



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

2018 Advocacy Mid-Year Report



Welcome to the 2018 Advocacy Mid-Year Report

Dear Colleague:

The Academy is working hard in Washington, D.C., and in state capitals nationwide to make an impact on behalf of our patients and profession.

Our impact can be felt in the work we perform together. We're proud to highlight these efforts for you in our 2018 Advocacy Mid-Year Report.

Our impact is on display when we visit members of Congress in Washington, D.C., or in their home districts. You see it every time our profession provides expertise and shares the patient perspective on why policies improve or hinder quality care. Our advocacy prevents this perspective from getting lost in the shuffle of well-intentioned laws and regulations.

Our impact is unmistakable when we, as the Academy, collectively tell federal lawmakers what they need to hear from medically trained eye health professionals. Together, we're making an impact.

ABOUT THE 2018 ADVOCACY MID-YEAR REPORT

Every day, practicing ophthalmologists make it their duty to advocate for laws and policies that help us protect sight and empower lives. This report documents the efforts of hundreds of our member physicians to speak out on behalf of the profession.

For each of the following topics, we're providing brief video updates on the issues we're focused on right now. Please take a minute to watch. It only takes 60 seconds to understand why these issues matter so much:

- Leading The Fight For Affordable, Accessible Drugs
- Ensuring Patient Safety Is Part Of Contacts Lens Prescribing
- Ending Prior Authorization Abuses That Delay Important Care
- Speaking On Behalf Of Federal Researchers And Their Groundbreaking Work





- Taking on Third-Party Payers on Our Patients' Behalf
- Protecting Access To The Compounded Treatments We Need
- Standing Up For Groundbreaking Teleophthalmology Programs
- Clearing the Way for Innovative Eye Care Through Technology

TAKE YOUR ADVOCACY ONE STEP FURTHER

Once you've become knowledgeable about ophthalmology's issues, you become one more powerful voice in our efforts. Here are several additional steps you can take today to aid in our profession's advocacy:

- Set up a meeting with your elected officials in your town. Congress' August recess is a great opportunity, but you can do it anytime they're back home. Invite them to your practice or ambulatory surgical center.

- Read the Academy's weekly Washington Report Express and visit AAO.org's advocacy pages. These are ophthalmology's best source of the news that matters to you most, with the context to understand why today's developments are so important to our profession.
- Plan to attend the Academy's Mid-Year Forum 2019, when ophthalmologists will advocate on Capitol Hill for our patients and profession.

Again, thank you for your passion and commitment to ophthalmology. Together, we're stronger, and our collective impact is tremendous.

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

David B. Glasser, MD
Secretary for Federal Affairs

Kurt F. Heitman, MD
Secretary for State Affairs

ENHANCE OUR FEDERAL ADVOCACY WITH AN OPHTHPAC INVESTMENT

aao.org/opthtpac

Effective advocacy in Washington, D.C. requires a seat at the table. In order for our message to rise above the noise, we need to fortify our OPHTHPAC fund. Contribute to OPHTHPAC, the Academy's federal political action committee, to give our profession access to the lawmakers who can amplify our voice. Your investment opens doors and cultivates relationships that pay dividends today and in years to come.

DEFEND HIGH SURGICAL STANDARDS IN EVERY STATE WITH A SURGICAL SCOPE FUND CONTRIBUTION

aao.org/ssf

Optometric surgical scope challenges are ramping up at an unprecedented pace. When patient safety is threatened, the Academy's Surgical Scope Fund is there to provide ophthalmology state societies with resources needed to protect high surgical standards. Your contribution helps implement a winning strategy in every state that asks for our help to preserve surgery by surgeons.

DRUG PRICES

Leading the Fight for Affordable, Accessible Treatments

ISSUE

U.S. ophthalmic drug costs have risen steadily in recent years. Some dramatic price spikes are disrupting patient care. When the costs for important treatments spiral out of control, our patients — especially those with limited financial means — cannot bear the burden.

The growing cost of drugs is forcing our patients to make important choices based on economic realities, rather than their health.

The Trump administration is now taking steps to address this issue. Its officials have indicated an interest in potential reforms to Part B drug payments to physicians. We'll need to be at the table for that conversation; our Part B treatments are among the nation's most expensive and of particular interest to policy makers. Some of the ideas floated around Washington, D.C., like bringing step therapy to Medicare, would be detrimental to our patients' care.

Our position is that our patients need relief from sudden cost spikes, but as physicians, we also need access to the treatments that are required day in and day out.

The Academy is also increasingly worried about nationwide drug shortages for ophthalmic drugs. Ophthalmology is presently weathering a nationwide fluorescein-strip shortage, with no region or demographic spared from the damage that a lack of access can cause. The Academy believes this is a crisis and must be a top federal priority.

ACADEMY ACTION

Drug prices is among the Academy's top advocacy issues; you can trace our interest in this issue back to 2014. With the Trump administration and Congress eyeing reforms, we're playing a particularly bold role in today's conversations. We've taken proactive steps to highlight drug shortages, access issues and market fluctuations. Our goal is to preserve physician and patient choice.

We're engaging directly with Trump administration officials. We're also aiming our lobbying efforts at Congress, where some action on drug prices may be legislated. In the coming months, we'll educate elected officials about our position to ensure their support if and when Congress decides to act on this issue.

In response to a Trump administration request for stakeholder feedback, we warned against payment policies that would drive prescribing but affect ophthalmology's ability to secure all the treatments our patients need.

We focus on choice, marketplace competition and physicians' participation in test programs use to determine a policy's effectiveness.

Photo: Daniel J. Briceland, MD, right, the Academy's senior secretary for advocacy, takes a moment to brief Rep. Erik Paulsen, R-Minn., on the Academy's advocacy slate.



CMS ANNOUNCES PLAN TO INTRODUCE DRUG STEP THERAPY IN MEDICARE ADVANTAGE

The Centers for Medicare & Medicaid Services recently issued new guidance allowing step therapy in Medicare Advantage, a legally questionable policy with a potentially dangerous effect in eye care.

Step therapy is a type of prior authorization for drug treatments. Treatment is required to begin with Medicare's most-preferred drug therapy, and physicians are allowed to select alternatives to Medicare's preferred drug only under defined circumstances.

Step therapy is already used by private payers, to questionable results. But to adopt such a policy for nearly a third of Medicare's patients is a major move that the Academy opposes. The Academy also questions the proposal's legality.

The Academy will investigate how CMS intends to implement such a policy and aggressively fight to ensure our patients can get the treatments they need.

Leading the Fight for Affordable, Accessible Treatments *continued*

CHOICE

It is paramount that physicians and patients are able to make decisions regarding what is best for their care. For example, our profession's Part B drugs could be targets for reform due to their expense, especially those used to treat neovascular age-related macular degeneration.

However, there is strong clinical consensus that individual patients may respond differently to the three drugs. Therefore, ophthalmologists need access to all available treatment options.

MARKETPLACE COMPETITION

The Academy calls for more competition in the drug marketplace, which would include accelerated drug review for sole-source drugs. We also support closing loopholes already identified by the Trump administration that allow drug makers to "game the regulatory process." These include barring gag clauses that prevent pharmacists from sharing drug-cost information with patients and physicians.

OPTIONAL TEST PROGRAMS

Should the Trump administration use demonstrations to test new policies, participation should be voluntary. These demonstrations should also be small in scale. That's especially important for ophthalmology, for which we seek to minimize unintended consequences on beneficiaries.

We're participating in a multi-stakeholder effort to get to the bottom of drug shortages. Even as we engage the Food and Drug Administration on this issue, we are also partnering with the American College of Emergency Physicians and the American Society of Anesthesiologists to urge federal policy makers to take this national health crisis seriously.

IMPACT

The Academy is known in Washington, D.C. as one of the most persistent and knowledgeable medical societies advocating for sensible reforms that will lower costs for prescription drugs in the United States. We are sought out by policy makers for our patient-centered perspective, as well as our up-to-date data of which drugs are suddenly experiencing price spikes.

Federal lawmakers and policy experts come to the Academy knowing that we have access to this information for ophthalmology. This is giving us a strong footing on which to stand as the Trump administration turns its interest in drug prices into actual policies.

Our reputation affords us access that others in medicine can't get. We've met directly with the White House Office of Management and Budget and top leaders at the U.S. Department of Health and Human Services. The intel we've gained during these meetings will help us ensure that our shared goal of reducing costs isn't achieved by limiting access to important treatments.



Sen. Rand Paul, R-Ky., left, Congress' only ophthalmologist, addresses the Academy's Kentucky delegation, including Woodford Van Meter, MD, center, and Julie Lee, MD, right, during a Congressional Advocacy Day 2018 meeting.

THE CONTACT LENS RULE

Safeguarding Our Patients Who Use Contact Lenses

ISSUE

The Contact Lens Rule is an example of the many roles the federal government plays in health care. On one hand, it's the Federal Trade Commission's job to ensure our economy supports new and emerging markets, including how products reach consumers. On the other hand, contact lenses are classified by the government as Class II medical devices. This means their safety and effectiveness are overseen by the Food and Drug Administration via approval and regulation.

Physicians, meanwhile, want our patients to have these devices to improve their lives through better sight. We also want our patients to use contact lenses safely.

"You're not buying a pair of glasses, you're not buying a pair of shoes — you're buying a medical device," said Thomas Steinemann, MD, the Academy's clinical lead on contact-lens safety issues. "Patients must work with an ophthalmologist to ensure proper care."

Because of the Contact Lens Rule, today's regulatory landscape facilitates patients' access to more options for where they fill their contact-lens prescriptions, making it easier and less expensive to receive these medical devices. But it also has increased what lens prescribers must do. This extends to significant administrative responsibilities, including the expectation that they respond quickly to prescription-verification requests.

In 2015, the FTC launched its first review of the Contact Lens Rule since it was established more than a decade ago. The commission proposed changes that would actually increase administrative burdens on prescribers. Specifically, the FTC would have prescribers collect signed prescription-acknowledgement forms from every patient. These forms would need to be stored for a period of three years.

These changes do nothing to address existing patient-safety issues that have emerged since the marketplace's expansion. One in particular, passive verification, results in patients with out-of-date prescriptions getting their lenses if their prescriber is unable to respond to a vendor request within a certain period of time.

The Academy is a vocal proponent for patient-safety considerations in contact-lens prescribing policy. We seek assurance that patient-safety concerns remain a core value as the marketplace — especially the online space — evolves.

The Academy's stance can be summed up in a key phrase: 'safety over sales.' Another way to express our position is that it makes zero sense to soften important regulations that help us protect sight.



Thomas Steinemann, MD, second from right, participates on a Federal Trade Commission panel discussing potential changes to the Contact Lens Rule.

Safeguarding Our Patients Who Use Contact Lenses *continued*

We also disagree with vendor suggestions that the FTC expand prescription expirations. We are adamant that any federal policy on contact lenses must align with our Refractive Errors & Refractive Surgery Preferred Practice Pattern® guideline. This includes recommendations of examining contact lens patients every 1-2 years.

ACADEMY ACTION

Since the changes were proposed, we have vigorously opposed these unnecessary forms and urged the commission to instead focus on enhancing patient safety aspects of the Contact Lens Rule.

In March, Dr. Steinemann represented the Academy at a Federal Trade Commission workshop that discussed changes to the Contact Lens Rule. We're urging the FTC to make patient safety its top priority in any final update to the rule.

"It's clear that changes to the contact lens rule are driven by economic interests and that it's important for ophthalmology to be in that room to give our side of the story to advocate on behalf of the health issues related to contact lens wear," Dr. Steinemann said.

To promote patient safety, the Academy has also called for improvements to the flawed passive-verification system. The Academy wants the eight-business-hour verification window expanded. We've called for this in previous comments, only to have the FTC ignore this request.

IMPACT

We're forcing federal policy makers to pay attention to very real patient-safety concerns in today's policies. Every time we submit comments or participate in an FTC workshop or meet with agency leaders, we help prescribers speak out against commercially driven interests. We'll continue to make evidence-based recommendations that protect patients' health, while maintaining the ease-of-access they deserve.

2019 Medicare Physician Fee Schedule

Every year, ophthalmologists wait anxiously to see what rates Medicare will pay them in the coming year for the care we provide. This year's proposed fee schedule was released in early July. It is a massive, complex document. It outlines the rates the Centers for Medicare & Medicaid Services would like to pay you in 2019. It also includes several significant policy changes, among them changes to next year's Quality Payment Program and Merit-Based Incentive Payment System.

WHAT WE KNOW SO FAR

- CMS is proposing to enact a single level of billing for physician-provided office visits, the impact of which the Academy is still investigating.
- There are a number of changes that will limit ophthalmologists' ability to secure the points needed to earn high-performer status in the Merit-Based Incentive Payment System's promoting interoperability category (formerly known as advancing care information); these would fast-track medicine's return to the meaningful-use dark ages by reversing progress that has successfully tied EHR use to clinical care.

- CMS accepted the values of only two of ophthalmology's eight codes as proposed by the AMA's RVS Update Committee. For the other codes, the agency recommended values below the RUC's recommendations. The codes under review are for foreign body removal, anterior segment or subconjunctival injections, pachymetry and electroretinography. The Academy is preparing our case to CMS on why it should adopt RUC values that we fought hard to secure.

OUR NEXT STEPS

The Academy is conducting a rigorous analysis of the policy. The Academy will respond to CMS during the public comment period and in doing so, will fight for our profession's ability to provide quality care. Because this is a proposal, a lot can change between now and when the policy is finalized around Nov. 1.

We intend to make a strong case for adopting solutions that support our profession's success and stop the adoption of bad policies that hinder ophthalmology in any way. Throughout the process we'll engage with CMS policymakers to ensure they see our perspective. We'll also keep Congress in the loop so that they know what's at stake if CMS errs in its final policy for 2019.

PRIOR AUTHORIZATION

Halting Abuses in Medicare Advantage

ISSUE

The Centers for Medicare & Medicaid Services estimates that by 2019, 40 percent of beneficiaries will be in Medicare Advantage plans rather than fee-for-service Medicare. These plans use prior-authorization as a tool to drive down health care costs. This has led to a significant increase in the number of services requiring prior authorization. Many are now related to sight-saving surgery, creating huge financial and time burdens on ophthalmology practices.

The Academy believes a lax federal regulatory environment is making these abuses possible. It's especially concerning when some of our patients are forced to delay medically necessary care.

"I've had two patients who had legitimate reasons for cataract surgery," said Woodford S. Van Meter, MD., of Lexington, Ky. "We listed them for surgery and went through the prior-authorization process. But prior authorization didn't materialize."

CMS could easily correct this practice by reminding these plans that they must cover all services covered under Part A and Part B of Medicare. Furthermore, the agency can and should remind the plans that prior-authorization requirements may not impose an inappropriate barrier to access.

ACADEMY ACTION

Prior-authorization abuse by Medicare Advantage plans is the latest target of the Academy's two-year push for regulatory relief for physicians and patients.

We're urging CMS to instruct its plans on when such a tool is appropriate. We're also suggesting administrative changes that will help streamline the process.

We're also taking this fight directly to the Medicare Advantage plans. In Florida, for example, the Academy partnered with the Florida Society of Ophthalmology to seek an end to prior-authorization abuses by Simply Healthcare, CarePlus and Prestige

Health Choice. All three are using prior authorization to delay medically necessary, monthly intravitreal injections. These treatments are critical for our patients with neovascular age-related macular degeneration. We reminded each plan that this practice is illegal.

IMPACT

We're also using every opportunity to engage with CMS' leaders to urge immediate action on this issue. To bolster this effort, we continue to grow an Academy-led coalition of physician organizations that has taken up our cause. We're mustering support for congressional action on this issue.

CMS continues to request information on prior-authorization abuse that can help its decision-making, which reassures us that this isn't an issue that is falling through the cracks.



Lisa Njim, MD, left, speaks with purpose to urge a staffer for Rep. Peter Roskam, R-Ill., to heed the Academy's advocacy on Medicare issues. Dr. Njim is joined by Cathy Cohen, center-left, the Academy's vice president for government affairs, and Ruth D. Williams, MD, center-right.

FEDERAL VISION RESEARCH

Funding Critical Innovation for Ophthalmology

ISSUE

Ophthalmology relies on federally supported research. While the private sector and universities can help promote some advances in our profession, it's the federal government's capacity for funding independent investigations that must be cultivated and shepherded through each year's federal budget cycle.

The U.S. Department of Defense's vision research program provides the only dedicated funding source for extramural vision research into deployment-related vision trauma. Since its inception, the program has provided researchers with \$64 million to investigate penetrating eye injuries, corneal healing, retinal/corneal protection, traumatic brain injury-related visual dysfunction, the eye blast phenomenon and vision rehabilitation.

Meanwhile, the National Institutes of Health, with its National Eye Institute, is the federal government's primary steward of vision-related research. But without adequate funding, the NEI may not be able to pursue its "Audacious Goal" of regenerating neurons and

neural connections in the eye and visual system within the next 10-12 years, thereby restoring vision and returning individuals to productive, independent and quality lives.

Whether it's for a new device or breakthroughs in treating eye trauma, it's up to the Academy to remind budgeters what's at stake for ophthalmology's patients.

"Federal vision research is crucial because it's the underpinning of so many advances we have in ophthalmology, whether it be OCT or whether it be a retinal prosthesis," said Michael X. Repka, MD, the Academy's medical director for government affairs. "The early-on research is often funded by federal research dollars."

ACADEMY ACTION

The Academy takes steps each year to back up our convictions that the research undertaken by the NIH and Department of Defense is an unparalleled driver of innovation. We annually navigate Congress' appropriations to ensure that there is enough money in the federal budget to continue this important work.

The Academy advocates strongly and convincingly on this issue alongside the National Alliance for Eye and Vision Research, of which we are a founding member. It was a key request for ophthalmologists participating in Congressional Advocacy Day 2018, an effort mirrored by the Blinded Veterans Association and NAEVR.

As the congressional FY 2019 appropriations process continues throughout the summer and fall, the Academy and our allies are requesting funding of at least \$39.3 billion for the NIH, with at least \$800 million for the NEI. These recommended funding levels will ensure a pattern of sustained and predictable increases. This money will also enable researchers to build upon past basic and clinical efforts to achieve the following:

- Accelerating the development of life-changing cures;
- Training the next generation of scientists;



Ophthalmologists Ben Pace, MD, left, and William M. Watkins, Jr., MD, right, urge Sen. Roger Wicker, R-Miss., center, to continue supporting federal vision research, along with ophthalmology's other issues.

- Driving the nation's economy by creating jobs and economic growth; and
- Maintaining U.S. leadership in global innovations.

IMPACT

The length to which the Academy has made this a key advocacy issue — along with our intimate understanding of the rhythms of the federal budgeting process — annually help ensure that our profession is well-spoken for during federal appropriations.

Recent increases gained through these efforts resulted in doubling the vision research program's budget at the Department of Defense since 2016. If the U.S. Senate adopts funding levels already passed in the House of Representatives, the U.S. Department of Defense will have \$20 million for its Vision Research Program for the upcoming fiscal year (or FY2019).

THIRD-PARTY PAYERS

Standing Up For Patients Against Bad Coverage Decisions

ISSUE

More and more, private insurance companies are floating policy changes that affect our ability to provide our patients with necessary care.

Most recently, Anthem Inc. indicated that it would no longer cover monitored anesthesia during cataract surgery. The Academy believes this is dangerous. For example, a surgeon performing cataract surgery cannot reasonably be expected to monitor anesthesia while performing delicate eye surgery. A sound policy takes into consideration all factors of a procedure, including intensity.

After the Academy challenged this policy, Anthem, Inc., informed us that, despite suggestions otherwise, guidance on monitored anesthesia during cataract surgery is not yet in effect. Still, the guidance was enough to generate widespread confusion and alarm among physicians and the news media. It reminded us as a profession that without vigilance, this and other policies could be enacted, putting our patients' health at risk.

Anthem has drawn our ire with other questionable policy changes. One in particular involved a 12-state reimbursement cut that was slated to begin in March for office visits bundled with same-day treatment.

ACADEMY ACTION

As a top issue for our profession, third-party policy decisions are drawing the attention of the Academy's health policy experts. In response, the Academy is representing ophthalmology in a broad, unified response across medicine.

We're fighting back with a surgical- and patient-centered perspective. It's important that these plans understand what really happens in the operating room and how their policies can make or break a successful surgery.

In response to Anthem's potentially dangerous policy guidance regarding monitored anesthesia during cataract surgery, the Academy mustered significant opposition from ophthalmology and anesthesiology, along with state and subspecialty

societies within ophthalmology. Our efforts resulted in Anthem posting a clarification on its website that the policy is not in effect.

Regarding its modifier -25 decision, Anthem responded to the Academy's opposition by reversing a planned 25-percent reduction to these appended E/M services. This would've reduced reimbursements for the visits associated with intravitreal injections.

We're also active in identifying new procedures and treatments that warrant coverage. Recently, we urged Humana to cover cornea crosslinking for its 13 million beneficiaries. This procedure helps patients affected by keratoconus and other corneal diseases. We provided copious amounts of peer-reviewed clinical data during our direct discussions with the plan's leaders.



Ophthalmologists from Connecticut huddle before meeting with Sen. Chris Murphy, Conn., during Congressional Advocacy Day 2018. Their state was among the 12 targeted by Anthem, Inc., for a 25 percent reduction to E/M services appended with modifier -25.

IMPACT

The Academy is finding success by engaging the health plans directly. Humana responded to our advocacy by telling us that it shares our assessment of the value of corneal crosslinking. Humana adjusted its Keratoconus-Surgical Treatments commercial medical coverage policy to meet our request.

We helped convince Anthem to drop its modifier -25 policy change.

The Academy supports ophthalmology on this issue through our vigilance. Our member ophthalmologists in the trenches can continue to support this effort by alerting us to worrisome developments, especially if payments are denied.

COMPOUNDING

Protecting Access to the Treatments Our Patients Need

ISSUE

Federal safeguards regulating compounded treatments are implemented with patient safety in mind. But recent changes to these policies are inadvertently preventing ophthalmologists from getting all the treatments our patients need, when we need them.

Current policy requires physicians to get office-use drugs from outsourcing facilities, which require costly validation/sterility studies on each drug a facility compounds. Because of these requirements, along with strict manufacturing standards, some of these facilities are reluctant to produce low-volume drugs.

“The way the Food and Drug Administration has implemented its policy has caused some real significant access issues which are important to ophthalmology, especially for emergency-use drugs like antibiotics for endophthalmitis or a bad infectious keratitis,” explained David B. Glasser, MD, the Academy’s secretary for federal affairs.

Outsourcing facilities may compound for office-use without a patient-specific prescription. Higher standards, though, limit what these facilities regularly compound due to the financial costs involved.

ACADEMY ACTION

We’re taking advantage of every opportunity to advocate for preserved access to the treatments our patients need.

In January 2018, Academy President-elect George A. Williams, MD, testified before a key congressional committee that we need enough available compounded treatments to ensure patients can be treated for potentially blinding ailments. This opportunity to participate in a congressional deliberation reflects the Academy’s excellent reputation as a leader on this issue.

He noted that physicians cannot obtain certain antibiotics for office-use through outsourcing facilities; these differ from traditional compounding pharmacies in that they must adhere to a higher standard of manufacturing practices.

We followed up on our congressional testimony with more action. In June, the Academy provided a fresh batch of patient-centered examples to the U.S. Food and Drug Administration at a compounding listening session with key FDA officials. David B. Glasser, MD, the Academy’s secretary for federal affairs, highlighted the risk to patients if the FDA continues to limit access to compounded drugs not available from outsourcing facilities.

IMPACT

Our congressional testimony is the culmination of years of extensive leadership on this and other patient-centered issues. It reflects the valued perspective we offer day-in and day-out to federal leaders.

We continue to build upon this leadership through an ongoing dialogue with Congress and the FDA. This direct engagement, which we undertake with other physicians’ groups, is the only surefire way to ensure that federal policies are developed with patient care in mind.



George A. Williams, MD, the Academy’s president-elect, testifies before the U.S. House of Representatives Committee on Energy and Commerce on ophthalmology’s need for compounding policies that help us access critical treatments in a timely manner.

TELEHEALTH

Clearing the Way for Innovative Eye Care Through Technology

ISSUE

In every community, technology is changing the way our patients receive essential eye care in order to live a fuller life through sight. Technological advances enable patients to receive a growing number of medical services without the provider having to be in the same room. From remote screenings for diabetic retinopathy to online vision exams, these innovations provide new ways for patients to access eye care — especially those who live in remote areas or may not otherwise be able to see a provider.

In many of these rural areas, access issues are resulting in significant, undiagnosed eye disease, along with poor outcomes.

These advances emerge quickly, disrupting the marketplace and forcing some to reconsider how they fit, business-wise, into the new world technology is helping to shape. For example, when it comes to teleophthalmology, optometry has strong interest in maintaining its position as an in-person provider of

refraction services. But patients, who might potentially benefit from these new options, also need a voice to speak on their behalf.

ACADEMY ACTION

The Academy supports patients' access to quality medical eye care; to take this position, we must, as a profession, be pro-technology, when the evidence supports this position. Technology has the potential to ensure that our services can reach every community, no matter how remote.

The state of telehealth within our profession is among the reasons that the Academy issued an information statement on how technology is shaping our patients' care. It represents an important baseline of how ophthalmology and our patients are currently benefiting from emerging technologies in this area.

The Academy remains committed to:

- Review: Physicians should determine the appropriateness of a given technology for their patients; state legislatures should not make these decisions.
- Payment: Health insurers should cover and provide fair payment for telemedicine services provided by ophthalmologists.
- Regulation: Federation of State Medical Boards oversight of multi-state physician licensure.

The Academy's clinical statement, Innovative Technologies in Diagnosing Eye Diseases and Conditions, documents our position, in which we support policies aimed at validating these technologies' value and fostering appropriate implementation. It is a method to expand the physician-patient relationship beyond the exam room.



Purnima S. Patel, MD, of Atlanta, listens to Sen. Johnny Isakson, R-Ga., after updating him on the success of the U.S. Department of Veterans Affairs' Academy-supported technology-based eye care services program.

Clearing the Way for Innovative Eye Care Through Technology *continued*

We're among the most ardent supporters of a successful U.S. Department of Veterans Affairs teleophthalmology program that is helping rural veterans access quality eye care. Technology-based Eye Care Services, or TECS, is a program that improves rural veterans' access to eye screening services for the most common causes of visual impairment. Roughly 8 percent of veterans screened through the program are found to have significant, previously undiagnosed eye disease.

We're providing the TECS program with the political cover its leaders need to continue its expansion across the VA health system.

An Academy-sponsored resolution helped secure the American Medical Association House of Delegates' support of the TECS program. The AMA policy encourages the VA to continue its exploration of telemedicine approaches that increase access to quality health care for veterans.

We're also active in every state where restrictions on technology are debated. The Academy is partnering with state societies to carefully retain our plenary rights, in which physicians evaluate new entrants to the market to determine which technology solutions are appropriate for our patients.

In Kentucky, for example, we fought legislation that would have placed new restrictions on ophthalmologists' use of emerging telemedicine technology, including web-based refraction applications. The optometry-driven proposal would have dictated to the medical community what modes of telemedicine technology physicians may and may not use, without cause.

We convinced lawmakers to reject this proposal, in part by amplifying our patients' voices and highlighting how access to health care benefits every community.

Meanwhile, in Minnesota, Missouri and Rhode Island, the Academy is partnering with state ophthalmology societies to prevent similar legislation from taking root.

The Academy is also evaluating a new Medicare proposal that would open the door to reimbursement for telehealth services. The concept is contained in the proposed 2019 physician fee schedule. It would potentially set the stage for payments to physicians for remote patient evaluations for ophthalmological evaluations between patient visits.

IMPACT

The Academy is clearly positioning our profession as a pioneer and champion of telehealth services in eye care. We've protected physicians' right to evaluate new options. And we've stood for programs and initiatives that allow quality eye care to reach every patient, no matter where they live.

With our information statement on telehealth in ophthalmology, we're well-positioned to continue to shape how our profession uses and supports these new, emerging options. In eye care, this is a critical role that only an ophthalmologist can fill.



Ophthalmologist William “Chip” Richardson, MD, of Georgetown, Ky., testifies to the Kentucky House of Representatives Health and Family Services Committee that physicians must retain the right to evaluate technology on our patients’ behalf.

Advocacy Starts With You

Advocacy isn't static. It's constantly evolving with shifting positions, evolving issues and a revolving door of stakeholders with whom to engage.

There is a constant to successful advocacy, though. It requires committed practitioners, willing champions and earnest participation. Successful advocacy needs people. Our advocacy needs you.

Fortunately, our Academy gives ophthalmologists all the tools needed for successful advocacy. Whether you participate in person or provide financial support to our cause, you have everything you need to make an impact on ophthalmology's behalf.

PARTICIPATE IN THE ACADEMY'S MID-YEAR FORUM

The Academy's annual gathering in Washington, D.C., is ground zero for learning how politics, practice management and policy form the cornerstones of the business of our profession. This is your best opportunity to evolve from a good advocate for our profession into a superior voice for our patients' needs. It will enhance your ability to speak on your patients' behalf by running a well-managed practice.

Plan to be there! Mid-Year Forum 2019 will be April 10 to 13 in Washington, D.C.

TAKE PART IN CONGRESSIONAL ADVOCACY DAY

Held in conjunction with the Academy's Mid-Year Forum, Congressional Advocacy Day is our profession showing strength in numbers. We visit our elected lawmakers in person in the halls of the U.S. Congress. We impart to members of the House of Representatives, Senate and their staff the importance of quality eye care in the United States. This is a rare opportunity to engage our leaders in person, and alongside our fellow ophthalmologists. Many legislative battles are won because of the relationships and conversations that are cultivated during Congressional Advocacy Day.



Left: Cathy G. Cohen, right, the Academy's vice president for government affairs, accepts the American Association of Medical Society Executives' 2018 Profiles in Excellence advocacy award for our ongoing regulatory relief campaign.



Right: Sen. Dianne Feinstein, D-Calif., left, meets with Academy member Diana Shiba, MD, in her Los Angeles office to discuss how ophthalmologists are helping ensure our patients' access to quality care.

Advocacy Starts With You *continued*

ENGAGE LOCALLY

An hour at your practice, ambulatory surgery center or academic setting gives our elected leaders the solid foundation they need to understand issues critical to our patients and profession. All it takes is a phone call to their scheduler to set up a meeting with members of Congress when they're back in their home states and communities.

INVEST IN OPHTHPAC

OPHTHPAC is the Academy's political action committee for federal advocacy. Your investment helps us form and sustain important relationships in Congress. These relationships are critical when the Academy needs immediate access to lawmakers to ensure that our position is heard on the day's important issues.

CONTRIBUTE TO THE ACADEMY'S SURGICAL SCOPE FUND

Ophthalmologist nationwide are waging a high-stakes battle to preserve patient safety in surgery. Every state that faces an optometric scope-expansion can rely on the Academy's Surgical Scope Fund for resources and staff expertise that can help ensure the highest surgical standards. Your Surgical Scope Fund contribution is 100 percent confidential.

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Above: Sen. Jeff Merkley, D-Ore., right, accepts a OPHTHPAC fund contribution, presented by Roger M. Saulson, MD, of Portland. Dr. Saulson used the opportunity to update Sen. Merkley on several of the Academy's pressing issues, including the need for fewer regulatory burdens.

Below: David B. Glasser, MD, the Academy's secretary for federal affairs, discusses ophthalmology's many issues with Sen. Pat Roberts, R-Kan., during Congressional Advocacy Day 2018.

