



COUNCIL SUBSPECIALTY/SPECIALIZED INTEREST SECTION MEETING
MINUTES
Sunday, October 28, 2018
Hilton Chicago Hotel
Chicago, IL

I. Welcome/Introductions and Review of Agenda

Council Chair and Section Leader Sarwat Salim, MD convened the Council Subspecialty/Specialized Interest Section meeting, introduced the Deputy Section leader and American Society of Retina Specialists Councilor Judy Kim MD, welcomed the attendees* and reviewed the agenda. The minutes from the Spring 2018 Council section meeting were approved as distributed.

II. Crystal Ball Reflections – The November Mid-Term Elections

Jeff S. Maltzman, MD, Academy Associate Secretary for Federal Affairs and OPHTHPAC Committee Chair, provided an overview of the Academy's analysis of the upcoming mid-term elections. He noted that there are currently only 13 physician Members of Congress – only 2.5% – with ten in the House and thirteen in the Senate. With healthcare expenditures representing 1/6th of our GDP and healthcare-related decisions having a profound impact on every American, it becomes very clear that having physician colleagues in Congress is critical.

Dr. Maltzman enumerated the ways that physician Members of Congress have helped to advance ophthalmology's agenda. They have supported us in derailing a targeted "misvalued code" cut in Medicare Extenders Package; helped to reduce regulatory burdens with PQRS and value-based payment modifier penalties and; secured meaningful use hardship exemptions. They have also helped us scale back 2016 Medicare retina and glaucoma cuts. Dr. Maltzman highlighted specific physician Members of Congress and how they have assisted the Academy and ophthalmology noting that physician members of both parties have been instrumental in helping us achieve numerous wins.

Dr. Maltzman reviewed seven physician candidates running for office, several of whom OPHTHPAC is supporting. He also encouraged any ophthalmologist who is interested in a future run to contact staff in the Academy's D.C. office. He outlined key points about the outcome of the mid-term elections and what it means for the 116th Congress including the fact that 15-25% of the House will be new; there will be House leadership battles in both parties; internal challenges will be faced by both parties and; there will be major turnover in committee leadership. Dr. Maltzman outlined some potential actions that a Democratic-led House might take on such as aggressive oversight of the Trump Administration; tackling health care issues such as high drug prices and blocking deregulation efforts of the Affordable Care Act. Dr. Maltzman's predicted that Republicans will hold the Senate and Democrats will take control of the House. Most importantly, there will be over 100 new Members of Congress and many new relationships to build. The Academy's Secretariat for Federal Affairs and OPHTHPAC Committee will focus on building relationships and working hard on your behalf. Academy President-Elect George Williams, MD noted that there are three points for success in Washington D.C.: contacts, credibility and data (such as the IRIS Registry) and the Academy scores high on all three.

Councilor's Questions:

Q: How quickly can we reach out to new Members of Congress?

A: Dr. Maltzman responded "immediately, there is no time like the present". He also praised Dr.

Leo Seibold's presentation in the *Council of Advocates* session held prior to this section meeting. Dr. Seibold discussed how he took advantage of the August recess to invite his Member of Congress to his University practice. Dr. Maltzman encouraged others to follow this lead.

III. **Prior Authorization and Step Therapy – Where We Stand**

Academy President-Elect George A. Williams, MD discussed how prior authorization (PA) impedes patient access and how the Academy is addressing step therapy. Dr. Williams noted that more than 90% of PA requests are granted. We don't have a Final Rule but there was a recent CMS policy on step therapy in Medicare Advantage which includes off-label compounded drugs. There are many questions to be addressed including: what constitutes a trial, the issue of treatment failure and treatment duration. Step therapy is a potential 'game changer' and is especially burdensome for practices in the anti-VEGF space. A recent Office of the Inspector General (OIG) report on Medicare Advantage Plans raised concerns about service and payment denials. It referenced incentives to deny access to services and payments to increase profits. The report also found that 75% of denials were reversed, only 1% of denials were appealed and that MA plans were especially burdensome for beneficiaries with urgent health conditions.

The Academy is leading a coalition to address the concerns with CMS' change in policy regarding step therapy for Medicare Part B drugs by Medicare Advantage Plans. The coalition currently has 100 Congressional signatures. Dr. Williams reviewed the coalition's concerns:

- This represents a major policy change in treatment of Part B drugs that is not explained in the August 2018 Memo;
- This creates unequal access to Part B drugs for MA Plan beneficiaries compared to Original Medicare;
- This allows MA Plans to restrict access in a way that is not permitted under Part B;
- It rewards beneficiaries for a change in clinical treatment decision that could be harmful to the patient and;
- MA Plans have already implemented step therapy for 2019 with insufficient notice to patients.

Dr. Williams noted that CMS has not provided any rationale as to why it reversed its 2012 policy with regard to Part B drugs. He stated that the only discussion regarding the change of policy appears to be that "step therapy practices for Part B drugs will achieve the goal of lower drug prices". In addition, the August 2018 memo states that MA Plans need only comply with LCDs 'in some cases'. This diverges from the Medicare statute that requires that MA beneficiaries receive the same benefit as they would receive with Original Medicare leaving MA Plan enrollees at a disadvantage.

IV. **Academy and Subspecialty Society Joint Efforts**

Moderator: George A. Williams, MD

Dr. Williams moderated a discussion of collaborative efforts between the Academy and subspecialty/specialized interest societies.

a. Results of AAPOS Fly-In and Future Plans

Mary Louise Collins, MD, Councilor representing the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), detailed AAPOS' emergence into the advocacy arena. She noted that prior to the year 2000, AAPOS was not involved in the legislative arena. During that year, organized optometry pushed to legislate mandatory pre-K comprehensive eye exams which became the impetus for AAPOS' leadership to begin embracing the concept of pediatric ophthalmologists as advocates beginning in the years 2001-2004. Ultimately, AAPOS formed a legislative committee and has since been very

active in advocacy efforts to protect the profession and patients. Since then, AAPOS has held three Congressional Advocacy Days (CAD) - 2004, 2008 and 2018 - in collaboration with the Academy's Washington office and in conjunction with AAPOS annual meetings. The first, in 2004, was Dr. David Plager's Leadership Development Program (LDP) project and Dr. Collins, then a member of the Academy's Secretariat for State Affairs, was Dr. Plager's mentor. Together they created a "mini-CAD" for pediatric ophthalmologists to experience while in Washington D.C. for AAPOS' annual meeting. The intention for this pilot CAD wasn't as much about making an impact on the Hill as it was to expose ophthalmologists who may not have experienced this before and to "grow" advocates. The pilot was received very favorably by AAPOS' members who had not previously participated in lobby days. The 2004 AAPOS CAD resulted in 18 AAPOS members who represented 14 states attending 39 Congressional meetings, In 2008, 76 AAPOS members representing 34 states attended 113 meetings and in 2018, 80 AAPOS members representing 30 states attended 115 meetings. During the 2018 AAPOS CAD, all meetings were with constituents which are important to Congressional members. Thirty-seven of the AAPOS participants had no prior advocacy experience. There were 20 meetings with Members of Congress, 5 in the Senate and 15 in the House. This also has provided the opportunity to involve fellows or residents who aren't able to attend the Academy's April CAD.

Dr. Collins reviewed the respective challenges for the Academy and for AAPOS to collaborate on this effort. For the Academy, challenges include: the proximity of AAPOS' Spring meeting and the Academy's Mid-Year Forum can cause confusion to Congressional members; additional workload for Academy staff to identify issue unique to pediatric ophthalmology and the manpower to develop talking points. The challenges to AAPOS include: ensuring that AAPOS leadership and its annual meeting program planning committee are 'on the same page' as this requires communication to membership on registration as well as time on the program to dedicate to educating members on the issues; fitting this component into an already busy meeting with no down time and; space at the meeting to allow for distribution of CAD materials.

Dr. Collins relayed some of the benefits of AAPOS' collaboration with the Academy on AAPOS' CAD: the Academy handles all the Hill arrangements; there is cost sharing between AAPOS and AAO; unified messaging on the Hill and; reinforcement on important messaging including regulatory burden relief and NEI funding. She noted that the American Glaucoma Society has done a fly-in arranged by a firm at a much great expense.

b. Status of Academy's Measure Development Strategy

Academy Trustee-at-Large and AGS President Cynthia Mattox, MD discussed the Academy's collaboration with subspecialty societies on measure development. Between the months of June and September 2018, the Academy established workgroups that included subspecialty society representatives. All workgroups were chaired by Drs. Mattox and Bill Rich, MD and all included representation by the American Board of Ophthalmology (Jane Bailey, MD, David Herman, MD and George Bartley, MD). During this timeframe, the workgroups developed eight new measures as well as refined existing measures. Cataract is most vulnerable now as the measures are topped out. We've refined the cataract measures to make them more rigorous. We are trying to find areas where we can improve.

Dr. Mattox reviewed the make-up and outcomes of each of the workgroups:

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|----------------------------|---|
| 1. Cataract: | ASRCS members: Parag Parekh, MD and Frank Burns, MD.
AAO Member: David Glasser, MD |
| -Outcome: | Refined measure: Regaining vision after cataract surgery |
| 2. Cornea/External Disease | Cornea Society members: Christopher Rapuano, MD & David Glasser, MD |

- Outcome: Developed 3 new measures:
 - i. Endothelial Keratoplasty: Dislocation Requiring Surgical Intervention
 - ii. Endothelial Keratoplasty and Penetrating Keratoplasty: Failure Requiring Re-operation
 - iii. Bacterial Keratitis: Pain Reduction

- 3. Glaucoma: AGS members: Janet Serle, MD, Kourous **Nouri-Mahdavi, MD**, William Haynes, MD, Emily Jones, MD, Cheryl Khanna, MD
AAO Member: David Glasser, MD
- Outcome: Developed 2 new measures
 - i. Glaucoma: Intraocular Pressure Reduction Following Trabeculectomy or Aqueous Shunt Procedures
 - ii. Glaucoma: Visual Acuity Improvement Following Cataract Surgery Combined with a Trabeculectomy or an Aqueous Shunt Procedure

- 4. Neuro-Ophth: NANOS member: Valerie Biousse, MD
- Outcome: Improving the mapping for 3 existing QCDR measures

- 5. Oculoplastic: ASOPRS members: Kian Eftekhari, MD, Cesar Bresano, MD, Kimberly Cockerham, MD, Paul Phelps, MD
- Outcome: Developed new measure: Post-operative opioid management following oculoplastic surgery

- 6. Pediatric Ophth/: AAPOS members: Gil Binenbaum, MD, Stacey Pineles, MD
AAO member: Robert Wiggins, MD, MHA
- Outcome: Developed new measure: Adult Esotropia: Postoperative alignment of 12 prism diopters (PD) or less
Refined existing measure: Surgical Esotropia: Postoperative alignment

- 7. Retina ASRS members: John Thompson, MD, Timothy Murray, MD
Macula Society members: Robert Avery, MD, Michael Elman, MD
Retina Society members: Antonio Capone Jr., MD, Allen Ho, MD
AAO members: Mathew MacCumber, MD, PhD, George Williams, MD
- Outcome: Refined existing measures:
 - i. Exudative Age-Related Macular Degeneration - Loss of Visual Acuity
 - ii. Improved visual acuity after epiretinal membrane treatment
 - ii. Diabetic Macular Edema - Loss of Visual Acuity

- 8. Uveitis: AUS members: Douglas Jabs, MD, Steven Yeh, MD, Russell Van Gelder, MD, PhD
- Outcome: Developed new measure: Improvement of Macular Edema in patients with Uveitis

Dr. Mattox concluded by thanking all the subspecialty societies and their representatives who have participated in the measure development process. She stated that all measures have been presented to CMS and they were impressed. We won't know for a few months if they are accepted and societies will be kept apprised once the Academy learns.

Councilor Questions

Q. Are the measure workgroups continuing to work?

A. Dr. Mattox responded that there is still work to be done including mapping in the IRIS Registry. Groups are definitely ongoing and we also need people to start using the measures to get benchmarks.

Q. Is there any accountability for patient compliance (i.e. uveitis patients with expensive steroids)?

A. We would love to figure out a way to modify/assess for patient compliance. At this “baby step” measure development level, we are just looking for outliers.

Q. How will co-morbidities impact outcome measures?

A. We try to take into account co-morbidities but we can’t make too many exclusions. However, when we have appropriate documentation, it makes a lot of sense to stratify and/or exclude measures, etc.

Factors to Consider: Evaluating Safety & Effectiveness of Ophthalmic Digital Healthcare

Maria (Mia) A. Woodward, MD, member of the Academy’s Task Force on Telemedicine and a faculty member at the University of Michigan, summarized an FDA workshop on the safety and effectiveness of ophthalmic digital healthcare that was co-sponsored by the Academy, AAPOS, AAP, ASCRS and ASRS.

Dr. Woodward provided some context that led to the workshop. A National Academy of Medicine report highlighted some of the deficiencies/weaknesses in medicine including a finding that one-third of healthcare expenditures don’t actually improve health. Dr. Woodward also pointed to the fact that other industries do things more efficiently. The report also highlighted safety concerns within medicine. A lot of the report reflects the information overload that we currently have in medicine and the new knowledge that we must grasp in eye health. There are a lot of new market entrants into the healthcare space which is spawning innovation. Market entrants include big players such as Google and Apple. The speed at which technology is entering the market is also an issue. Security and effectiveness are also issues. Will software work in the real world from both the provider’s and the patient’s perspective?

At the end of 2016, due to enactment of the 21st Century Cures Act, it was determined that the FDA needed to improve the speed at which technology could be approved. It was also necessary for the FDA to expand the definition of both hardware and software technology for digital health. For software, that means both software *as a* medical device and software *in a* medical device. The FDA is first considering the *purpose* of the software. Is the software intended to inform, provide directions or to treat/diagnose? And what is the risk to the patient if the software fails? If the risk is high, the FDA will regulate it more tightly. Software falls into two main types: decision aid software which is meant to assist the physician and; diagnostic which is independent of the physician (e.g. screenings, etc.).

During the FDA conference, there were many concerns voiced on the impact of technology innovation to the profession and how to prove something is safe and effective. We will be seeing patients in new care settings. How is the patient and the information going to be managed? Patients also need to understand the privacy that they will be potentially giving up. Concerns included safety, security (similar to issues we face with EHR systems) and effectiveness (will software work in the ‘real world’ and it is generalizable). There will be many different providers and they may potentially use the software differently. Similarly, there will be many different users – what does the patient understand? The 2015 National Academy of Medicine report on Diagnostic Error in Healthcare was very powerful. Issues included the health

status of patients; their understanding of their own health and concerns surrounding privacy. Data quality issues were also discussed at the FDA workshop. Will the software be able to kick out data such as images of poor quality? There are ways to do this well and other industries have been successful.

In summary, FDA's role will be to effectively adapt their scope to include health software. The technology is changing at a rapid pace but much is underdeveloped. Ophthalmology's role will be to understand the purpose of these new technologies and be able to ensure safety and effectiveness for our patients. Dr. Woodward concluded by thanking her teammates at University of Michigan and the Academy for the opportunity to present.

V. Roundtable

Drs. Salim and Kim moderated a roundtable discussion and asked each section Councilor to discuss his/her societies' key priorities/issues of concern and if there was potential for any Council Advisory Recommendations (CARs) to be introduced.

Don Budenz, MD – AUPO

-No issues at this time.

Paul Greenberg, MD – AVAO

-No issues at this time.

Bennie Jeng, MD – CLAO

-We have had a name change to the Eye and Contact Lens Association (ECLA) and continue to have education as our primary focus. We don't usually engage in advocacy efforts but do weigh in on issues as necessary.

-We are still battling an FTC contact lens rule. We participated in a workshop in March 2018 during which this issue was discussed. Patients are required to get a contact lens prescription after an exam. If the office doesn't validate the prescription within eight hours, the prescription is assumed valid. There are several issues surrounding this passive approval process.

Bill Trattler, MD – Cornea Society

-No issues at this time.

Barry Lee, MD – EBAA

-We have no big issues right now. We are pleased that CMS reaffirmed our pass-through allowance for corneal tissue which will ensure supply of donor tissue. Insurance is obligated to take care of the charge for patients.

-Our next issue requiring attention is that the FDA is considering a potential change to our storage media for corneal transplants. We are seeing an uptick in fungal infections. The more we do partial thickness corneal transplants, the greater risk for fungal elements to be trapped in the cornea tissue. We are looking at supplementing our media with anti-fungal agents.

Sharon Solomon, MD – Macula Society

-Macula Society joins ASRS and the Retina Society in continued advocacy efforts around regulatory and reimbursement issues especially around Avastin and repackaging. A joint letter was submitted to CMS on behalf of 3 societies in respect to competitive acquisition program. At our Macula Society executive committee meeting earlier this week, I raised an issue experienced in Maryland – this may not be a Macula Society issue but I'm interested in hearing from other retina specialists. We are seeing patients who need to have retinal surgery and are being denied access in hospital settings and were pushed to the ASC. That is challenging for academic institutions. Mary Louise Collins, MD noted that is also happening in pediatrics in Maryland. Academy President-Elect George Williams, MD noted that the Academy has heard about this before. Payment differential between hospitals and ASCs is driving this and we will

see this increase in the commercial space. He stated that CMS recognizes the disparity and has been discussing it. We need to start accumulating patient examples of care denied or harmed. Dr. Williams encouraged that these patient examples be sent to him.

Chasidy Singleton, MD – NMA – Ophthalmology Section

- Our mission is to find ways to eliminate disparities in care to underserved communities.
- We had a great annual meeting with Dr. Parke as presenter on Ethics and Innovation. New innovations can create disparities due to unequal access with costs making it prohibitive for some.
- The joint AAO/AUPO Minority Ophthalmology Mentoring (MOM) Program is a successful endeavor. However, the effort to impact workforce diversity will take years. We can all work on ways to increase access to care by underserved communities.
- Our symposia is tomorrow and will focus on how telemedicine can improve access to care for underserved populations.
- We are appreciate of PAAO's CAR on the Council audit as we are an impacted organization. We are working on the Council audit numbers and appreciate the way in which the data was requested. We very much want to continue to be a voting member of this Council.
- Dr. Salim recognized Dr. Singleton and the NMA-Ophthalmology Section for receiving the Academy's Special Recognition Award during the Opening Session of AAO 2018.

Anat Galor, MD – OMIG

- One of our issues is access to medications because of compounding pharmacies and we continue to monitor this situation and try to educate and come up with rationale guidelines when asked.

Zelia Correa, MD, PhD – PAAO

- We are a multi-national society so issues are slightly different.
- Currently investing in e-learning efforts and looking into webinars so we can provide resources to underserved countries who don't have access to big meetings and speakers.
- We are also investing in YOs and looking into how minorities and women can rise up in the field of ophthalmology.
- PAAO also wants to ensure that it retains its seat on the Council following any decisions regarding changes to the Council's audit procedures.
- Planning is underway for our May 25-29, 2019 Congress in Cancun. Everyone is invited! If you have interest in being part of the scientific program, talk with Dr. Correa.

Rachel Lieberman, MD – SMO

- Continuing deployments in Afghanistan and Iraq. We are supporting medical teams in many areas of the globe and appreciate the excellent training we receive here at AAO 2018.
- Held our ocular trauma symposia this morning at AAO 2018 and later in the meeting will be our symposium with the VA and the Department of Defense. Please consider the military members in your state as they can speak on ocular trauma at your meetings.

Regina Pappas, MD – WIO

- Our organization continues to grow.
- WIO is pleased about the Academy's new 'baby in arms' policy for the Academy's annual meeting as well as its new sexual harassment policy.

Greg Lueder, MD – AAP, Section on Ophthalmology

- Enjoyed the presentation by Leo Seibold, MD in this morning's *Council of Advocates* session on reaching out to invite legislators to your practice and/or University to witness the work of ophthalmologists firsthand. Shows that a little effort can have a big impact.

-With 66,600+ members at AAP, we can exert influence on legislative efforts. Ophthalmologist David Granet, MD was appointed to a federal affairs committee for AAP. He is the first surgeon on that committee and the first ophthalmologist to serve in this capacity.
-At the end of 2017, the AAP moved into a new building in Itasca, Illinois. We had our section meeting there. The lactation room there was the model for the AAO's lactation room at AAO 2018.

Mary Louise Collins, MD – AAPOS

-We are working on numerous legislative issues including the federal designation of convergence insufficiency as a visual impairment that was discussed at the 2018 CAR hearing this past Spring. The Academy is responding to this CAR. Staff from the Academy's D.C. office will be meeting to discuss this issue with the U.S. Department of Education to talk about the impact of this ruling. We look forward to followup from the Academy on that.
-Another arising issue is a proposed requirement by the National Federation for the Blind (NFB). They are proposing that all children designated as visually impaired be required to learn Braille. AAPOS feels that this is a poor use of resources. AAPOS is following their state-by-state legislative attempt to get this passed. Missouri almost lost this fight last year. All should be aware of this. AAPOS is planning a meeting with the President of the NFB to discuss this issue.
-An AAPOS success story is the work of its Interorganizational Relations Committee which reaches out to collaborate with other organizations – medical and non-medical – on issues of mutual interest. For example, we have a powerful relationship with the American Association of School Nurses. Other subspecialty societies are encouraged to follow this model of partnerships with outside organizations.

George Harocopos, MD – AAOOP

-We have experienced steady membership increases since 2011.
-We held our third Subspecialty Day yesterday which was well-attended.
-Our journal, which started in 2015, is doing well.
-We are co-sponsoring a course on ocular pathology with the International Society of Ocular Oncology. Every sixth year, this course is held in the U.S. It will be held March 22-26, 2019 in the Los Angeles, CA. It provides a good educational opportunity for residents in training who don't have an eye pathology as part of their training.
-AAOOP is also concerned about the Council audit and wants to ensure that it retains its important voice. By nature of our society, we will never meet that 85% requirement.

Ed Raab, MD and Paul Edwards, MD - ACS- Advisory Council for Ophthalmic Surgery

-We are in support of AAPOS' CAR on convergence insufficiency as a disability.
-We are focused on both state and federal level advocacy. We liaison with other medical specialties including the Academy.
-We held a Leadership and Advocacy summit in May 2018. This included visits to Capitol Hill.
-Quality payment resource center – online system for surgeons so they can find out about changes to MIPS, payment models, etc.
-We are advocating for a physician-led payment system.
-We have a new ACS Opioid Task Force and have sent letters to governmental agencies on this issue (House Ways and Means as well as the FDA). This includes both patient and provider education.
-Our *Stop the Bleed* campaign focuses on educating emergency personnel on how to save a life and prevent someone from bleeding out.
-We had a successful Clinical Congress, Oct. 21-25, 2018, in Boston. The ophthalmology council presented a successful panel session, *Ocular and Orbital Trauma: What to Do Until the Ophthalmologist Arrives*.

Carla Siegfried, MD – AGS

-We have been really busy working on quality measures and addressing drug shortages.

- Also continue to work on reimbursement issues with LCDs for MIGs procedures and response to step therapy.
- AGS Cares, formally launched at AGS' 2018 annual meeting, is our public service program dedicated to providing surgical glaucoma care to uninsured patients at no cost to those who qualify through a national network of volunteer glaucoma specialists. There are currently 90 members participating in this program and we've provided funding for 18 incisional surgeries who don't have appropriate insurance coverage.
- We have selected our second AGS leadership development program class. Our first class has now finished and have also been working with the Academy's Health Policy Committee.
- We are collaborating with the Academy on the new journal, *Ophthalmology Glaucoma*.

Donald Morris, DO – AOCO

- The College is doing well. We have approved 71 travel grants for medical missions for our resident members. Our clinical assembly continues to do well and we received joint accreditation where we can offer MD and DO credits.
- We expect that 5 osteopathic ophthalmology residencies will close by 2020 and that there will be 15-30 fewer ophthalmologists graduating per year. The Academy needs to think about this for the future.
- A second issue we want to raise: the brightness of halogen headlights. Should the Academy take a national stance to regulate this? It seems to be more of an issue as the population ages.

Bryan S Lee, MD JD – ASCRS

- We don't have any major issues. We have a good working relationship with the Academy and appreciate the collaboration of cataract measures.

Kathleen Duerksen, MD – ASOPRS

- ASOPRS' 50th anniversary will be in conjunction with AAO 2019 in San Francisco. We have over 800 members and are doing well financially.
- With Medicare Advantage plans, the prior authorization issue is not as bad for us since most our procedures are not urgent. Our more pressing issue has been denials after the fact.
- We polled our membership for top ten ICD codes – over 50% were achieved.

Baker Hubbard, MD – ASRS

- We are doing well with over 3,000 members.
- Our main issues of concern include prior authorization and step therapy.

Emily Chew, MD – ARVO

- We have common ground with the Academy. We partnered on a webinar for residents and would like to do more and also continue the conversation with the Academy and the EBAA on CAR 17-07, *Facilitation of Human Eye Donation for Research* to address the deficit in available tissue.
- Held an ARVO advocacy day.
- Plans are underway for the April 28-May 2, 2019 ARVO annual meeting in Vancouver.

Judy Kim, MD – Deputy Section Leader / Councilor, ASRS

- Impressed with the Academy's receptivity regarding lactation rooms at AAO 2018 and the new 'baby carrying' policy.
- ASRS has again contributed \$75,000 to the Surgical Scope Fund. Societies can and should also give to the SSF.

VI. Adjournment

Dr. Salim thanked the section meeting attendees and adjourned the meeting at 3:04pm CT.

***Attendees**

Councilors and Alternate Councilors:

Sarwat Salim, MD	Council Vice Chair
Judy E. Kim, MD	Deputy Section Leader and Councilor, American Society of Retina Specialists (ASRS)
Donald L. Budenz, MD, MPH	Councilor, Association of University Professors of Ophthalmology (AUPO)
Andrew S. Budning, MD	Alternate Councilor, Canadian Ophthalmological Society
Emily Y. Chew, MD	Councilor, Association for Research in Vision and Ophthalmology (ARVO)
Mary Louise Collins, MD	Councilor, American Association for Pediatric Ophthalmology & Strabismus (AAPOS)
Zelia M. Correa, MD, PhD	Councilor, Pan-American Association of Ophthalmology (PAAO)
Kathleen M. Duerksen, MD	Councilor, American Society of Ophthalmic Plastic & Reconstructive Surgery (ASOPRS)
Paul A. Edwards, MD	Councilor, American College of Surgeons, Advisory Council for Ophthalmic Surgery
G. Baker Hubbard, MD	Councilor, ASRS
William Barry Lee, MD	Councilor, Eye Bank Association of America
Rachel Lieberman, MD	Councilor, Society of Military Ophthalmologists (SMO)
Anat Galor, MD	Councilor, Ocular Microbiology & Immunology Group (OMIG)
Paul B. Greenberg, MD	Councilor, Association of Veterans Affairs Ophthalmologists
George J. Harocopos, MD	Councilor, American Association of Ophthalmic Oncologists and Pathologists (AAOOP)
Bennie H. Jeng, MD	Councilor, Contact Lens Association of Ophthalmologists (CLAO)
Bryan S. Lee, MD, JD	Councilor, ASCRS
Gregg T. Lueder, MD	Councilor, American Academy of Pediatrics (AAP), Section on Ophthalmology
Donald A. Morris, DO	Councilor, American Osteopathic College of Ophthalmology (AOCO)
Regine S. Pappas, MD	Councilor, Women in Ophthalmology (WIO)
Edward L. Raab, MD	Councilor, American College of Surgeons (ACS) – Advisory Council for Ophthalmic Surgery
Carla J. Siegfried, MD	Councilor, American Glaucoma Society (AGS)
Chasidy D. Singleton, MD	Councilor, National Medical Association – Ophthalmology Section
Sharon D. Soloman, MD	Councilor, Macula Society
Prem S. Subramanian, MD, PhD	Councilor, North American Neuro-Ophthalmology Society (NANOS)
William B. Trattler, MD	Councilor, Cornea Society

Guests:

Feyi Grace Adepoju, MD	LDP XXI, Class of 2019 (African Ophthalmology Council)
Ninita H. Brown, MD	LDP XXI, Class of 2019 (NMA – Ophthalmology Section)
Daniel J. Briceland, MD	AAO Senior Secretary for Advocacy / Speaker
Jeremiah Brown, MD	LDP XXI, Class of 2019 (OMIC)
Kimberly D. Davis, MD, MBA	LDP XX, Class of 2018 (ACS – Advisory Council for Ophthalmic Surgery)
Eniolami O. Dosunmu MD	LDP XXI, Class of 2019 (AAP – Section on Ophthalmology)
Benjeil Z Edghill MD	President, NMA – Ophthalmology Section
Alan E. Kimura, MD, MPH	CSEPS Immediate Past President / LDP XIV, Class of 2012
Laura J. King, MD	Past Councilor (WIO)
Wayne I. Larrison MD	CSEP President-Elect
Scott A. Larson, MD	LDP XXI, Class of 2019 (AAPOS)
Mathew MacCumber, MD, PhD	AAO Immediate Past Council Chair
Jeff S. Maltzman, MD	AAO Associate Secretary for Federal Affairs / OPHTHPAC Committee Chair / Speaker
Cynthia Mattox, MD	AAO Trustee-at-Large / Speaker

Iris M. Rush, CAE	ARVO Executive Director
Dianna L. Seldomridge, MD, MBA	AAO Secretary for Communications
Maria A. Woodward, MD, MS	AAO Member, Committee for Research, Regulatory & External Scientific Relations

Staff

Cathy Cohen	AAO staff
Gail Schmidt	AAO staff