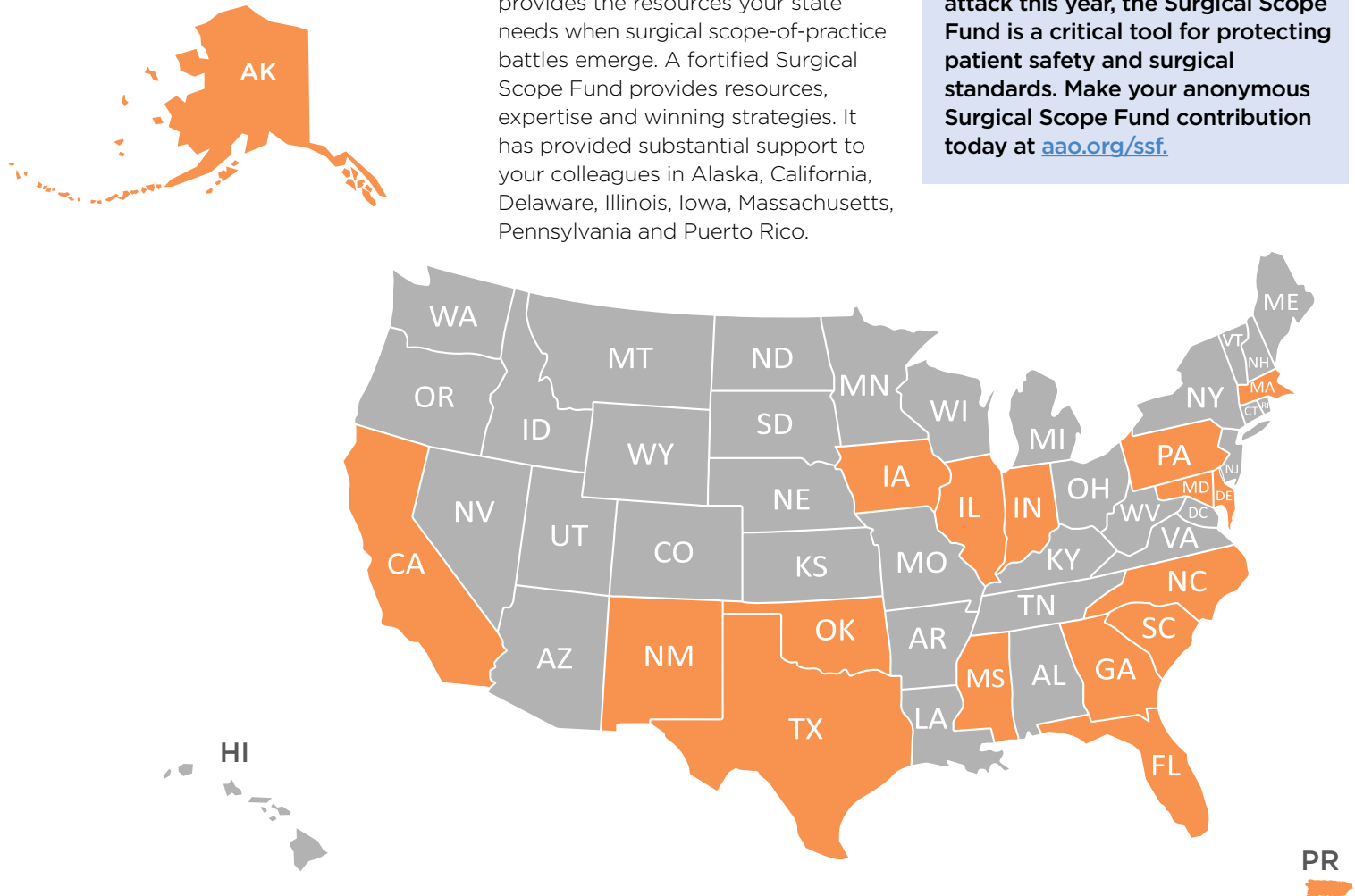
Disbursements over the 2015-16 cycle were made in direct contributions to federal candidates, leadership PACs, national political party committees and independent expenditures. OPHTHPAC is a bipartisan PAC, supporting those that support issues important to ophthalmology.

SURGICAL SCOPE FUND

Contribute to Ophthalmology's Best Tool for Protecting Patient Safety

The Academy's Surgical Scope Fund provides the resources your state needs when surgical scope-of-practice battles emerge. A fortified Surgical Scope Fund provides resources, expertise and winning strategies. It has provided substantial support to your colleagues in Alaska, California, Delaware, Illinois, Iowa, Massachusetts, Pennsylvania and Puerto Rico.

With upwards of 19 states under attack this year, the Surgical Scope Fund is a critical tool for protecting patient safety and surgical standards. Make your anonymous Surgical Scope Fund contribution today at aao.org/ssf.



Maryland ophthalmologists use a March vision-screening event for state lawmakers in Annapolis to advocate for surgery performed exclusively by surgeons. Later in the year, Maryland refuses to adopt dangerous legislation that would have authorized scalpel and laser surgery, after just 50 hours of training, to optometrists.

Map on left: This year, 19 states, shown in orange, face patient-safety threats by optometrists seeking to inappropriately expand their scope.

ACTIVE ADVOCACY

No Matter Where You Are, Make An Impact For Your Patients Today

The Academy's impact on behalf of our patients extends from Washington, D.C., into your community. Get up to speed on the important issues we're emphasizing this year with the Academy's broad array of resources.

Start by visiting aao.org/local to strengthen your efforts at home and in your practice. Our resources can guide you in organizing a site visit for your state or federal lawmaker. We'll give you the tips and tactics you need to make a lasting impression during a local event attended by your member of Congress.

Use the following Academy resources to stay informed:

- The Academy's weekly Washington Report Express e-newsletter;
- AAO.org and its continuously evolving advocacy section; and
- The Academy's social media channels — Facebook and Twitter — where you can engage with your peers on advocacy issues.

Take your involvement to the next level by taking the following steps:

- Become a Congressional Advocate;
- Invest in OPHTHPAC® to help amplify our federal voice;
- Contribute to the Surgical Scope Fund to ensure that surgery is performed by medical surgeons in every state; and
- Make plans to attend the Academy's Mid-Year Forum 2018.

Save the Date — Be a Part of the Academy's Mid-Year Forum 2018 in Washington, D.C.

The Academy's next Mid-Year Forum takes place April 18-21, 2018, in Washington, D.C. This event includes Congressional Advocacy Day, and represents an unparalleled opportunity to engage in advocacy, and connect the dots between politics, policy and practice management.



Academy President Cynthia A. Bradford, MD, recently traveled to North Carolina in support of our national battle to preserve surgery by surgeons.



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