

American Academy of Ophthalmology 2015 Washington Mid-Year Report





Daniel J. Briceland, MD, Senior Secretary for Advocacy



George A. Williams, MD, Secretary for Federal Affairs

ACADEMY ADVOCACY EFFORTS RESULT IN BIG WIN FOR OPTHALMOLOGY AND MEDICAL COMMUNITY

Dear Colleague:

Welcome to the American Academy of Ophthalmology's 2015 Washington Mid-Year Report. Inside you will find recent results of the Academy's top federal initiatives on behalf of members, as well as this year's calls to action for the profession and our patients.

Just recently, the Academy and its members achieved the long-sought repeal of the problematic sustainable growth rate formula. In addition, that bill carried another top Academy priority, the protection of Medicare global surgical payments. Such accomplishments would not have been achieved without the strong advocacy effort by Academy members and staff.

In addition to these wins, the Academy's Washington agenda has been focused on the following advocacy issues:

- Preserving patients' access to compounded drugs and biologics
- Protecting patient access to ophthalmology services by ensuring health plan network adequacy
- Securing increased vision research funding
- Supporting truth-in-advertising legislation at state and federal levels
- Reducing burdens and penalties associated with the Physician Quality Reporting System and electronic health records meaningful use programs
- Ensuring high-quality eye care in the veterans health care system.

As always, your Academy will keep you informed on developments and what you can do to help through the weekly Washington Report Express e-newsletter, and through email alerts on critical, time-sensitive issues.

The success of the Academy's Washington agenda depends on member participation, in addition to dedicated physician leadership and a talented Academy staff in D.C. One way to have a significant impact is by participating in the Academy's annual Mid-Year Forum and Congressional Advocacy Day. We would like to thank and congratulate the more than 400 members who joined us in April to advance the Academy's advocacy priorities directly with members of Congress.

While browsing through the report, you may see some familiar faces of your colleagues who are advocating on your behalf. We encourage each of you to consider how you can personally make a difference as well.

Sincerely,

Daniel J. Briceland, MD
Senior Secretary for Advocacy

George A. Williams, MD
Secretary for Federal Affairs

GOVERNMENTAL AFFAIRS STAFF – YOUR VOICE IN WASHINGTON

The Academy's Governmental Affairs division is ophthalmology's leading voice on Capitol Hill, drawing lawmakers' attention to the issues that affect our patients and the profession.

Be sure to visit with our staff at AAO 2015 in Las Vegas. Look for us at the OPHTHPAC/Surgical Scope Fund booth and in the Academy Resource Center.

Learn more about the Academy's advocacy efforts at www.aao.org/advocacy. If you have further inquiries, reach our Washington, D.C. staff at politicalaffairs@aaodc.org.

See you at Mid-Year Forum 2016!



Cathy Cohen, Academy vice president, governmental affairs; and **Sen. Orrin G. Hatch** (R-Utah), chairman, Senate Finance Committee. Senator Hatch worked closely with the Academy to repeal the sustainable growth rate formula and to preserve global surgical payments.



During the Mid-Year Forum Congressional Advocacy Day dinner briefing, **Michael X. Repka, MD, MBA**, Academy medical director, governmental affairs, addressed attendees about the repeal of the sustainable growth rate formula and other changes to the Medicare physician payment system.



President Barack H. Obama and **Academy CEO David W. Parke II, MD** exchange greetings at the White House. The President hosted a ceremony in the Rose Garden in April to celebrate the repeal of the Medicare sustainable growth rate formula – one of the Academy's top priorities and the focus of extraordinary advocacy efforts for more than a decade.



Edwin J. Apenbrinck, MD, 2015 advocacy ambassador (sponsored by Kentucky Academy of Eye Physicians and Surgeons [KAEPS]); **Julie S. Lee, MD**, alternate councilor, KAEPS (also president, KAEPS); **Charles C. Barr, MD, FACS**; **Sen. Rand Paul** (R-Ky.); **Woodford S. Van Meter, MD, FACS**, OPHTHPAC committee member and councilor, Eye Bank Association of America; **Frank R. Burns, MD**; and **Joshua W. Evans, MD**, 2015 advocacy ambassador (sponsored by KAEPS)

ACADEMY SUCCEEDS IN REPEAL OF THE SGR

The immediate impact of the [sustainable growth rate formula](#) payment update repeal bill means that a 21 percent physician pay cut was averted. The new “doc fix” bill means positive updates for physicians and some stability for practices that are dependent on Medicare revenues. The Academy and most of medicine supported the Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015 because the SGR harmed physician practices and health care delivery for more than a decade. The new law provides:

- **Stable and positive updates for physicians** — Years of uncertainty have been disruptive and substantially eroded physicians’ purchasing power. Past SGR fixes created billing and cash-flow nightmares for ophthalmology practices that are heavily dependent on Medicare revenues. The new law provides one update for all physicians, rather than a differential update for primary care doctors that would be funded by cuts to specialists, which had been under consideration.
- **Preservation of fee-for-service** — While it remains to be seen how the new Merit-Based Incentive Payment System (MIPS, coming in 2019) will work, specialties and subspecialties need a viable fee-for-service option. Many physicians may never fit into the new alternative payment models being tested, and under the law, penalties were averted for doctors who do not move to alternative models.
- **Relief from current law** — Penalties under the current Medicare value-based purchasing system will cut payments as much as 9 to 11 percent by 2018 for physicians who do not adopt EHRs or successfully report on quality measures. The new law limits total 2019 cuts to 4 percent.
- **Leadership role** — The new MIPS puts physicians and medical specialties in a leadership role so they can tell government what quality standards are rather than having them imposed on us without any say.
- **Reporting through registries** — A mandate that the Secretary of Health and Human Services use clinical data registries in the new merit system may relieve doctors of the reporting burdens under the current quality measurement program.
- **Bonuses back on the table** — The current Medicare performance programs are all penalties. The new program reinstates bonuses for high performing physicians starting in 2019.

As always, the Academy will seek members’ feedback on how the new law affects their practices. ([Review the American Medical Association’s comparison of the old law and the new law](#). [PDF]) Ophthalmologists across the country played a key role in the SGR repeal, writing and calling their representatives in Congress to advocate on the importance of this legislation.

SAVING GLOBAL SURGICAL PAYMENTS WAS MAJOR WIN IN TANDEM WITH SGR REPEAL

The preservation of [global surgical payments](#) didn't get the headlines when Congress eliminated Medicare's sustainable growth rate formula, but it was a huge win for medicine in general and ophthalmologists in particular. The Centers for Medicare and Medicaid Services intended to eliminate all 10- and 90-day global surgical payments in 2017 and 2018 respectively. Eliminating global surgical payments would have been particularly detrimental to ophthalmologists because it would have significantly undervalued their surgical work and higher practice expenses.

Saving global surgical payments also was good news for patients, who would have been responsible for separate copayments for office visits and for all individual services related to surgery. Medicine was concerned that by creating a financial barrier to care, surgical patients would avoid the follow-up visits they need to ensure quality surgical outcomes. Moreover, patients who require more than the typical number of follow-up visits would have been detrimentally impacted, because they would have been responsible for additional copayments.

ACADEMY LOBBIES FOR CONTINUED ACCESS TO SAFELY COMPOUNDED DRUGS

The Drug Quality and Security Act, which was passed in late 2013, created a new regulatory structure for [compounding](#) pharmacies and the products they distribute. The law defines government oversight authority over large-volume compounding facilities, preserving a pathway for ophthalmologists to access certain compounded drugs for office use. It does not, however, spell out access issues to repackaged products such as Avastin for office use. Instead, the law leaves implementation largely to current U.S. Food and Drug Administration authority.

As part of the implementation, the FDA released a draft guidance in February which outlines how the FDA intends to regulate compounding and repackaging of biological products at compounding pharmacies. It recognizes ophthalmologists' use of repackaged biologics to treat diseases such as age-related macular degeneration, but it contains overly restrictive beyond-use dates. The Academy believes these dates do not allow adequate time for sterility testing, ordering, shipping, and administering to patients before they expire, particularly in rural areas. The Academy is working directly with the FDA and Congress, in addition to medical, pharmacy and patient organizations to ensure physicians have access to all compounded and repackaged drugs for office use that are vital to patients' vision.



Mid-Year Forum Advocacy Day attendees from Michigan met with newly-elected **Sen. Gary Peters** (D-Mich.; sixth from left) to educate him on issues of importance to ophthalmologists.



Mohit Nanda, MD; **Michael C. Tigani, MD**, participant, Leadership Development Program, class of 2015 (nominated by the Ophthalmic Mutual Insurance Company); **Rep. Robert Hurt** (R-Va.); **Matthew Young, MD**, 2015 advocacy ambassador (sponsored by Virginia Society of Eye Physicians and Surgeons [VSEPS]); and **Anthony J. Viti, MD**, councilor, VSEPS



Rep. Susan Brooks (R-Ind.; right) speaks with **Louis B. Cantor, MD**, Academy senior secretary for clinical education; **Yara Catoira-Boyle, MD**, participant in Leadership Development Program XVII, class of 2015 (nominated by Indiana Academy of Ophthalmology [IAO]); **Kimberly Williams, MBA**, executive director, IAO; **Tina G. Damarjian, MD**, 2015 advocacy ambassador (sponsored by the American Association for Pediatric Ophthalmology and Strabismus); and **Matthew S. Zore, MD**, 2015 advocacy ambassador (sponsored by IAO).



Rep. Phil Roe, MD (R-Tenn.; right) meets **Michael W. Brennan, MD** (international envoy and Academy past president) and **Daniel J. Briceland, MD** (Academy senior secretary for Advocacy) before addressing the Academy's Leadership Development Program XVII, class of 2015.

ACADEMY PUSHES FOR HEALTH PLAN NETWORK ADEQUACY

As a result of strong advocacy efforts by the Academy, [Medicare Advantage](#) organizations are now required to maintain accurate provider network directories and update them in real time. The Centers for Medicare and Medicaid Services finalized changes to its guidance in April for the 2016 Medicare Advantage Program. The new plan also requires health plans to communicate at least monthly with practitioners to provide accurate information on their availability, including whether or not they are accepting new patients. The agency will also examine availability and accessibility of network providers to determine whether these factors impact a plan's ability to meet network adequacy standards.

The Academy also asked CMS to prohibit Medicare Advantage plans from narrowing networks during the plan year. In its communications to the Academy and other medical societies, CMS responded by indicating that it will consider a special election period for Medicare Advantage enrollees so that they can change plans due to mid-year network narrowing. The agency says it is also considering conducting a retrospective analysis of patients affected by network narrowing, looking at whether or not these patients are older and sicker.

ENSURING HIGH-QUALITY EYE CARE IN THE VETERANS HEALTH CARE SYSTEM

[Veterans](#) face all of the same age-related eye health issues as other people, but with a greater likelihood that their vision problems are due to injury or trauma. The Academy is committed to ensuring that veterans and active-duty service members receive the highest quality eye care. As they transition off of active duty, eye-injured service members move from receiving care through the Department of Defense to the Department of Veterans Affairs.

In an effort to provide the best health care possible for veterans, their survivors and dependents, the VA has increased the maximum rate of annual pay for physicians and dentists by \$20,000 to \$35,000. The VA's decision to hire more physicians complements the Academy's advocacy efforts to ensure that eye surgery is performed by an ophthalmologist at VA and DOD facilities. The Academy is pleased to see the VA reaffirm this year the directive to limit laser eye surgery to ophthalmologists.

The VA acknowledges that while it has taken action to get veterans off of wait lists and into clinics, the long-term goal is to provide timely access to care by hiring more clinicians, including ophthalmologists. The VA also intends to expand the loan repayment program and improve the credentialing process for VA and DOD health care providers. The Academy supports the VA's commitment to hire more physicians across the country to better serve veterans and expand their access to timely, high-quality care.

ACADEMY ADVOCATES FOR INCREASED VISION RESEARCH FUNDING

The Academy is urging Congress to strongly support National Institutes of Health fiscal year 2016 funding at \$32 billion and the National Eye Institute funding at \$730 million, and to waive NIH from sequester cuts and Budget Control Act caps. These funding levels not only enable at least 5 percent increases in the NIH and NEI budgets, but maintain the momentum of discovery and leverage past investment in the U.S. biomedical research enterprise. NIH-funded research saves and improves lives, and also serves as an economic driver, supporting 432,000 jobs across the U.S. and generating more than \$62 billion in new economic activity. NEI-funded research grants have resulted in several commercialized products used commonly in ophthalmic practice settings.

With the sequestration cut that impacted federal funding of medical research, the Academy and the National Alliance for Eye and Vision Research have focused on identifying additional funding sources. For the last three years, we have been successful at getting funding for the Vision Research Program under the Department of Defense, now at \$10 million.

The Academy is urging Congress to fund the program next year at \$15 million. This program is the only dedicated funding source for extramural vision research of battlefield needs. [Read the Academy's issue summary on vision research funding.](#)

EMPOWERING PATIENTS: SUPPORTING THE TRUTH IN HEALTHCARE MARKETING ACT

The Academy's continuous efforts to promote [truth in health care advertising](#) received a boost in April when a bill was introduced in the 114th Congress. The Truth in Healthcare Marketing Act helps to clarify patient uncertainty about the many types of providers in the health care marketplace. If passed, the bill would make it unlawful for any health care professional to misrepresent their license or mislead patients, whether in person or in advertisements or marketing activities, as to one's education, training, degree or clinical experience. The Academy encourages all members to [contact their representatives](#) to co-sponsor and support the Truth in Healthcare Marketing Act.

At the state level, the Academy has worked over the years with state ophthalmic societies, state medical societies and the American Medical Association to enact truth in advertising legislation. This coalition has succeeded in enacting truth in advertising statutes in 20 states: Arizona, California, Colorado, Connecticut, Florida, Illinois, Kentucky, Louisiana, Oregon, Oklahoma, Maryland, Maine, Mississippi, Nevada, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, and West Virginia.

In 2015, the Academy is supporting additional truth in advertising legislation in the following states:

- Connecticut: Strengthens the penalty provisions of the existing TIA law
- Texas: Requires identification of health care providers in a hospital setting



Rep. Bill Pascrell (D-N.J.) greets **Donald J. Cinotti, MD** (OPHTHPAC committee chair, right) while **Isaac C. Ezon, MD** (middle) looks on. Rep. Pascrell is a member of the Ways and Means Health Subcommittee, one of the committees with jurisdiction over Medicare.



Helen A. Merritt, MD, 2015 advocacy ambassador (sponsored by University of Texas Houston Medical School); **Rep. Peter Sessions** (R-Texas), Visionary Award winner; **Mark L Mazow, MD**; **Stanley "Tyler" Pace, MD**, 2015 advocacy ambassador (sponsored by University of Texas Medical School at Galveston); **Robert Garoon, MD**, 2015 advocacy ambassador (sponsored by Texas Ophthalmological Association); and **Sidney Gicheru, MD**, member, OPHTHPAC committee



Anna Luisa Di Lorenzo, MD, member, OPHTHPAC committee; **Rep. Dave Trott** (R-Mich.); **Arezo Amirikia, MD**, counselor, Michigan Society of Eye Physicians and Surgeons (MiSEPS); **Bradley J. Anderson, MD**, advocacy ambassador (sponsored by Oakland University William Beaumont School of Medicine [OUWBSM]); **Prethy Rao, MD**, 2015 advocacy ambassador (sponsored by OUWBSM); and **Aparna S. Shah, MD**, 2015 advocacy ambassador (jointly sponsored by MiSEPS and OUWBSM)



Rachel A. Lieberman, MD, participant, Leadership Development Program, class of 2015 (nominated by Society of Military Ophthalmologists); **Sen. Harry Reid** (D-Nev.), Senate minority leader; **Lindsey A. Rhodes, MD**, member, AAO YO Advocacy Subcommittee and participant, Leadership Development Program, class of 2015 (nominated by Alabama Academy of Ophthalmology); and **Daniel T. Kasuga, MD**, 2015 advocacy ambassador (nominated by the Retina Society)

ACADEMY ADVOCATES FOR REDUCING BURDENS AND PENALTIES ASSOCIATED WITH CLINICAL QUALITY REPORTING PROGRAM

Electronic Health Records Meaningful Use

After pressure from the Academy and other groups, the Centers for Medicare and Medicaid Services agreed to make its EHR incentive program more workable for physicians as the stages advance in the [meaningful use](#) program. CMS has now signaled that participants in the Medicare and Medicaid EHR Incentive Program would have to report for only 90 days in 2015, rather than a year, in a proposed rule released April 10.

In addition to reducing the reporting period, the CMS proposes that all physicians be required to report on a shorter list of measures, modified from the current Stage 2 measures. CMS would include some accommodations for physicians scheduled to be in Stage 1. The proposed rule includes changes the Academy has specifically pushed for, including easing Stage 2 measures that hold physicians accountable for patient action. These measures had been particularly problematic for ophthalmologists, due to the age and visual impairment of many patients.

The Academy will continue to work for further increased flexibility and to ease reporting burdens for providers.

Physician Quality Reporting System

Ophthalmology practices that have yet to implement the easy reporting mechanisms with EHRs have new help from the Academy in avoiding the escalating penalties under PQRS. Eighteen new clinical quality measures have been approved by CMS in 2015 for the Academy's [IRIS™ Registry \(Intelligent Research in Sight\)](#).

PQRS reporting options were previously limited for most ophthalmology subspecialties. The Academy developed new measures in part to help more subspecialty members successfully meet PQRS requirements and avoid program penalties. Specifically, the new measures should benefit practices that do not have an EHR system but take advantage of an alternative qualified clinical data registry (QCDR) reporting method in which they submit data themselves using the IRIS Registry.

Additionally, CMS reaffirmed the IRIS Registry as a qualified registry for submitting PQRS data for 2015, as well as its designation as a QCDR. The qualified-registry designation confirms that the IRIS Registry can be used by practices to collect and report clinical data for PQRS and cataracts measures.

There are multiple options for reporting PQRS data and avoiding penalties. To help Academy members decide which quality reporting method is best for their practice, the Academy is providing updated 2015 PQRS guidance. [Find more information on 2015 PQRS deadlines, reporting options and measures.](#)

ACADEMY MEDICARE REIMBURSEMENT EFFORTS WITH SPECIALTIES PAY OFF

The Academy, with the American Glaucoma Society, convinced the Centers for Medicare and Medicaid Services to create a pathway for Medicare facilities to be reimbursed for glaucoma shunt procedures. A CMS decision to consolidate 24 ambulatory payment classifications of ophthalmic procedures down to 13 resulted in reduced payments for several eye procedures when performed in a surgery center. The consolidation hit particularly hard glaucoma shunt surgery that includes a graft. Effective April 1, 2015, ambulatory surgery centers will be able to bill separately for cornea tissue obtained through an eye bank when used by ophthalmologists for placement or revision of glaucoma aqueous shunts.

Working to preserve access to corneal transplants, the Academy worked with the Eye Bank Association of America to get CMS to reaffirm its commitment to its long-standing policy that corneal tissue is paid on a cost basis and not under the Outpatient Prospective Payment System. Such action means that facilities can continue to bill separately for the actual invoice amount of such tissue using HCPCS code V2785. The joint effort also ensured clear guidance was added to the Medicare managed care entities billing manuals and several coding manuals published for hospitals and ambulatory surgery centers in order to ensure that payments are submitted and paid appropriately.



Chet Seward, executive director, Colorado Society of Eye Physicians and Surgeons (CSEPS); **Alan E. Kimura, MD, MPH**, counselor, CSEPS; **Amy Marie Cerof, MD**, 2015 advocacy ambassador (sponsored by CSEPS); **Sen. Cory Gardner** (R-Colo.); and **Leonard K. Seibold, MD**, participant, Leadership Development Program XVII, class of 2015 (nominated by CSEPS)



Rep. David P. Joyce (R-Ohio, third from right) meets with **Mahdi Rostamizadeh, MD**, 2015 advocacy ambassador (sponsored by the Ohio Ophthalmological Society [OOS]); **Zelia M. Correa, MD, PhD**, counselor, Pan-American Association of Ophthalmology; **Faruk H. Orge, MD**, participant, Leadership Development Program XVII, class of 2015 (sponsored by the American Association for Pediatric Ophthalmology and Strabismus); **Vishal S. Parikh, MD**, and **Amanda H. Tang, MD**, 2015 advocacy ambassadors (sponsored by the OOS).



Rep. Tom E. Price, MD (R-Ga., middle), chairman, Budget Committee and member, Ways and Means Committee, receives the Visionary Award from **2015 Academy President Russell N. Van Gelder, MD, PhD** and **Academy CEO David W. Parke II, MD**.



Sen. Sherrod C. Brown (D-Ohio), member, Senate Finance and Veterans Affairs committees; **John R. Stechsulte, MD**, past Council chair; **Russell N. Van Gelder, MD**, 2015 Academy president; and **Faruk H. Orge, MD**, participant in Leadership Development Program XVII, class of 2015 (nominated by the American Association for Pediatric Ophthalmology and Strabismus)

CONGRESSIONAL MEMBERS RECOGNIZED FOR THEIR EFFORTS IN ADVANCING QUALITY EYE CARE

Each year, the Academy presents its [Visionary Award](#) to members of Congress for their leadership in supporting issues important to ophthalmologists and their patients. During our annual Mid-Year Forum and Congressional Advocacy Day, the Academy honored five members of Congress for their outstanding legislative efforts to advance the quality of eye care available in the United States. The Academy presented awards to Sen. Lamar Alexander (R-Tenn.), Sen. Sherrod Brown (D-Ohio), Rep. Vern Buchanan (R-Fla.), Rep. Tom Price, MD (R-Ga.) and Rep. Pete Sessions (R-Texas) in special ceremonies on Capitol Hill.

Protecting physicians' rights and patients' continuity of care

Sen. Sherrod Brown wrote a critical letter to the CMS that helped us get the agency to withdraw a redundant government quality reporting requirement for centers performing cataract surgery. In the 113th Congress, Sen. Brown also introduced the Medicare Advantage Participant Bill of Rights Act (S. 2552) that would have protected Medicare beneficiaries and providers by requiring greater advance notification and transparency when Medicare Advantage plans change their networks of providers.

Facilitating dialogue between the FDA and ophthalmology on new drug compounding laws

Sen. Lamar Alexander facilitated critical dialogue between ophthalmologists and the FDA following the enactment of the Drug Quality and Security Act, which outlined more stringent safety guidelines for compounding pharmacies. Sen. Alexander encouraged the FDA to hear the interests of stakeholders, which paved the way for a meeting with the agency. Sen. Alexander chairs the Senate Health, Education, Labor and Pensions Committee in the 114th Congress and will play a pivotal role in the oversight to get the Drug Quality and Security Act implemented.

Protecting access to eyelid and eyebrow surgery

Rep. Vern Buchanan, **Rep. Tom Price, MD**, and **Rep. Pete Sessions** advocated to drop burdensome language requiring Medicare's prior-authorization of eyelid and eyebrow surgeries and Recovery Audit Program audits from pending legislation. Reps. Price and Buchanan are both members of the House Committee on Ways and Means and Rep. Sessions is the chairman of the House Committee on Rules.

"These legislators have demonstrated a tremendous commitment to health care by spearheading issues that are extremely important to ophthalmologists and our patients, such as promoting patient safety, ensuring continuity of care and making sure patients are provided choices in their treatment," said David W. Parke II, MD, CEO of the American Academy of Ophthalmology. "We commend our champions in Congress for their efforts, and look forward to continuing to collaborate with the House and Senate leaders on future steps to ensure Americans' access to the highest quality eye care."

ADVOCACY AMBASSADORS MAKE AN IMPACT, THANKS TO SOCIETY AND TRAINING PROGRAM SPONSORSHIPS

This year 161 residents and fellows sponsored by 42 societies and training programs attended the Mid-Year Forum. At a special session for the young members, advocacy ambassadors were encouraged to stay engaged and become active leaders in their practice settings, communities, and state and subspecialty societies, as well as national and international organizations. The advocacy ambassadors also took full advantage of the opportunity to network and interact with active leaders in ophthalmology through panel discussions that covered four major areas: leadership, engagement, advocacy and practice management.

[Watch and listen to Soheil Daftarian, MD](#), a 2015 Academy advocacy ambassador, testify before the Texas state senate following his experience at the Mid-Year Forum.

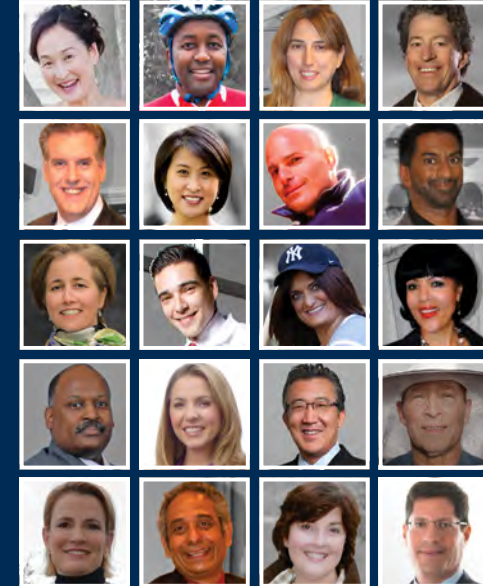
[Learn about the “life-changing” experiences](#) of advocacy ambassadors Peter Karth, MD, and Rachel Simpson, MD, after attending the 2015 Mid-Year Forum.

I AM AN ADVOCATE: ACADEMY MEMBERS ARE GENERATING POSITIVE RESULTS ON KEY LEGISLATIVE ISSUES

Policymakers are in the midst of debating issues that affect you and your patients. Your participation in the Academy’s advocacy efforts is vital to ensuring these lawmakers understand the impact of their actions. The Academy has created the I Am an Advocate campaign to engage members in promoting a pro-ophthalmology, pro-patient agenda. The campaign features members from across the United States who understand the value of speaking out on issues such as narrowing networks and access to compounded drugs.

Consider how you can ensure lawmakers and policymakers hear ophthalmology’s position on key issues. The I Am an Advocate pages describe ways for every member – including you – to become involved. Don’t just take the Academy’s word on the importance of member participation. [Watch and listen to your peers \(login required\)](#) as they share how and why, in the middle of running busy practices, they are involved in the Academy’s advocacy initiatives.

I AM AN ADVOCATE



It is easy to become an advocate for ophthalmology and patients.

Discover how at www.aao.org/i-am-an-advocate

 AMERICAN ACADEMY[®]
OF OPHTHALMOLOGY
The Eye M.D. Association



Matthew Appenzeller, MD, Surgical Scope Fund Committee and North Carolina Society of Eye Physicians and Surgeons (NCSEPS) legislative chair; **Rep. Virginia Foxx** (R-N.C.); **Ninita H. Brown, MD**, and **Jedediah I. McClintic, MD**, 2015 advocacy ambassadors (sponsored by NCSEPS)

JOIN OPHTHPAC! OPHTHALMOLOGY'S LEGISLATIVE AGENDA DEPENDS ON YOU TO SUCCEED

"Your contributions help the Academy be more effective in shaping health care policies in Washington, D.C. – we can't do it without you."

—Cathy Cohen, Academy vice president, governmental affairs

The well-being of your patients and your practice are dependent on your engagement in the legislative process.

Through the financial contributions of its members, [OPHTHPAC](#) works to elect members of Congress who demonstrate support for issues critical to ophthalmology, our practices and our patients. OPHTHPAC fights to make sure ophthalmology is part of the process in determining policies that will impact Medicare funding, physician payment levels, vision research and residency education.

Here's how you can help:

- [Give generously to OPHTHPAC](#) to help elect ophthalmology-friendly candidates.
- Open doors on Capitol Hill by building your relationships with lawmakers. Learn more about becoming a [Congressional Advocate](#) and [fill out a simple online form](#).

DIG DEEPER INTO ADVOCACY ON THE ACADEMY'S NEW WEBSITE



The Academy's newly redesigned website is easy to use and features a more robust advocacy section. Read news topics and issue summaries, learn more about how to get involved in advocacy, and give to OPHTHPAC and the Surgical Scope Fund. Explore www.aao.org/advocacy now.

The Academy unveiled a new AAO.org in April. It is mobile-optimized for any device, has streamlined login and navigation and offers more robust subspecialty and advocacy content.

The new site includes an expanded governmental affairs and health policy section, which provides Academy members with important news and updates on health care policy and regulations that affect the medical community. New guides on 21 key topics – ranging from Medicare reform to global surgery payments – give summaries, resources and ways you can take action. Research the Academy's position on issues like quality reporting or compounding.

[Start exploring issue summaries now.](#)