



# **Advocacy** **... A PRIMER**

AMERICAN OSTEOPATHIC  
COLLEGE OF OPHTHALMOLOGY

## **INTRODUCTION:**

### **Why Advocacy is Important to Ophthalmologists**

Today, advocacy is as much a part of practicing medicine as patient care. The goal of this course is to provide residents with the tools to confidently advocate for quality eye care. The course also introduces residents to some of the ever-changing health policy issues that influence the way in which Ophthalmologists practice. Finally, the course emphasizes that ophthalmology's strategic advocacy plan, developed and directed by the AOCO and state ophthalmological societies, relies upon and empowers individual Ophthalmologists who are required to work within a system that involves highly competitive, political and economic forces.

Ophthalmology has often been on the leading edge of progress in diagnostic medicine, and has developed what are now some of the most effective medical and surgical treatments.<sup>1</sup> However, the physician-patient relationship cannot be considered in isolation. Ophthalmologists are an organic part of a broader political and economic system.

The Ophthalmologist not only treats eye diseases; he or she has other identities as well. The Ophthalmologist is also a businessperson, a consumer, a licensed professional, a citizen. The Ophthalmologist interacts with patients, state and federal governments, large and small private corporations, non-profit entities, and other professionals. State and federal laws and regulations, policies set by managed care organizations and public and private health insurers, and market choices made by individual consumers fundamentally

influence the practice of ophthalmology. This dynamic creates competing interest both in the marketplace and in the political decision-making process. The medical profession is being determined, to a large extent, by the decisions made in Congress, state legislatures, and a host of regulatory and administrative agencies.<sup>2</sup> It has become imperative for Ophthalmologists to become active in these decision-making processes to preserve their role in the delivery of quality eye care.

The penalty for not playing an active role in this competitive environment can be unexpected, swift and severe. Decision made without the influence, input, and expertise of Ophthalmologists can reduce compensation, patient encounters, and quality of care. Policy decisions made without Ophthalmologists participating in the political process can increase costs, unnecessary paperwork, and delays in reimbursements. The cumulative effect of such developments impact the Ophthalmologist's control over his or her practice, but also inevitably changes public perception of the Ophthalmologist's medical skills. Advocacy is the tool that the AOCO and state ophthalmological societies use to enhance the physician-patient relationship.

Organized ophthalmology has developed a three-pronged advocacy strategy: Legislative Advocacy on the State and Federal Level, Health Plan Relations and Regulatory Advocacy, and Public Information Advocacy. These elements frequently support each other and often overlap. The effectiveness, credibility, and implementation of this strategic plan rely upon the active participation of individual Ophthalmologists in AOCO and state ophthalmological society advocacy programs.

Legislative Advocacy recognizes the influence that state and federal legislatures have on the practice of ophthalmology. When legislation is introduced in Congress or a state legislature, groups which have the most to gain or lose organize and compete to play some role in determining the outcome and its impact on them and their interests. In almost every case, competition between these groups determines what the final policy will be.<sup>3</sup> The efforts of individual Ophthalmologists, working through the AOCO and state ophthalmological societies, are the primary vehicles through which Ophthalmologists influence the making of law. This begins with electing individuals who support the interests of medicine. Lawmakers know that they must be attentive to the interests of those who really help them keep their jobs.<sup>4</sup> Therefore, individual Ophthalmologists must play a key role in educating legislatures on legislative and policy issues that impact quality eye care.

Health Plan Relations and Regulatory Advocacy recognizes the influence that managed care organizations, third party payors, and state and federal bureaucracies have on the practice of ophthalmology. The goal of Health Plan and Regulatory Advocacy is to develop rules and regulations in cooperation with these entities to improve the delivery of and compensation for quality eye care. Individual Ophthalmologists, working through the AOCO and state ophthalmological societies, participate by applying their professional expertise to communicate concerns about policy decisions affecting eye care by businesses and government organizations.

Public Information Advocacy acknowledges the importance of the public as consumers of eye care. Public Information Advocacy educates the public using personal appeals, professional contacts, and the media to

establish Ophthalmologists as the leading source of information about eye care. Individual Ophthalmologists support this effort by promoting public information programs to medical professionals, community groups, and media outlets.

Each chapter in this text focuses upon a different aspect of organized ophthalmology's strategic advocacy plan. Each chapter is introduced with a case study in which advocacy activities can potentially influence the outcome of the health policy-making process. A discussion of the case study follows which examples of related advocacy programs or issues are also presented.

#### References

1. American Academy of Ophthalmology, *The Role of Ophthalmology and the Ophthalmologist*, Policy Statement, September 1997
2. American Medical Association, *Representing Medicine: Developing Constituent Skills*, Grassroots Training Seminar, Participant's Handbook, p. 1
3. American Medical Association, *Op. Cit.*, p. 2
4. *Ibid.*

# 1

## State Legislative Advocacy

### Introduction

*A bill is a proposal by a legislator to enact a law. Each year, many bills are introduced into the chambers of the state legislature (i.e., the state senate and the state house of representatives) that impact the delivery of health care. The issues addressed by these bills on the state level can include managed care reform, scope of practice of mid-level practitioners, medical malpractice, continuing medical education requirements, Medicaid, and public health and safety.*

*Bills are often introduced by state legislators on behalf of their constituents as well as the organizations that those constituents support. Typically, bills impacting the practice of medicine are assigned to a health committee for review. The chairman of the committee is traditionally very influential in setting the agenda in the committee to determine the financial impact of legislation on the state. Legislators sitting on these committees vote to accept or reject the bill by a majority vote.*

*If the bill is rejected by a committee, the bill does not normally proceed further. If the bill is approved by all of the committees to which it is assigned, the bill is debated and voted upon by the entire body of legislators on the floor of the chamber. In most states, the Speaker of the House and the Senate President are influential in directing debate on the floor of their respective chambers. If the bill receives a majority vote in the first house, it must then proceed through the committees and floor vote in the second house.<sup>1</sup> The bill can be amended or voted*

*down at any time during this entire process. Any amendments in the second chamber must be agreed to by members of the first chamber. If the bill survives this legislative process, the bill is then presented to the Governor for signature or veto. If the Governor signs the bill, the bill becomes a law. If the Governor vetoes the bill, the Legislature may override his or her veto by a 2/3 vote of both chambers, which would also result in the bill becoming a law.*

*Please consider these questions as you read the case study which follow:*

- 1. How would the passage of this bill affect your practice?*
- 2. Who would be the best elected officials to contact to voice your opinion on the bill?*
- 3. What methods would you use to clearly communicate your views to the many legislators who lack medical expertise?*
- 4. What are the arguments for supporting **and** opposing the legislation?*
- 5. What factors might influence a legislator to support or oppose this bill?*
- 6. How can individual Ophthalmologists encourage other physician groups to support ophthalmology on an issue?*

### **Case Study: Laser Surgery by Optometrists**

A bill has been introduced into the legislature of the state of Eherwon by State Senator Quadra on behalf of the Eherwon Optometric Association. The bill would authorize optometrists to perform laser surgery, excluding retina, Laser In-Situ Keratomileusis (LASIK), and cosmetic lid surgery.<sup>2</sup> The bill would also provide that optometrists shall be certified by the Board of Examiners in Optometry prior to performing laser surgery procedures.

In Eherwon, both Ophthalmologists and optometrists are concentrated in urban areas. However, optometrists are also scattered in rural areas around the state. The Eherwon Optometric School has also been training optometry students to use several different types of lasers. One state already permits optometrists to perform some of the laser surgery procedures included in Senator Quadra's bill. The Eherwon Medical Society and the Eherwon Ophthalmological Society are opposed to the bill. There is no other known support or opposition to this bill. You have just received a legislative alert from the Eherwon Ophthalmological Society informing you that this bill has been assigned to the Senate Health Committee.

### **Discussion of the Case Study:**

Eherwon Ophthalmologists could communicate their positions on the laser surgery bill to their own State Senators and State Representatives by fax, e-mail, telephone, letter, or in person. A savvy Ophthalmologist would also try to convince patients, family, and friends to do the same. A personal relationship with a State Senator or State Representative would give an Ophthalmologist's opinion much more weight. Developing and maintaining these relationships over time is critical for making an Ophthalmologist's opinion trusted and understood to state legislators. Because Senator Quadra's bill is being heard in the Senate Health Committee, the Ophthalmologist should also communicate with all the members of this committee well before the bill is heard in committee. If the bill progresses through the legislature, the Eherwon Ophthalmologist should also communicate with the leadership of the House and Senate, members of the House Health Committee and the Governor. To find out who represents you in the state legislature, contact your state

ophthalmological society or visit the Project VoteSmart website at <http://www.vote-smart.org>.

It is likely that most state legislators that sit on the Eherwon Senate and House legislative committees would not have a medical background and would not necessarily have any particular expertise in the health care field. Members of the Eherwon Health Committee might include real estate agents, small businessmen, farmers or lawyers. In most states, legislators would not have large staffs to help them research the laser surgery issue. Therefore, educating the legislator on the requirements for performing laser surgery is essential. Office presentations, photos, and illustrations would be excellent ways of conveying ophthalmology's concerns to these non-expert legislators. Because of the volume of correspondence received by a state legislator, letters to legislators should not exceed more than one typed page. All medical terminology needs to be explained in layperson's terms. It is always important to personalize and sign correspondence to legislators. The Ophthalmologist needs to convey that the issue will personally affect himself or herself and the legislator's constituents — your patients.

Proponents of the laser surgery bill would likely argue that laser surgery is essential to promote rural access to medical eye care. In addition, proponents would argue that optometrists have been adequately trained to perform these procedures at the Eherwon Optometry School. They would also suggest to legislators that existing law is anti-competitive and that Ophthalmologists are only interested in preserving their economic prerogatives. Proponents might also argue that there has been no record of malpractice lawsuits or complaints to the state optometric board in the one state that

authorizes laser privileges for optometrists. Opponents of the bill would likely argue that optometrists lack the education and clinical expertise to perform laser surgery. Opponents might also insist that there is no shortage of qualified ophthalmic surgeons in the state that would necessitate optometrists performing laser surgery.

Political contributions to candidates for elected office is a factor that significantly impacts the legislative process. It is a fundamental part of the modern American political system. Political contributions made by Ophthalmologists to Elected legislators would ease access to these politicians so that Ophthalmologists can make their case. Politicians tend to develop deeper relationships with long-time contributors. Political contributions could be made directly to the politician's campaign. The impact of an Ophthalmologist's individual contribution would be magnified if the Ophthalmologist reported individual contributions to the Elected Ophthalmological Society. An Elected Ophthalmologist could also make indirect contributions to political candidate through the Elected Ophthalmological Society's political action committee or PAC. A PAC is a fund through which an individual belonging to an association can give political contributions. The Elected Ophthalmological Society's PAC would be charged with channeling money to supporters of the association's issues.

The effectiveness of ophthalmology's arguments is enhanced if other medical associations in the state are also actively involved on the issue. Because other groups may have other legislative priorities, it is important to develop relationships which ensure that these groups pay appropriate attention to eye care issues. Particularly important is the role of the state

medical society. Individual Ophthalmologists can ensure that the state medical society supports eye care issues by joining the state medical society, being active in the society's programs, and developing relationships with the society's leadership.

## **Examples of Other State Legislative Issues Impacting Ophthalmology**

### ***Optometric Hospital Privileges***

The American Optometric Association, a national association for optometrists, encourages optometrists to obtain hospital privileges. Optometrists want hospital privileges for the following reasons:

- To ensure inclusion on managed care panels
- To see their patients if they suffer eye-related injuries or complications while hospitalized
- To gain access to the hospital's lab for diagnostic tests
- To make new contacts and expand their referral base
- To benefit from the hospital's marketing programs
- To increase their prestige in the community<sup>3</sup>

Optometrists attempt to obtain hospital privileges through the state legislative process. For example, members of the Florida Society of Ophthalmology recently opposed state legislation that would have prohibited hospitals and ambulatory surgical centers from denying the application of optometrists for staff privileges based on their licensure.<sup>4</sup>

Optometrists also attempt to obtain hospital privileges by applying directly to hospitals. The AOCO states that the following factors

should be discussed in considering hospital privileges for optometrists:

- The nature of medical staff membership and hospital clinical privileges;
- A review of the in-hospital services that optometrists propose to perform, in light of the following factors:
  - (a) Basic differences between Ophthalmologists and optometrists and in the types of eye care services that each is qualified to provide;
  - (b) Hospital and community need for in-hospital optometric services;
  - (c) Effect on quality of patient care;
- Potential economic impact on the hospital; and
- Potential legal consequences to the hospital, its directors or trustees, and the members of its medical staff<sup>5</sup>

### **Fireworks Safety**

Ophthalmologists have an obligation to support public health legislation that improves eye safety. Fireworks safety is a particularly important issue in this regard. Of the approximately 7,000 fireworks-related injuries each year in the United States:

- About 2,000 are eye injuries caused by consumer fireworks
- Nearly one-third of these injuries result in permanent eye damage
- Almost one in 20 victims lose all useful vision or require removal of the eye<sup>6</sup>

The AOCO supports a strategy that aims to effect better control over the sale and private use of fireworks. The Academy believes that efforts should be targeted at the most dangerous forms of fireworks, particularly bottle rockets.<sup>7</sup> Members of the Arkansas Ophthalmological Society and the Mississippi Eye, Ear, Nose and Throat

Association recently supported legislation to ban bottle rockets in their respective states.<sup>8</sup> Members of the Minnesota Academy of Ophthalmology have recently opposed a bill that would authorize the sale and use of consumer fireworks between July 1 and July 7 of each year for personal use.<sup>9</sup>

The AOCO in cooperation with state ophthalmological societies also promotes a public information campaign to encourage families to attend public fireworks displays instead of using fireworks at home on the Fourth of July.

### **References**

1. Nebraska has only one house.
2. *Oklahoma Statutes*, Title 59, Ch. 13, Sec. 581
3. Bailey, Gretchyn M., 'Are Hospital Privileges Worth the Chase? ', *Review of Optometry*, 15 June 1998, p.50.
4. Senate Bill 262 (Geller), 1999 Regular Session of the Florida Legislature.
5. American Academy of Ophthalmology, *Consideration in Evaluating Whether Optometrists Should be Granted Staff Privileges*, Revised February 1999, p. 3.
6. American Academy of Ophthalmology, *AAO and NASFM Warn About Dangers of Fireworks*, Press Release, 19 May 1998.
7. American Academy of Ophthalmology, *Fireworks Remain Serious Health Hazard and Cause Blindness*, Information Statement, May 1995.
8. House Bill 1159 (Steele), 1999 Regular Session of the Arkansas Legislature and House Bill 760 (Stevens), 1999 Regular Session of the Mississippi Legislature.
9. Senate Bill 314 (Janezich), 1999 Session of the Minnesota Legislature.

# 2

## Public Information Advocacy

### Introduction

*The Ophthalmologists principal responsibility and obligation is to deliver quality eye care in an ethical and humanistic fashion.<sup>1</sup> The AOCO recognizes that the physician-patient relationship can be enhanced through coordinated, public information programs that increase access to and ensure quality eye care. The College works to achieve these objectives through programs that:*

- 1. Educate the medical community and the public about special eye care needs.*
- 2. Inform the general public about the role of Ophthalmologists in delivering quality eye care.*
- 3. Facilitate public access to quality eye care.*

*The College relies upon the participation of state ophthalmological societies and the active involvement of individual Ophthalmologists to achieve the goals of these programs.*

*Please consider these questions as you read the case study which follows:*

- 1. Why does the AOCO and the state ophthalmological society consider the program a priority?*
- 2. How will the state ophthalmological society achieve the program goals?*
- 3. How can the state ophthalmological society effectively promote the program to the public?*

- 4. How can the state ophthalmological society utilize established physician relationships to promote the program?*
- 5. How would the state ophthalmological society encourage Ophthalmologists to volunteer to participate in promoting the program?*

### Case Study: National Eye Care Project

The National Eye Care Project is a public service program designed to provide medical and surgical eye care to U.S. citizens and legal residents age 65 and over. The program is sponsored by the Foundation of the AAO, Knights Templar Eye Foundation, Inc. and state ophthalmological societies. The project emphasized helping those seniors without access to medical eye care and who may be without the means to pay. Treatment is provided for any disease or condition diagnosed and requiring care at the time of a first visit. Services rendered by a volunteer Ophthalmologist are provided at no out-of-pocket expense to the patient. Each Ophthalmologist volunteer agrees to bill the patient's Medicare or other insurance and, for this program, accepts this as payment in full. For those seniors without insurance or means to pay, volunteer services are provided at no cost.

The Eherwon Ophthalmological Society wants to increase participation by seniors in the program. You have been appointed to a committee to promote the initiative. You have been given a list of community groups and associations participating in the program last year. The society has received a letter from the Eherwon Retired Gardeners' Association inviting the state society to make a presentation at its Annual Meeting on a health-related subject. In addition, the Executive Director of the Eherwon Ophthalmological Society, the person in

charge of the society's day-to-day activities, has also read in a local newspaper that the well-attended, 50<sup>th</sup> Annual Eherwon Senior Athletes Pancake Breakfast will be held next month.

The state society has decided to focus more attention on media coverage of the project. The AOCO has supplied public service announcements for local television and radio stations as well as press releases to send to local newspapers. The Eherwon Ophthalmological Society does not have an advertisement budget. Therefore, the society must persuade these media outlets to promote the program free of charge. At the moment, the state society has few contacts at local television and radio stations and at the local newspapers.

Some state society members have suggested using primary care physicians to help spread the word to their patients about the National Eye Care Project. You are aware that several state society members attend weekly hospital staff meetings and are able to give short presentations at these meetings.

Through the Eherwon Ophthalmological Society newsletter, the society has requested and has received commitments from Ophthalmologists to promote the National Eye Care Project at various events. However, the state society still needs to persuade more Ophthalmologists to volunteer due to the greater public participation that the society is attempting to achieve this year.

### **Discussion of the Case Study:**

Eye care is an integral component of health care for the elderly. The importance of the elderly individual promptly responding to eye symptoms with a visit to an Ophthalmologist cannot be overestimated.

Vision loss can fundamentally alter an elderly person's quality of life and emotionally and financially devastate a senior on a fixed income. Early diagnosis and treatment of eye problems is essential to help prevent visual loss. More than 50 percent of new cases of blindness occur in persons over the age of 65. Adults 65 years or over should have an ophthalmologic examination at least every two years.<sup>2</sup> The AAO and state ophthalmological societies promote this goal through the National Eye Care Project.

The first step in ensuring increased participation in the program is to contact community groups and associations that have participated in the program in the past. Contacting groups with which the Eherwon Ophthalmological Society already has an established relationship means that the society does not have to start from scratch in recruiting participants. If the program was successful in the past, it is likely that these groups would want to participate again. Unsolicited requests for participation should also be followed up on promptly. It is likely that groups like the Eherwon Retired Gardeners Association will have contacted several health-related groups to ensure a speaker but may have room on their agenda for only a limited number of health-related activities. The newspaper item on the Eherwon Senior Athletes Pancake Breakfast points out the importance of being alert to new opportunities from a broad spectrum of sources, including patients, family, friends, colleagues, as well as the media, to promote the society's message.

In promoting the program through press releases and radio and television public service announcements, Ophthalmologists must be aware that news outlets receive press releases and video and audio clips from groups daily. To ensure that the press

releases and public service announcements are utilized by the local media, it is essential to pitch the story. Arranging a meeting with a local editorial board or talking with a local health reporter about the National Eye Care Project would advance the society's prospect of getting coverage. In contacting the media, it is also important to try to involve members of the state society who have previously established relationships with these media figures as a source of eye care information. These previously established relationships would strengthen the society's ability to persuade the media outlet to promote the project.

Similarly, previously established relationships with colleagues in the medical community should also be used to promote the program. Using a weekly hospital staff meeting to promote the National Eye Care Project would be an excellent opportunity to communicate to primary care physicians about the importance of the program to senior eye care and to provide project information for these physicians to distribute to their patients.

To ensure a successful promotional campaign, the Eherwon Ophthalmological Society must mobilize volunteer Ophthalmologists to make presentations at various venues. Using regular and established sources of communication like the Eherwon Society newsletter is a valuable vehicle for alerting members of the program. Direct peer-to-peer communication via telephone or in person is also a highly effective method of recruiting volunteers. Because this method of communication is more labor-intensive and time-consuming than a newsletter, the state society may have to create a core group of Ophthalmologists to make these contacts to ensure that the burden does not fall on a single individual.

## **Other Public Information and Public Service Opportunities**

### ***Ophthalmologist***

The AAO considers that incomplete, limited, and nonmedical eye care may be hazardous to the health and vision of those individuals with eye disease or other eye conditions requiring medical or surgical care. Therefore, the Academy has determined for the protection of the American public, a clearer distinction should be made between ophthalmologists and optometrists.<sup>3</sup> The AAO supports a public information/public relations initiative designed to confirm to the general public that Ophthalmologists are the best providers of comprehensive, quality eye care. The Academy and state ophthalmological societies use advertising, media services, and public events in target areas throughout the country to promote the recognition of Ophthalmologists.

### ***U.S. Eye Injury Registry (USEIR)***

The USEIR is a non-profit organization that attempts to collect data on all serious eye trauma occurring in the United States. It has been acknowledged at numerous international scientific meetings and has also been endorsed by the College. The goal of the program is to preserve sight by:

1. Collecting vital epidemiological information on ocular injuries throughout the United States
2. Determining strategies of prevention, treatment, and rehabilitation of ocular trauma
3. Serving as a model for other national registries

Using standardized report forms and a customized software program, serious eye

injuries resulting in permanent and significant structural change in the eye are reported to the eye injury registry sponsored by over 40 state ophthalmological societies. The reports are made by treating Ophthalmologists, hospital ER staffs, and medical records personnel throughout each state. Data from the individual state registries is collected quarterly by the central USEIR office for storage and analysis.

### **References**

1. American Academy of Ophthalmology, *The Role of Ophthalmology and the Ophthalmologist*, Policy Statement, September 1997.
2. American Academy of Ophthalmology, *Eye Care for the Elderly*, Information About Eye Care, September 1991.
3. American Academy of Ophthalmology, *The Role of Ophthalmology and the Ophthalmologist*, Policy Statement, September 1997.

# 3

## Health Plan Relations and Regulatory Advocacy

### Introduction

*Large institutions –the federal and state governments, private insurers, and managed care companies –have a fundamental influence on the Ophthalmologist’s practice. These institutions often determine the procedures the Ophthalmologist can perform, the drugs the Ophthalmologist can prescribe, and the procedures for which the Ophthalmologist will be paid. Each of these institutions develop policies and programs that can either positively or negatively impact the health of patients and the Ophthalmologist’s bottom line. Advocacy efforts by state ophthalmological societies both contribute to and act as a countervailing force to policy decisions by these institutions. Because the state society represents the community standard for quality eye care, the society can bring the weight of the expertise and experience of its members to bear on medical issues.*

*Please consider the following questions as you read the case study below:*

- 1. What is the appropriate role of the Ophthalmologists as patient advocates vis-à-vis large institutions?*
- 2. Why is it more effective for an Ophthalmologist representing a state ophthalmological society to negotiate with a large institution than an Ophthalmologist representing oneself as an individual?*
- 3. How and why should one develop and maintain a working relationship with a*

*negotiating partner at a large institution?*

- 4. How does understanding the underlying interests of a large institution advance a negotiation?*
- 5. Why is it important for both sides to use objective criteria in assessing problems and proposals in a negotiation?*

### Case Study: Managed Care Advocacy

Managed care companies are health plans that assume insurance risk, limit enrollees to a panel of providers, and assess the appropriateness of patient care decisions before the care is provided. Typically, the managed care organization pays the hospital or physician a fixed payment, called a capitation, regardless of the quantity of services provided. However, fee-for-service plans often co-exist with capitated plans, and in some markets, there are few capitated plans. Many managed care companies control costs by restrictions on the choice of providers; limitation on visits or days of services covered; medical necessity reviews, in which eligibility criteria must be met before treatment; and reviews on the necessity of continued treatment.<sup>1</sup> For the Ophthalmologist, this means that a managed care company can limit access to patients in need of specialty care by requiring the patient to visit a primary care physician (PCP) or an optometrist before being referred to an Ophthalmologist and by setting rules or creating incentives that limit those referrals. The managed care company can also set rules that restrict the way in the Ophthalmologist treats patients.

You are a member of the Eherwon Ophthalmological Society’s Health Plan Relations Subcommittee. You have received a letter from an Ophthalmologist concerned about a recent change in a managed care

company's policy on cataract surgery. The current policy states that the managed care company will not approve cataract surgery unless a patient's vision is 20/70 or worse. You have been designated as the state society's negotiator with the managed care company to reverse this policy which the members of your society feel is potentially damaging to seniors. The following dialogue ensues:

**Company Rep.:**

That was a great lunch. Shall we get down to business? It seems to me that the Ophthalmologists are here to ensure they get paid for what we have found to be unnecessary cataract surgeries.

**Ophthalmologist:**

If I cannot persuade you that the company's cataract policy represents a legitimate health concern, you have my word that the Eherwon Ophthalmological Society will not bring this issue up again. What prompted the company to set this new cataract surgery policy?

**Company Rep.:**

We are working in a very competitive environment. We consider the 20/70 cataract policy as a cost-saving measure that would have no significant impact on seniors enrolled in our managed care plan.

**Ophthalmologist:**

As I understand it, you have two interests here: to save the company money and to ensure quality of care for seniors. However, on what basis has the company decided that the 20/70 policy would not be harmful to the visual health of seniors?

**Company Rep.:**

Our researchers considered several studies from the early 1990s that support our contention that seniors would not be harmed by our 20/70 policy on cataract surgery.

**Ophthalmologist:**

As you know, the Agency for Health Care Policy and Research (AHCPR) is the lead federal agency charged with supporting research designed to improve quality health care. Its latest guidelines issued in 1996 and which have been endorsed by the AOCO state that cataract surgery may be required when visual acuity is 20/50 or worse. This is the current standard for cataract surgery around the country. In addition, because most state laws require a visual acuity of 20/50 or better for driving, there is a significant quality of life issue at stake as well.

**Company Rep.:**

Given this evidence, I am willing to concede that some seniors might be harmed by the 20/70 policy. That still leaves me with the problem of looking for some cost-savings in the area of eye care.

**Ophthalmologist:**

Let me make a few cost-saving suggestions that seem to be working at other managed care companies.

***Discussion of the Case Study***

An important component of competent ophthalmic practice is the ability to act on behalf of the patient. This includes providing medical care that is both professionally appropriate and socially responsible.<sup>2</sup> Most patients, as consumers of

medical eye care are not fully informed about the quality of services that Ophthalmologists provide. Consumers lack the knowledge and technical competence of the Ophthalmologist in assessing quality eye care. Therefore, the Ophthalmologist has a special responsibility to advocate on behalf of the patient when large institution set or maintain policies that may have a negative impact on patient access to quality care.

It is generally easier for large institutions to negotiate with an association, like the Eherwon Ophthalmological Society, than an individual Ophthalmologist on a policy issue. For example, if several individual Ophthalmologists were demanding changes in the cataract surgery policy, the company would be unsure with whom to negotiate. The Eherwon Ophthalmological Society is a specific, established entity with whom the managed care company can resolve problems. The state society also acts as shield for concerned Ophthalmologists on managed care panels who may not want to be singled out within the managed care organization. In addition, the Eherwon Ophthalmological Society represents a countervailing force to the managed care company in negotiations. The state society represents a significant pool of Ophthalmologists in the state. Therefore, its opinion can not be summarily ignored or discarded.

There are many different negotiation strategies and tactics. When dealing with large institutions, a strategy that focuses on developing personal relationships, identifying mutual interests, creating alternative solutions, and utilizing objective criteria to assess problems and proposals, is often appropriate.<sup>3</sup> This strategy is most useful when the terms of the agreement are at least as important as maintaining a working relationship between the

negotiators and between the institutions that they represent. Whatever the strategy used in a negotiation, preparation is critical to success.

In this case, the negotiators have eaten lunch before the negotiations have started. If it all possible, a good negotiator will have established a relationship with the person with whom he or she is negotiating before beginning discussions. Having an established relationship with a negotiating partner breeds confidence that allows the parties to focus on problems and not personalities. Even so, it is apparent that the company representative initially misperceives the motivations of the Ophthalmologist as purely economic self-interest. The Ophthalmologist attempts to change the misperception by suggesting that the state society will drop the cataract issue if the Ophthalmologist cannot show that the company's policy is a legitimate health concern. Thus, by acting in a way inconsistent with the company representative's pre-conceived notions, the Ophthalmologist has attempted to change the representative's mind about the state society's motivations.

The Ophthalmologist has decided not to attempt to simply split the difference between the 20/70 visual acuity promoted by the company and the 20/50 visual acuity promoted by the state society. A 20/60 standard would still leave some seniors at risk. Instead, the Ophthalmologist has identified the managed care company's two interest that motivated the change in policy, namely to save money and to still ensure quality care for seniors. By focusing on interests rather than positions, the Ophthalmologist is able to consider alternative solutions to the problem that might satisfy both parties. This stems from the fact that multiple interests normally

underlie decisions made by large institutions. The Ophthalmologist's intellectual breakthrough is to deal with the managed care company's two interests separately, rather than together.

The Ophthalmologist has insisted on objective standards to judge whether the 20/70 standard would ensure quality eye care for seniors. Using objective criteria sets a framework for the discussion that emphasized fairness to both parties. In this case, the managed care company can cite a few studies that are several years old to support its position. However, the Ophthalmologist can cite the weight of current authority as well as current driving requirements to support the state society's position that the 20/50 standard is the appropriate standard for permitting cataract surgery. By using objective standards, the Ophthalmologist demonstrated clearly that the 20/70 standard would not serve the interest of the company or Ophthalmologists in ensuring the visual health of seniors.

The negotiation ends with the Ophthalmologist suggesting cost-saving alternatives. The Ophthalmologist realizes that it is important to address the company's legitimate interest in obtaining cost-savings in the area of eye care. Finding cost-savings elsewhere would make accepting a reversal in policy more palatable to the company. It also reinforces the idea that the company can work out problems with Ophthalmologists to the mutual satisfaction of both parties. In addition, it gives the company's negotiator a way to save face with his superiors at the company. Given that the Ophthalmologist may be negotiating with this same person again on a different issue in the future, the Ophthalmologist should work to ensure that the negotiator is not criticized by company managers for making concessions. This type of criticism

might make future negotiations more difficult.

## **Other Advocacy Opportunities with Large Institutions**

### ***State Regulatory Agencies***

Once a bill is enacted, it must be administered. State agencies are charged with writing rules and regulations to enforce those laws. The state departments of health, state departments of insurance, medical licensing boards, optometric licensing boards, consumer protection agencies, state attorneys general, emergency service agencies, and many other state bodies can issue rules and regulations that impact the practice of ophthalmology.

Rules and regulations issued by government agencies have the force of law. This power gives government agencies great authority. Therefore, checks and balances are imposed on regulatory bodies to ensure accountability.

- The Governor influences regulatory bodies through the process of appointing persons to direct these agencies and by providing policy direction.
- The state legislature influences regulatory bodies through the power to approve gubernatorial appointments and through the legislative branch's power to investigate.
- The courts influence regulatory bodies through the power of judicial review when a lawsuit challenging a regulation or its application is filed.
- The public influences regulatory bodies by giving testimony, making arguments, and providing evidence during the public comments and public hearing process to which regulatory bodies are subject.

State ophthalmological societies are active in influencing the regulatory process. For example, members of the New Jersey Academy of Ophthalmology expressed their concerns to the New Jersey Department of Health and Senior Services that regulations promulgated by the Department could be interpreted to mean the HMO enrollees would only be allowed to see an Ophthalmologist if the prescribed treatment was outside an optometrist's scope of practice. Members of the New Jersey Academy also state that the regulation might also allow HMOs to have optometry-only panels. Members of the New Jersey Academy argued that this was not the intent of the law and did not reflect the realities of the vision care marketplace. In response to the New Jersey Academy's concerns, the Department formally commented that an HMO enrollee could not be precluded from choosing an Ophthalmologist for vision care. In addition, the Department clarified that an HMO enrollee must be referred to any Ophthalmologist *if* it is medically necessary *and* outside the scope of practice of optometry.

### **Medicaid**

Medicaid is a jointly-funded, federal-state health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments. Medicaid is an assistance program. Patients usually pay no part of costs for covered medical expenses. Medical bills are paid from federal, state, and local tax funds. Within broad national guidelines which the federal government provides, each of the states:

1. establishes its own eligibility standards;

2. determines the type, amount, duration, and scope of services;
3. sets the rate of payment for services; and
4. administers its own program.<sup>4</sup>

State ophthalmological societies work as patient advocates before state Medical agencies to expand benefits for persons eligible for assistance. For example, members of the Ohio Ophthalmological Society negotiated with its state Medicaid agency to ensure that Medicaid covers single vision and bifocal poly-carbonate lenses for certain Medicaid eligible beneficiaries. As a result of the Ohio Society's efforts, Medicaid beneficiaries eighteen years of age or younger that are legally blind in one eye are now eligible for poly-carbonate lenses in that state.

### **Private Insurance Companies**

The private health insurance industry is driven by demand from employers who provide group health insurance to their workers. In addition, private health insurers also contract with government entities to administer government health insurance programs. Advocacy plays an important role in adjusting and developing policies promulgated by private insurance companies.

For example, Medicare is funded and overseen by the Health Care Financing Administration (HCFA), but is administered by private insurance companies that have contracts with HCFA to administer the Medicare Program for a distinct geographic area. The private insurance companies that are contracted by HCFA are called Carriers. A Carrier's responsibilities include but are not limited to the following:

1. answering inquiries from beneficiaries and providers;

2. monitoring for fraud and abuse; and
3. processing Medicare claims and determining the appropriateness of payment.<sup>5</sup>

Under HCFA rules the Carrier is required to establish a Carrier Advisory Committee (CAC) that provides a forum for exchange of information on medical policies between physicians and Medicare.<sup>6</sup> The state ophthalmological society appoints an Ophthalmologist to represent the interest of ophthalmology at the CAC. Frequently, disputes over CPT and ICD-9 billing codes policies are settled in this forum. For example, the New York State Ophthalmological Society successfully petitioned a Carrier to accept claims for visual field testing when screening for Plaquenil toxicity. The Carrier changed its policy based on evidence from current ophthalmic literature researched and presented by members of the state ophthalmological society.

## References

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4. <http://www.hcfa.gov/medicaid/medicaid/htm>.
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# 4

## Federal Advocacy

### Introduction

*In Congress, U.S. Representatives and U.S. Senators write and consider legislation each year which impacts the practice of ophthalmology. Federal legislation can affect funds for medical research, student loans for medical education, the managed care industry, Medicare reimbursements, and many other issues. In addition, a myriad of federal agencies including the Federal Trade Commission, Food and Drug Administration, U.S. Patent and Trademark Office, the Veteran s Health Administration, and the Military Services issue regulations that can also have far-reaching effects on ophthalmology. Indeed, Ophthalmologists derive approximately one-half of their annual income from federal governmental programs.*

*The processes by which Congress enacts a law and by which federal agencies issue regulation are similar to the processes in the states. As on the state level, success in influencing decisions made by powerful government bodies relies upon the involvement of Ophthalmologists in political and legislative activities. The AAO Councilor works to direct Ophthalmology advocacy efforts before Congress and federal government agencies. The AAO Councilor maintains a key contact system through which individual Ophthalmologists are mobilized to contact their federal legislators on issues that are important to ophthalmology. The AOCO actively encourages Ophthalmologists to develop relationships with their elected officials in Congress and to contribute funds to PAC.*

*Please consider the following questions as you read the case study below:*

- 1. What are the advantages of meeting a federal legislator in a district office?*
- 2. How does one give direction and focus to a meeting with a legislator?*
- 3. How does one present arguments that will have the greatest impact on a legislator?*
- 4. Why is it essential to state and reinforce simple key points with a legislator?*

### **Case Study: Advocating for Eye Research Funds**

One component of the Federal government s National Institutes of Health (NIH) is the National Eye Institute (NEI). NEI supports more than 80 percent of the vision research conducted in the United States at approximately 250 medical centers, hospitals, universities, and other institutions. In addition, the Institute conducts studies in its own facilities in Bethesda, Maryland to combat the myriad of eye disorders affecting millions of people worldwide.<sup>1</sup>

The College Advocacy Committee is aggressively supporting increased funding for research at the NEI for the up-coming fiscal year. To support the College s advocacy efforts, you have arranged a meeting with the representative in your congressional district. You have called the Academy s Washington Office for background information on your representative and for talking points on the issue.

OPHTHPAC has contributed funds to the representative s last two political campaigns. The representative is a proven friend of ophthalmology. However, you have learned that the congresswoman is also concerned about maintaining a balanced

budget this year and is being very judicious about supporting any increases in appropriations. She has not yet taken a position on increased funding for NEI. The following dialogue ensues in the representative's district office:

**Ophthalmologist:**

Good afternoon, Representative Diem. That's a great picture of you and the President on that biplane. Planes are a passion of mine.

**Rep:**

The photo is one of my favorites. It was taken at the dedication of the Eherwon Aviation Museum downtown. Have a seat. I want to warn you in advance that I do have to leave for another meeting in 15 minutes.

**Ophthalmologist:**

That will be plenty of time. I would like to bring to your attention a health concern that impacts your constituents—namely the lack of adequate research funds for eye disease. I am here to persuade you to support an increase in NIH's eye disease research arm, the National Eye Institute. I will give you solid reasons why a larger appropriation is good for your constituents as taxpayers and as patients.

**Rep:**

I have supported increased funding for NIH the last two years. However, this year it will be difficult because we are trying to keep the budget balanced.

**Ophthalmologist:**

Ophthalmologists do appreciate your support for increased funding in the

past. As a taxpayer, I am concerned about the federal deficit too.

However, NEI funding is a good investment of federal funds that will save the taxpayers money. NEI-sponsored research has already led to new and better treatments of disease that save taxpayers well over \$1 billion a year in health care costs.

**Rep:**

During the last fiscal year, I seem to recall that NEI received a very large funding increase. This year, the President has proposed another two percent increase for the up-coming fiscal year for all NIH programs. Why is that not enough for now?

**Ophthalmologist:**

We need to maintain momentum. NEI has been doing important research on macular degeneration and glaucoma, diseases that can leave seniors in virtually total darkness. Just yesterday, I saw a patient whose vision had deteriorated severely from macular degeneration. Right now, I do not have the tools to stop it. Did you know that about 3000 people in your district suffer from glaucoma and about 2500 people suffer from late stage macular degeneration?

**Rep:**

I did not know that. This is very interesting.

**Ophthalmologist:**

I know that you have to leave shortly. I feel confident that you will give this issue the consideration it deserves. Let me recap briefly, and I'll leave you with a one page

summary of key points for you to look at.

## Discussion of Case Study

Ophthalmologists do not have to travel to Washington, D.C., to meet with their federal legislators. In fact, aside from saving time and money, Ophthalmologists can make an effective case at the legislator's district office without competing with the myriad of issues and lobbyists in Washington. Federal legislators travel to their district offices frequently to meet constituents and to attend political fundraising events. For ethical and legal reasons, it is inappropriate to discuss policy issues at fundraising events. It is equally inappropriate to bring a political contribution to a meeting where policy issues are being discussed. However, attending fundraising events will help the Ophthalmologist to begin establishing a relationship with a legislator. These relationships are helpful when requesting to meet with busy, elected officials.

There are many time demands on representatives and senators in Congress. Therefore, even if the legislator is unable to meet with you in person, take the opportunity to meet with the staff person in the district office. Federal legislators frequently ask staff persons in the district office about important issues in the district. Meetings with several Ophthalmologists on a particular issue will certainly be noticed and reported.

To give direction and focus to a meeting with a legislator, an Ophthalmologist must have a game plan. In this case, the plan is to establish rapport with the legislator, state the goals and agenda for the meeting, provide simple key points for supporting the bill in a way that appeals to the representative, and

recap the key points at the end of the meeting.

The Ophthalmologist immediately established a personal rapport with the representative by mentioning her photo with the President. Typically, legislators have many plaques, certificates, and photos in their offices. It should be relatively easy to find a conversation-starter even if you do not know a legislator well. Determining the 15 minute time limit for the meeting from the outset allows the Ophthalmologist to edit the presentation to ensure that key points are made within the time constraints. The Ophthalmologist sets a clear roadmap for the meeting. The goal is to persuade the Representative to support increased funding for NEI. The agenda is to give reasons for supporting a larger NEI appropriation.

The Ophthalmologist reinforces the positive aspect of the representative's relationship with ophthalmology by thanking the representative for past support. Since budgetary issues are of concern to the representative, the Ophthalmologist frames the NEI funding issue as an investment that will ultimately save taxpayers money. The Ophthalmologist uses visual imagery to describe the vision loss resulting from eye diseases that could be alleviated by NEI research funds as "leaving seniors in virtually total darkness" and follows with a story about a patient. This is more effective than using more precise medical jargon, which the representative will likely not understand. The Ophthalmologist then explains with statistics the widespread impact of eye diseases on the representative's own constituents, the people that elected her. The Ophthalmologist does this in the form of a question to directly engage the representative. Throughout the conversation, the Ophthalmologist not only responds to the representative's concerns

and questions, but also returns to the Ophthalmologist's two key points according to the preset game plan: an increase in the NEI research funds will save the taxpayers money and those funds will help the legislator's constituents battle serious eye diseases.

The Ophthalmologist ends by emphasizing the positive tenor of the meeting in order to encourage the representative to carefully consider the increase in NEI funding. For the Ophthalmologist's key points to even be remembered (much less considered favorably), repetition is critical. Legislators are bombarded by many messages on a wide variety of issues. The recap should reinforce key points made during the discussion. The one page summary will allow the representative and her staff to review the key points at a later time. It is also important to follow-up the meeting with a thank you note that again summarizes the key points in the conversation. The Ophthalmologist should also encourage colleagues to write letters, make phone calls, and meet with the representative to reinforce those same key points again.

## **Examples of Other Federal Issues Impacting Ophthalmology**

### ***Health Care Financing Administration***

The Health Care Financing Administration (HCFA), which is part of the Department of Health and Human Services, is the federal agency that administers Medicare. Medicare is the nation's largest health insurance program, covering 37 million Americans. Medicare provides health insurance to people age 65 and over, including those who have permanent kidney failure and certain people with disabilities. Medicare has two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Medicare Part A

provides coverage of inpatient hospital services, skilled nursing facilities, home health services and hospice care. Medicare Part B helps provide for the cost of physician services, outpatient hospital services, medical equipment and supplies, and other health services and supplies. The majority of the Medicare beneficiaries receive their benefits through the fee-for-service delivery system. However, an increasing number are choosing managed care plans instead. Medicare carriers use the Physician Fee Schedule to price claims for physician services under Medicare.<sup>2</sup>

Because many Ophthalmologist patients are Medicare beneficiaries, Medicare policies impact the practice of ophthalmology greatly. Many of these issues involve the physician's fee schedule, the amount the Ophthalmologist is reimbursed for procedures and diagnoses performed on Medicare patients. However, regulations promulgated by HCFA are wide-ranging. For example, the Stark II law prohibits physicians from referring patients to health care providers with whom they have financial relationships. Currently, Medicare will only reimburse Ophthalmologists for contact lenses and eyeglasses from their dispensary if their optical shops are physically part of their practice and under the same name as their practice. Ophthalmologists are also required to advise patients that they may buy their eyeglasses elsewhere. However, a regulation, proposed by HCFA which has been deferred to the U.S. Congress for review, would preclude dispensing to Medicare beneficiaries while the Ophthalmologist is away performing surgery. Ophthalmologists have asked their representatives in Washington to exempt post-cataract surgery eyeglasses and contact lenses from the regulation.

## **Veterans Health Administration**

The Veterans Health Administration (VHA) is a part of the Department of Veterans Affairs (VA). The VHA runs the VS health-care system and included 173 medical centers, with at least one in each of the 48 contiguous states, Puerto Rico, and the District of Columbia; more than 391 outpatient, community, and outreach clinics; 131 nursing home care units; and 39 domiciliaries. VA health-care facilities provide a broad spectrum of medical, surgical, and rehabilitative care. The VA has reorganized its medical system into 22 integrated care networks and treats nearly a million patients in VA hospitals. The VA's outpatient clinics register approximately 27.5 million visits a year. An estimated 2.5 million individuals receive care annually. Over a 6-year period (recognizing that not all persons become ill every year), the VA cared for 4.7 million different veterans. The VA is used by more than 40 percent of its priority target group of primarily service-connected and low-income veterans.<sup>3</sup>

The Federal Advocacy Division carefully monitors VHA activities that impact quality eye care. For example, the VHA issued optometry service guideline that authorized optometrists to perform laser and other eye surgeries and to prescribe systemic drugs at the discretion of individual VHA facilities. The Academy's Federal Affairs Division and the State Affairs Department mobilized Ophthalmologists to contact their Senators and Representatives in Congress to withdraw these guidelines. Ophthalmologist supporters in Congress shared their concerns about the guidelines with officials at the VA. The guidelines were rescinded and negotiations regarding appropriate optometry service guidelines are proceeding. If unchallenged, these guidelines not only would have affected persons who use VA

services, but would have also had a broader political impact as well. These VHA guidelines would have been interpreted as a federal endorsement of optometric scope of practice expansion at other federal agencies and at state legislatures.

## **References**

1. <http://www.nei.nih.gov/publications/mission.htm>
2. <http://www.hcfa.gov/medicare/medicare.htm>
3. <http://www.va.gov/organization/Dvavha.htm>

## APPENDIX

### Tips on Representing Medicine

#### ***Beginning a Relationship with a Lawmaker***

- Attend a town meeting that your lawmaker might hold and introduce yourself as a local constituent and a physician in the district who wants to be more politically active.
- Contact the lawmaker's local office and schedule a personal meeting with the lawmaker when he or she is back home meeting with constituents.
- Invite the lawmaker to a public function or official function in which you are involved—a clinic opening, an open house, or a civic or charitable award ceremony.

#### ***Maintaining a Relationship with a Lawmaker***

- Send copies of local news article supportive of medicine's view on issues to your lawmaker along with a cover note.
- Respond to Legislative Alerts from your state ophthalmological society or from the AOCO to communicate with your lawmaker on a specific issue.
- After developing a good working relationship, consider inviting your lawmaker to join you at social functions.
- Place a political campaign yard sign in front of your home.
- Make a political contribution to your lawmaker's election campaign.
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#### ***Meeting with a Lawmaker***

- You should write the lawmaker to request an appointment. Be sure to explain that you are a doctor in the community and, if you want to discuss an issue, explain what topic you wish to address.

- You should be prepared to discuss how an issue affects you, your practice, your profession, and especially, your patients. Try to concentrate on one issue only.
- Try to be concise and well organized in the meeting. It is likely you will have only 15 or 20 minutes for the meeting, and you should be able to state your views in half that time or less so that you can listen to the lawmaker's views.
- If you don't know the answer to a question, do not try to guess or tell the lawmaker what you think he or she wants to hear. Instead, say you will look into the question and get back to the lawmaker with an answer as soon as possible.
- Be sure to have a one page summary of key points about the issue and your position to leave with the lawmaker after the meeting is concluded.
- After the meeting, follow up with a thank-you letter and re-emphasize key points which were discussed. Send any data or information that you may have promised to provide.
- Be sure to advise your state ophthalmological society or the AOCO, as appropriate, of any information that you may have learned.

#### ***Writing a Letter to a Lawmaker***

- Use your office or hospital letterhead when writing to your lawmaker. Personal stationery should be used if your home address is in the district of the lawmaker and your office is in another district.
- State the reason for writing. Use the bill number when writing about proposed legislation and indicate which committee or subcommittee is dealing with the bill.
- Provide brief background information about your practice (e.g., number of employees, length of time in community, etc.), if appropriate.

- Cover only one issue per letter. If possible, keep your letter to one page.
- Explain how the issue would affect you, your family, your practice, your patients, and what impact it would have on your community or state.
- Don't use threats or refer to campaign contributions. Be courteous and respectful in all communications.
- Communications written in your own words that cite your own expertise are more effective.

### Sample Letter to State Senator

The Honorable (Full Name)  
 (Office Building), (Room Number)  
 (State Name) Senate  
 (City, State, Zip)

Dear Senator (Last Name):

I am writing you to ask you to oppose Senate Bill XXX. As you know, this bill would authorize optometrists to perform laser surgery. As an ophthalmologist in your district, I am concerned that this bill would threaten the quality of medical eye care provided to your constituents and to the people of this state.

In the hands of qualified osteopathic and medical physicians, lasers have proven to be safe and effective surgical instruments. Like traditional surgery, however, laser surgery permanently alters tissue and can cause permanent damage. Ophthalmologists safely perform laser surgery because they have completed a rigorous medical school curriculum and additional clinical residencies as eye surgeons.

Some optometrists believe that they have the ability to utilize high-intensity lasers to perform surgical procedures with nominal training. While optometrists serve a valuable

role in the delivery of basic vision services, laser surgery is well beyond optometric training and expertise. Once again, please oppose Senate Bill XXX.

Sincerely yours,

(Your Name)

### Conducting a Hospital or Clinic Tour for a Lawmaker

- Send a written invitation to your lawmaker, or extend an invitation at a person meeting when you are discussing a key issue. Follow-up with a written note to confirm.
- Inform your staff and colleagues of the date and time of your lawmaker's visit. Choose staff members to briefly describe their duties and, if possible, connect a legislative issue that impacts their job.
- Try to include colleagues and staff members who are politically active or who have a special relationship with the lawmaker.
- Be sure to determine how much time the guest will have to spend with you and try to keep on a schedule. Choose particular areas that illustrate the points you want to make.
- Remember to emphasize pertinent legislative issues as you demonstrate equipment and describe procedures.
- Write a note to your lawmaker to thank him or her for the visit. In the note, re-emphasize points you made in your tour.
- If photos were taken during the tour, send copies to the lawmaker and send a copy to your state ophthalmological society or the AOCO, as appropriate.

### References

1. Adapted from American Medical Association, *Representing Medicine: Developing Constituent Skills –Participant's Handbook*, Grassroots Training Seminar, Participant's Handbook.