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AOA Federal Relations Committee
AOA COVID-19 RELIEF EFFORTS: WHERE WE’VE BEEN AND WHERE WE’RE GOING

ADAM PARKER, O.D.
AOA FEDERAL RELATIONS COMMITTEE

VIRTUAL

AOA ON CAPITOL HILL

AMERICAN OPTOMETRIC ASSOCIATION
AS THE PANDEMIC HITS, AOA ADVOCACY SPRINGS INTO ACTION

In late February, as the COVID-19 pandemic took hold, AOA quickly ramped up efforts to spur Capitol Hill action with an eye on helping doctors of optometry, students, staff and patients.

As a direct result of CDC recommendations urging stoppage of all elective care, lawmakers heard the struggles of remaining open for urgent and emergent care despite drastic decline in patient flow.

As Congress moved to respond, the first virus relief package included a significant AOA-backed win—full physician recognition under and participation in Medicare’s telehealth expansion.
FROM NEW CARE DELIVERY OPTIONS TO DIRECT RELIEF

With new AOA-secured options to continue providing some care for patients (now virtually) despite the massive disruption, AOA turned its attention to securing direct relief.

AOA members quickly mobilized to urge lawmaker support for struggling practices, office staff, students and patients. Lawmakers increasingly worked with AOA and others on ideas for direct relief.

These ideas included key legislation (S. 3559/H.R. 6365) backed by AOA from the start and sponsored by Sens. Barrasso (R-WY) and Bennet (D-CO) and Reps. Schirer (D-WA) and Roe (R-TNw) on what became known as the AOA Physician Relief Plan.
CONGRESS APPROVES AND PRESIDENT SIGNS “CARES ACT”

Following immense pressure from thousands of doctors, students, staff and patients, Congress approved, and the President signed into law, a multi-trillion-dollar relief package—the CARES Act.

The legislation, which included key AOA-backed provisions, provides:

• direct relief for optometry practices and office staff.
• help for struggling students and new doctors.
• support for patient health and safety.

A win for students and new doctors, the CARES Act included a federal deferment of federal student loan payments, principal, and interest for six months.
THE CARES ACT–WHAT’S IN IT FOR OPTOMETRY?

To aid optometry practices and staff, AOA worked hard to ensure that optometry was fully eligible for the Paycheck Protection Program (PPP) and its system of forgivable small business loans.

According to federal data:

- ~17,000 doctor of optometry practices secured
- ~$678,000,000 in PPP forgivable loans.

AOA also ensured that doctors were eligible for the new Small Business Administration Economic Injury Disaster Loans and corresponding EIDL emergency grants.
THE CARES ACT—WHAT’S IN IT FOR OPTOMETRY?

While the CARES Act did not ultimately include the specific AOA-backed legislation (S. 3559/H.R. 6365), lawmakers worked with AOA and borrowed from AOA Physician Relief Plan to develop a new plan.

Included in CARES was nearly $100 billion set aside in an HHS account specifically designated for physician relief. AOA worked closely with lawmakers and HHS to ensure that ODs would be fully recognized.

After further direct talks with HHS and Capitol Hill, doctors began receiving “HHS Provider Relief Grants.” So far, thousands of doctors have received relief—totaling roughly $16,000 per practice.
...THAT WAS THEN. NOW WHAT?

MOVING FORWARD...
AOA DOCTORS AND STUDENTS FIGHTING FOR NEW RELIEF

**New Crisis Relief and Recovery Aid** to provide further relief—AOA is pushing for a PPP “second draw” that can be used for a wider range of expenses (including PPE) and is still working to advance S. 3559/H.R. 6365 (“AOA Physician Relief Plan”), which would provide new grants to doctors of optometry and others.

**Expand Public Health and Social Services Emergency Fund**—AOA is pushing for new money for HHS grants and for broader participation, including those with smaller Medicare patient bases, larger Medicaid and MA bases, those in underserved areas, and those that do not generally bill public programs as a significant share. AOA is also backing legislation (S. 4525/H.R. 7819) to remove tax liability for these funds.
AOA DOCTORS AND STUDENTS FIGHTING FOR NEW RELIEF

Medicare Accelerated and Advance Payment Programs – AOA supports updates including:
• postponing recoupment for one-year after the advance payment is issued.
• reducing the per-claim recoupment amount from 100% to 25%.
• extending the repayment period for doctors of optometry and other physicians for at least two years.

Relief for Optometry Students and New Doctors – AOA is backing proposals to provide relief for private student loan borrowers and others and supports the establishment of a federal and private loan forgiveness program for loans acquired to receive medical and professional training by doctors of optometry and others on COVID-19's frontlines.
AOA DOCTORS AND STUDENTS FIGHTING FOR NEW RELIEF

Liability Reform – AOA supports federal language that would hold doctors of optometry and other physicians harmless for COVID-related patient injury or death while acting in good faith. That language should maintain vital protections for those who are victims of acts of gross negligence or willful misconduct.

Testing – AOA appreciates HHS action in 2020 to expand access, including through ODs, to COVID-19 testing and removing unnecessary regulatory burdens for ordering lab tests. As Congress considers new programs and resources aimed at boosting COVID and COVID-related testing capacity, AOA is urging lawmakers to ensure that doctors of optometry are fully eligible for existing and new testing efforts.
AOA DOCTORS AND STUDENTS FIGHTING FOR NEW RELIEF

Hazard Pay—AOA supports federally-backed hazard pay for employed ODs on the frontlines. Any hazard pay proposal should fully recognize the key role doctors of optometry play in helping to provide for urgent and emergent care while keeping patients out of overflowing emergency rooms. Hazard pay proposals should include federally-backed premium pay increases along with recruitment incentives.

Business Interruption Credit for Self-Employed—AOA supports efforts in Congress to ensure that ODs and others are eligible for refundable individual income tax credits for those who have experienced a significant loss of income due to the pandemic.
1. Doctors of optometry, students, and staff appreciate what Congress has done to help mitigate the impact of the pandemic. PPP forgivable loans, EIDL grants and loans, HHS physician grants and student loan deferments have all helped, but more can and must be done.

2. Doctors of optometry, students and staff are on the frontlines of the pandemic and continue to play a key public health role in keeping their communities healthy and safe.
KEY MESSAGES FOR CAPITOL HILL

3. Following CDC stoppage of all elective/preventive care at the onset of the pandemic, most optometry practices saw sharp decreases in patient visits for primary eye and vision care. Despite this, most practices remained open to provide urgent/emergent care to help keep patients out of emergency departments.

4. Doctors, students and staff support a second PPP “draw” that would allow funds to be used for PPE and other costs. We are also backing S. 3559/H.R. 6365 that would provide new support for small health practices and an important bill (S. 4525/H.R. 7819) which would remove tax liability for previous HHS direct physician support.
KEY MESSAGES FOR CAPITOL HILL

5. Doctors, students and staff support making the Medicare Accelerated and Advanced Payments program work better for doctors and would encourage Congress to include new relief for optometry students and new doctors by extending loan deferment.

6. Doctors, students and staff also support:
   • new health care liability protections
   • full recognition and inclusion in new and existing testing efforts
   • federally-backed hazard pay for employed doctors
   • business interruption tax credits for self-employed doctors of optometry
THANK YOU!!

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AOA FEDERAL RELATIONS COMMITTEE
Chris Wroten, O.D.

AOA Federal Relations Committee
FTC Contact Lens Rule & Robocall Ban Bill Update

CHRIS WROten, OD
AOA FEDERAL RELATIONS COMMITTEE
Actions & Consequences

Kutol Products

- Founded: 1912 in Cincinnati
- Powdered hand soap manufacturer
- Failing business by 1927
- Brothers Cleo & Noah McVicker attempt to save company
- Meeting with Kroger Grocery Stores
  - Wallpaper cleaner?
  - 15K cases (& $5K late fee)
  - Noah comes through!
Actions & Consequences

Kutol Products

- Cleo dies in plane crash
- Enter Cleo’s son Joe McVicker & Cleo’s Son-in-Law Bill Rhodebaugh
- By 1950’s, wallpaper cleaner demand vanishes & company about to fold
- 1954–Joe’s sister-in-law, Kay Zufall, reads article about wallpaper cleaner as cheap decorating option
- New product: “Kutol’s Rainbow Modeling Compound”!!
  - Kay thankfully thought it was a horrible name & instead suggested...
Actions & Consequences
Actions & Consequences
1956 - McVicker had given Kutol away to family & created new company for Play-Doh (Rainbow Crafts) which he maintained control of

1965 - General Mills makes an offer for Play-Doh of $3M

Actions & Consequences?
Contact Lens Rule Review

- FCLCA Dec. 2003 → FTC Contact Lens Rule 2004
- Actions & Consequences
- ~5 years ago, FTC began reviewing & exploring changes to Contact Lens Rule
- From start, AOA, other medical groups, consumer advocates & concerned lawmakers urged Commission not to place any new burdens on doctors & instead address illegal CL sales
After completing review, FTC issued proposal ignoring robocall problem & instead requiring eye doctors to:

- Obtain patient-signed forms certifying prescription release
- Retain for 3 yrs, and
- Be able to produce on demand for investigators

AOA & allies immediately began to fight back

- FTC meetings
- Multi-lawmaker letters
- Capitol Hill hearings
- Direct OD & affiliate engagement, including key workshop with FDA/CDC
- Communications to President

That years-long advocacy ultimately forced FTC to reconsider
Then, after shelving rule changes for some time, FTC decided to slightly change the proposal & finalize June 23, 2020—in the middle of a pandemic!

- **Enforcement date set for Oct. 16, 2020**

- While rule change does provide some flexibility for getting patient signatures & new requirements for verification robocalls, it still includes AOA-opposed paperwork & retention mandate, & fails to eliminate verification robocalls

- The rule also stands in contrast to the May 2020 federal directive aimed to specifically ease regulations that may inhibit economic recovery
Contact Lens Rule Review

“The Federal Trade Commission today announced the approval of a final rule amending the agency’s Contact Lens Rule, which facilitates shopping for contact lenses by requiring prescribers to automatically provide a copy of a patient’s prescription to the patient and to verify or provide prescriptions to third-party sellers.

The Final Rule requires prescribers to request that their patients confirm that they have received their prescriptions, and allows flexibility in the way the prescription and confirmation are provided.”

Contact Lens Rule Review

Contact Lens Rule

16 CFR Part 315

TAGS: Consumer Protection | Advertising and Marketing | Health Claims | Health Care | Optometry | contact lens

- Summary of Communication Between American Optometric Association (AOA) and American Academy of Ophthalmology (AAO), FTC Chairman Joseph Simons and Commission Staff (93.8 KB)
- Comments from the American Optometric Association Prepared for the Federal Trade Commission (2.72 MB)
- Summary of Communication Between Health Care Alliance for Patient Safety (APS), FTC Chairman Joseph Simons and Commission Staff (90.72 KB)
- Comments from the Health Care Alliance for Patient Safety (APS) Prepared for the Federal Trade Commission (340.85 KB)
- Comments by 1-800 Contacts Prepared for the Federal Trade Commission (7.99 MB)
- Summary of Communications Between 1-800 Contacts and Chairman Joseph Simons and Staff (123.51 KB)
- Summary of Communication Between 1-800 Contacts and Commissioner Chopra and Staff, and Comments Provided by 1-800 Contacts (2 MB)
- Summary of Communication Between American Optometric Association and Commissioner Chopra and Staff, and Comments Provided by American Optometric Association (950.56 KB)

https://www.ftc.gov/enforcement/rules/rulemaking-regulatory-reform-proceedings/contact-lens-rule
STATEMENT OF COMMISSIONER REBECCA KELLY SLAUGHTER


...I write to candidly observe an anticompetitive dynamic in the contact-lens market in the United States that cannot be fixed within the bounds of our rulemaking authority under the current Act. I therefore respectfully suggest to Congress that it consider a narrow legislative fix that could further empower consumers and promote competition among contact-lens sellers, including by facilitating new entrants. In nearly every other developed economy, consumers have more choices and pay far less for their contact lenses. One reason for this disparity is that, in the United States, a prescription is required for contact lenses, and, under the Act, that prescription must indicate not only the power and diameter of the lens but also its “manufacturer.” 15 U.S.C. §§ 7603(c)(2), 7610(3)(E).”
...Congress should consider a small change to the Act that could bring clarity to this burgeoning gray market, protect consumers, and promote competition. One possibility is to strike the word “manufacturer” from §§ 7603(c)(2) and 7610(3)(E), which describe the essential elements of a prescription. That way, most consumers could then choose the right contact lens brand or manufacturer for themselves based on price, comfort, ease of delivery, and other criteria over which sellers would compete. The majority of contact-lens consumers, who would benefit from choosing among multiple manufacturers or sellers, would then be empowered to comparison-shop without being locked into a single manufacturer by their prescriptions.”

...My observations do not arise from any medical expertise. I understand that there are important subsets of consumers for whom the selection of a particular brand or manufacturer on the prescription does represent the prescriber’s medical judgment about the ocular health of the patient. One example is patients with astigmatism, who require special lenses outfitted with tiny weights to keep the lens in place, and only one manufacturer presently makes such lenses. The updated Act could account for such situations by allowing otherwise anticompetitive lock-in of brands on prescriptions where the prescribers’ selection is based on their medical judgment about the patient’s ocular health (perhaps with a phrase such as “material or manufacturer where appropriate,” following the Act’s other prescription elements such as “diameter where appropriate,” § 7610(3)(G))”
STATEMENT OF COMMISSIONER REBECCA KELLY SLAUGHTER

“In the Matter of Contact Lens Rule Review Commission File No. R511995
June 23, 2020

... The Rule presently relies on prescribers’ medical judgment in allowing exceptions to the baseline standard that prescriptions last at least one year. See 16 C.F.R. § 315.6(a)(3) (prescriptions can expire in less than one year “if that date is based on the medical judgment of the prescriber with respect to the ocular health of the patient”).

Another path that may prove fruitful is for Congress to task the Food and Drug Administration with conducting a study about the therapeutic interchangeability of different kinds of lenses for common ocular ailments, such as nearsightedness. The FDA could also study whether a minimum prescription period of two years instead of one year would benefit consumers without threatening ocular health.”

...Such an effort would follow in the footsteps of the modern generic-substitution revolution in pharmaceuticals, facilitated by the Drug Price Competition and Patent Term Restoration Act and Biologics Price Competition and Innovation Act, which has proved a great boon to consumers nationwide. My hope is that policymakers do not see this Final Notice of Rulemaking as the final step in the long journey to improve the contact-lens market for American consumers. We have more work to do.”
While >100 lawmakers had already been fighting alongside us for years, new effort for Hill support launched in June.

<2 weeks after FTC announcement, House appropriators, led by Chairman Mike Quigley (D-IL), approved language admonishing FTC & demanding delay.

Part of larger spending bill yet to become law.
“The rule fails to sufficiently modernize the prescription verification process by eliminating the use of robocalls and imposes new burdensome paperwork requirements on providers and patients...the Committee directs the FTC to suspend any implementation or enforcement until March 31, 2021.”
At the same time, House & Senate quickly moved to demand that Congress, at the very least, pass a law delaying rule changes until pandemic over.

92 House members joined Reps. Rush (D-IL) & Burgess, M.D., (R-TX) decrying robocalls & urging leadership to fix issue in virus relief legislation.

20 senators, led by Sen. Roger Wicker (R-MS), chairman of the Senate Commerce Committee, sent letters urging Senate leaders to fix or at least delay paperwork mandate in upcoming virus relief legislation.
To view Senate signers of Wicker letter:

To view House signers of Rush-Burgess letter:
Key FTC Rule Messages to Hill

- FTC has announced—in the middle of a pandemic!—a new paperwork & record retention mandate set to take effect Oct. 16, 2020

- According to FTC:
  - It will cost $13 million annually!
  - Need to act is based on 0.0000008% complaint rate!!
  - The new requirements do nothing to help patients, will only punish the near 100% now following law, & will increase costs to consumers
  - AOA has offered the posting of signage, as is currently required in California, as an alternative to the new paperwork mandate
Rule also leaves in place prescription verification robocalls, which too often lead to patients receiving lenses not fitted & prescribed by their eye doctor.

With the rule changes threatening a new burden in the middle of pandemic & failing to protect patients when they need it most, *Congress must now step in to fix the FTC mess.*

94 House & 20 Senate members have so far sent letters to Congressional leadership urging a fix in upcoming COVID relief legislation.

More lawmakers are needed to write similar letters!!

Links to draft letters in AOA’s FTC rule fact sheet.

Urge Senators to co-sponsor new Boozman Bill—Contact Lens Rule Modernization Act. Would replace paperwork with signage requirement and would eliminate robocalls.
Also Fighting to End Verification Robocalls

- At the same time we’re fighting back against the proposed rule, we’re also continuing to work to advance legislation to end verification robocalls.

- AOA & the Alliance for Patient Safety are backing legislation sponsored by Reps. Bobby Rush (D-IL) & Michael Burgess, MD (R-TX) that would eliminate all contact lens prescription verification robocalls.
The Need for H.R. 3975

• Increasingly, online sellers are using disruptive & unreliable prescription verification robocalls that too often lead to patients receiving contact lenses not prescribed by their eye doctor.

• Some online sellers are knowingly taking advantage of the current “passive verification” system (doctors have 8 business hours to respond or prescription is considered verified) to sell medical devices to patients not prescribed by an eye doctor—needlessly placing them at risk.

• Recent surveys showed that:
  • *1 in 3 consumers have been able to obtain contact lenses with an expired prescription*
  • *1 in 4 received different contact lenses than were prescribed*
What Does H.R. 3975 Do?

H.R. 3975 would:

• Ban prescription verification robocalls, allowing online sellers to verify prescriptions by live telephone, fax or secured HIPAA-compliant email

• Require that online sellers offer a method for allowing patients to upload an electronic copy of their contact lens prescription, thereby skipping the verification process altogether
Key Messages for Capitol Hill

- Contact lenses are a safe & effective vision correction option when appropriately used, but wearing lenses not fitted & prescribed by an eye doctor can have serious consequences.

- Unfortunately, some online sellers are increasingly using disruptive & unreliable prescription verification robocalls, which too often leads to patients receiving lenses not prescribed by their eye doctor, needlessly placing them at risk for serious complications.
H.R. 3975 would update the contact lens verification process to disallow robocalls, but still provide sellers with the options of live telephone, fax, & secure HIPAA-compliant email.

To help make the contact lens prescription verification process simpler & safer for patients, U.S. House members are urged to co-sponsor H.R. 3975.
Actions & Consequences

- 1965-General Mills makes an offer for Play-Doh
- Actions & Consequences?
- Joe McVicker sells Play-Doh to General Mills for $3M
Actions & Consequences

>3 Billion Cans Sold!
Actions & Consequences?

What will we do?
Thank You!!

Chris Wroten, O.D.
AOA Federal Relations Committee
Stephen Montaquila, O.D.

AOA Federal Relations Committee
Confronting Vision Plan Abuses
DOC Access Act (H.R.3762)

Stephen M Montaquila, OD, FAAO
AOA Federal Relations Committee
The Broken Vision Plan Market

More than 200 million Americans now have coverage for preventive eye exams and materials (glasses/contact lenses) through a vision plan.

Unfortunately for patients and doctors, vision plans enjoy special legal treatment (not regulated like health insurers) and there is little competition in the vision plan market.

Currently, a small number of plans monopolize markets in a large majority of communities. In fact, the two most dominant vision plans provide coverage to roughly two-thirds of Americans.
The Broken Vision Plan Market

On top of that, **some plans have become vertically-integrated behemoths**—manufacturing and selling materials, operating labs, and increasingly competing directly with doctors on the retail level.

While this competition isn’t necessarily a bad thing, serious issues arise when these competitors use their **vision plan market dominance to force into doctor agreements** provisions that limit patient choice or influence doctor decision making.

This is especially troubling when those provisions are squarely aimed at **boosting sales of the materials they produce or use of the labs they own**. That is clearly abuse.
Fighting Back Against Health and Vision Plan Abuses

• AOA and affiliates have been increasingly fighting back, including against limits on a doctor’s choice of lab and non-covered services and materials mandates.

• 22 states have passed laws banning these and other abusive practices. More are on the way.

• ERISA and other federally-regulated plans, however, sidestep state laws. That is why a federal complement to ongoing state efforts is needed.
Optometry and dentistry face similar concerns and both realize need for federal effort.

Dentistry has had head start on state level, working for many years and passing laws in 41 states so far.

AOA and ADA decided to partner on a federal bill, DOC Access Act.
The Dental and Optometric Care Access Act (H.R. 3762) was introduced by Reps. Dave Loebsack (D-IA) and Buddy Carter (R-GA).

The bill aims to reign in abusive vision and dental plan policies and put doctors and their patients—not plan executives—back in control of important health care decisions.
What Does the DOC Access Act (HR 3762) Do?

1. Bans federally regulated vision and dental plans from setting prices on goods and services the plan doesn’t cover.

2. Blocks those plans from restricting or limiting a doctor’s choice of lab or supplier.
What Does the DOC Access Act (HR 3762) Do?

3. Limits plan-doctor agreements to two years, unless otherwise indicated by the doctor. This keeps plans from long-term, unilateral changes.

4. Does not rely on federal regulators to enforce – includes private right of action allowing a doctor to take an offending plan directly to court.
Vision and dental plans are digging in, with National Association of Vision Plans (NAVCP) leading the charge. In fact, NAVCP retains a high-profile lobbying and PR firm to combat DOC Access.

- Plans claim that these types of laws are only designed to line the pockets of greedy doctors at the expense of patients and consumers. These myths are flatly debunked by Avalon economic study.

**Vision and dental plans**

- Digging in with National Association of Vision Plans (NAVCP) leading the charge. In fact, NAVCP retains a high-profile lobbying and PR firm to combat DOC Access.

**Background**

Some limited-scope vision and dental coverage ("vision plans" and "dental plans") force doctors of optometry and dentists to charge specific rates for services and materials not covered by the plans ("non-covered services," or NCS). Most states (40) already have in place laws which prohibit either vision or dental plans (or both) from engaging in this anti-competitive practice. At the federal level, H.R. 3523, in part, is designed to complement these state laws by prohibiting this practice on the part of plans regulated at the federal level.

**Economics**

The practice on the part of plans is an example of monopsony, which is an economic term referring to a practice that is similar to a monopoly, but on the "buyer" side: that is, whereas monopoly is defined as a single (or concentrated) producer, monopsony is defined by a single (or concentrated) buyer. In the case of NCS, the plans are essentially using their market power to dictate pricing structures on items and services for which they bear no financial responsibility.

This practice is not necessarily undesirable from a consumer perspective, but only if there are no negative externalities from the practice. If providers were "overcharging" patients, and the plan used its monopsony buying power to reduce all fees charged to its members, then consumers would benefit. However, if providers are not "overcharging" patients, then the fee limits can be used to essentially "transfer" some part of provider's operating margins to the plans, with no gain for consumers (and, at times, may actually be detrimental to consumers through higher overall costs to compensate for these transfers.) The transfers take place as plans use the fee restrictions as non-price competition to compete with each other.

**New Study**

Avalon conducted a study of hundreds of doctors of optometry and dentists in North Carolina and Texas to assess whether those doctors in these two states were affected by laws in those states prohibiting plans from forcing providers to adhere to NCS mandates. The working hypothesis was this: if the laws did not result in marked change in charges and payments for typical NCS, then it is clear that providers had not been "overcharging" patients. If providers had not been overcharging patients, then the implication is that the kind of monopsony behavior exhibited by plans with respect to NCS is not the kind that would be useful for consumers. It is the kind designed to transfer operating margins from providers to plans without benefiting consumers.

**Findings**

Our research found that for doctors of optometry and dentists in both states, even after the enactment of laws barring NCS mandates, the vast majority of providers continued to offer normal discounts and receive payments from patients that were below their charged amounts. Thus, the laws had no effect on the providers—they continued billing their "usual, customary and reasonable" (UCR) amounts and received reduced amounts up to 50% less than their charged amounts. As in the years prior to the NCS laws, it is clear from the findings that the providers were not "overcharging" for the services before the NCS laws and they continue to not overcharge for the services in the presence of the NCS laws.

Our research also found that in these states, NCS mandates, when in place before the enactment of state-based NCS laws, led to higher overall costs for all consumers in the vision and dental plan markets. While vision and dental plan mandates on doctors may have artificially set pricing structures (without any net benefit for patients, as discussed above) for some patients with this limited-scope vision and dental coverage, the NCS mandates have another effect: they lead to higher overall costs for these consumers and, effectively, for all other consumers in the market as doctors are forced to compensate for the "transfer" of operating margins to the plans due to NCS mandates.

**Conclusions**

Our research suggests that the kind of monopsony behavior engaged in by vision and dental plans is not benefiting consumers (and is actually harming consumers in the short-term and even more in the long-run) but is instead benefiting only the plans themselves.

While DOC Access now has 54 co-sponsors, many more must be added to make this bill a priority for the 116th Congress. Lawmakers need to hear from as many doctors and students from their district as possible.

When speaking to lawmakers and staff, make clear that these ongoing health and vision plan abuses are hurting your patients and practice. Use examples that will personalize these issues.
The vision plan market is broken and, without Congressional action, patients and their doctors will continue to suffer.

Little competition exists among plans, most plans dominate individual community markets, and have become vertically-integrated behemoths, making and selling eyeglass lenses and frames, operating labs to produce finished products, and often competing directly with doctors through their own retail locations.

Instead of serving to boost consumer choice, the plans instead use their vision plan market dominance to insert abusive policies into doctor-plan agreements—often with the goal of forcing patients to buy their products and doctors to use their services.
42 states have so far taken action to stop vision and dental plan abuses, but because federally-regulated plans can side-step state laws, Congress must now act.

The DOC Access Act targets specific mandates that force doctors to charge patients at specific rates for services and materials not covered by the plan and restricts choice of lab (often forcing doctors to use a lab owned by the plan) when providing needed care and treatment for patients.

For patients, these plan abuses are leading to higher overall costs and shrinking access to essential eye and vision care. For doctors, too many are being forced to choose between continuing to provide needed care to their neighbors and keeping their small business health care practices viable!
Independent economic studies have shown that state laws like DOC Access help to lower costs over time and offer greater access to care and more choice for consumers.

The AOA and ADA support DOC Access to help ensure that patients and their doctors are again in control of important health care decisions. Please join as a co-sponsor of the DOC Access Act (H.R. 3762)
Thank You!!!

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AOA Federal Relations Committee
Bob Theaker, O.D.

AOA Federal Relations Committee Chair
Advocating from Afar—Tips, Tricks and Best Practices for Being a Virtual Advocacy Force

Bob Theaker, O.D.
Chair, AOA Federal Relations Committee

Matt Willette
Director, AOA Congressional Relations
Thank you for playing an important role in Virtual AOA on Capitol Hill 2020!

Growing from 200 attendees a decade ago to more than 700 today, AOA on CH is a big reason why AOA has been repeatedly recognized as one of the top advocacy organizations in D.C.
While AOA volunteers and staff work 24/7/365 on your behalf, your U.S. Senate and House members care most about what YOU think and how YOU want them to respond.

That’s what makes this meeting so important—the direct connection with YOUR lawmakers and staff. Nothing can replace it.

A survey of Capitol Hill staff found 97% think the most effective advocacy is direct constituent engagement with lawmakers.

AOA on Capitol Hill gives AOA advocacy the boost that it needs each year—we’d be a whole lot less effective with it.

“IF YOU THINK YOU’RE TOO SMALL TO MAKE A DIFFERENCE, YOU HAVEN’T SPENT A NIGHT WITH A MOSQUITO”—AFRICAN PROVERB
With that being said, though, issue advocacy is team sport—and a full-contact one at that. Joining together brings strength in numbers, but there are a lot of advocates fighting for attention.

Advocates are fighting for lawmaker and staff attention and even staff is now fighting for their boss’ attention, especially in these pandemic times - any time they spend on our issues is less time they can spend on other advocates’ issues.

Advocacy is also a game of inches—out of the 7,000 or so bills introduced each year, less than 5% will become law. And of those that do become law, the average length it takes from introduction to be signed into law is six years. The goal is to keep winning new supporters and moving the issue forward.
Advocating in the Age of COVID–Is It Really that Different?

With the continuing pandemic and Capitol Hill offices closed to the public, virtual AOA on Capitol Hill was our best option to continue building advocacy momentum.

While nothing can replace face-to-face advocacy with lawmakers and staff, phone and/or video calls come in a very close second.

Despite the drawbacks to virtual, some of the longstanding advocacy principles still ring true.
Tip #1—Become a knowledgeable advocate before your meeting:

- Get to know your lawmakers and their background, what are the big issues that motivate them, what connection do they have to optometry?

- Become as much of an expert on the issues to be discussed as possible—try to memorize at least one stat or fact.

A good place to start is the Advocacy Day App (instructions in your AOAonCH digital handbook)—read the AOA fact sheets, see how your lawmaker stands on issues, learn more about them personally.

“ONE PERSON CAN MAKE A DIFFERENCE, AND EVERYONE SHOULD TRY”—JOHN F. KENNEDY
Tip#2–In meetings with lawmakers and/or staff, make sure they understand the link you have to your community and the important health care and job creating role optometry plays:

-Where you live/practice/go to school and any other important link to your community–faith group, civic organizations, etc. Make sure to include any overlapping links–shared school ties, sports teams, unrelated issue advocacy.

-Briefly explain what a doctor of optometry does and the type of care you provide–don’t assume they already know this unless you know otherwise. Especially when discussing certain issues, make sure to point out a reason why you should be listened to, such as focus on CLs in your practice etc.
Tip #3—Explain the issue(s) to be discussed one at a time, providing a personal story each time relaying how the issue affects you, your patients, and practice. Do you have a CL adverse event story due to online sales, a robocall story where the patient was sold lenses after you called to block the sale etc.?

Be prepared to answer questions and to say, “I don’t know.” Much better to follow-up later than to provide a quick but untrue answer.

- Follow each issue up with an ask—what you want the lawmaker to do about it. Ask them to co-sponsor our bills, send a letter to House or Senate leadership opposing the FTC rule changes etc.

“YOU MAY HAVE TO FIGHT A BATTLE MORE THAN ONCE TO WIN IT” – MARGARET THATCHER
**Tip#4**—Follow-up on your meeting with a thank you (can be done through Advocacy Day App) and commit to following up on your ask:

- Thank the lawmaker or staffer on the call and take the time to send a follow-up thank you after your meeting. In your thank you note, remind them what was discussed and what you would like them to do (a draft message is prepopulated in the Advocacy Day App).

- If needed, follow up with the lawmaker or staffer (more likely) present in a week or two to ask about progress on your ask/their commitment to help. Capitol Hill offices are so busy, that a frequent reason for the office not following through is simply because they forgot/didn’t get to it yet and that the advocate didn’t keep pressing.
Tip #5—Commit to being a long-term advocate and resource to the lawmaker and their staff:

- Advocacy is a year-round sport. Congressional offices like hearing from constituents once-in-a-while, but they really pay attention to those that are regularly engaged. Don’t get frustrated because a relationship doesn’t develop immediately—sometimes it takes many months or even years to develop.

Make sure it’s a two-way street—see how you can help them. Attend a town hall or local political event. Write a letter to the editor, volunteer for their campaign, or help in some other way.

“UNLESS SOMEONE LIKE YOU CARES A WHOLE AWFUL LOT, NOTHING IS GOING TO GET BETTER. IT'S NOT” – DR. SEUSS, THE LORAX
**Tip#6**–Join together with thousands of your colleagues as a year-round AOA advocate. Becoming an AOA advocate is easy–there are a number of ways to get involved with little commitment.

Start by reading AOA communications to keep up on the latest from the advocacy front.

Use the AOA’s Online Action Center to write your lawmakers–found on aoa.org under the Advocacy tab.

Become an AOA Federal Keyperson–serving as the primary contact to a lawmaker.

Become an AOA-PAC Investor–text EYES to 41444
Thank You!!

Bob Theaker, O.D., AOA Federal Relations Committee Chair

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Matt Willette Director, AOA Congressional Relations

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IF YOU HAVE AN IMPORTANT POINT TO MAKE, DON'T TRY TO BE SUBTLE OR CLEVER. USE A PILE DRIVER. HIT THE POINT ONCE. THEN COME BACK AND HIT IT AGAIN. THEN HIT IT A THIRD TIME - A TREMENDOUS WHACK” – WINSTON CHURCHILL
THANK YOU for joining AOA on Capitol Hill!

We welcome your feedback–post-event surveys will be distributed via email tomorrow after the closing program.

We look forward to seeing you tomorrow for the closing program.

2020 Elections and Beyond.