










STATE GOVERNMENT RELATIONS COMMITTEE (SGRC) ADVOCACY RESOURCES



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OVERVIEW & INTRODUCTION

The American Optometric Association, in close partnership with our affiliate members, has a rich history of successfully advocating for and advancing the practice of optometry in legislatures nationwide.

Building on the State Government Relations Committee's Advocacy Toolkit, we have developed additional resources to support your ongoing legislative goals and advocacy activities. The tools and information provided here will help you navigate the current political and legislative landscape, as well as engage with lawmakers, the public and other key audiences.

THE MATERIALS PROVIDED IN THIS KIT INCLUDE:



TOOLS

Keyperson Tools
(best practices guide,
task checklist)



OUTREACH

Materials for outreach
to legislators
(talking points and
a fact sheet)



MESSAGES

Content for use online,
in newsletters
and social media

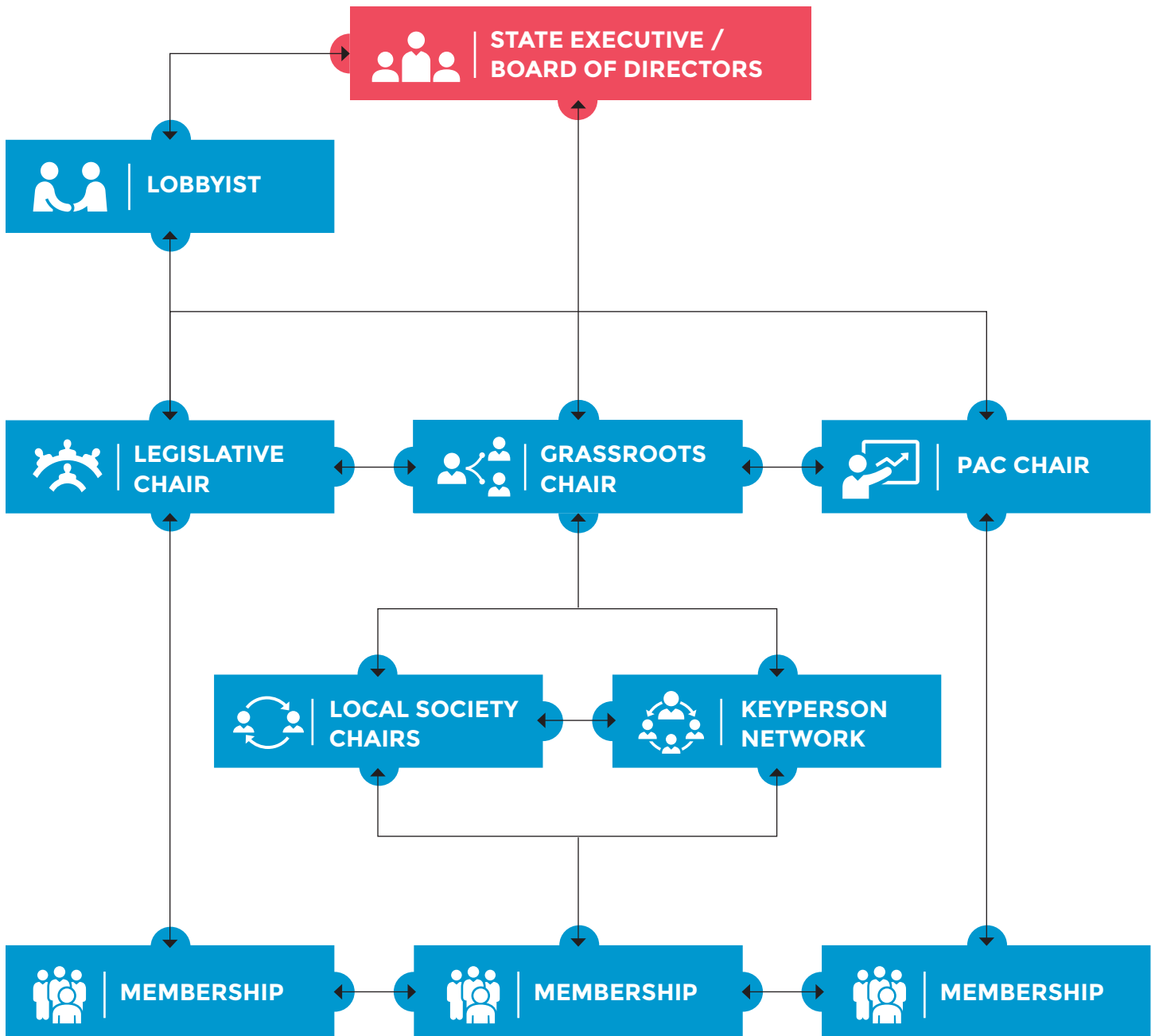
In all cases, advocates are encouraged to modify the materials as needed, particularly to reflect aspects of legislation that are unique to your state.

Thank you for doing your part to advance the interests of doctors of optometry not only in your state, but across the country. We hope the information provided here will help bolster your insights as you strategize and develop a plan for victory in redefining what it means to be a doctor of optometry in your state!

If you have questions or need additional information, please contact Dana Reason, at DReason@aoa.org.



STATE AFFILIATE DIAGRAM/COMMUNICATION TREE



Frequent communication with SGRC staff and liaisons, as well as your AOA Board of Trustees liaison, can be an excellent resource for information and feedback.

ADVOCACY ENGAGEMENT TIMELINE

YEAR ONE – INITIALIZING ACTION

JANUARY-MARCH

- Survey association membership to assess the following but not limited to:
 - Priority legislation from majority of membership;
 - Willingness to fully engage on grassroots and key person front;
 - Willingness to financially engage with individual candidates, political parties and PAC's;
 - Willingness to host and attend candidate fundraisers.
- Host optometry day at the state capitol (can also be during Q2, depending on your legislative session).
- Evaluate keyperson network and identify what districts/legislators do not have a keyperson. Day at the Capitol can be a good first opportunity for a volunteer to meet their legislator if they have not already.
- Fill openings and have an doctor of optometry committed to be the keyperson for every legislator.
- Plan PAC contributions for the primary, focusing on leadership, health chairs and committee members. Most importantly, those legislators with maximum effect on your potential legislation.
- Begin quarterly meetings with SGRC liaison/staff.

APRIL-JUNE

- Work with SGRC to conduct keyperson grassroots/advocacy training.
- Have initial conversation with FPI to identify strengths and opportunities (if attempting scope expansion).
- State association board attends advanced procedure training (if attempting scope).
- Track campaign contributions from keyperson network (every keyperson should be writing personal checks to their legislator).
- Coordinate with SGRC on model language, what to expect, drafting bill language, etc.
- Plan PAC contributions for the general election.
- During election years, each candidate for office (incumbents and/or new candidates) should have at least one doctor of optometry volunteering on their campaign or sitting as an official member of their campaign committee.

JULY-SEPTEMBER

- Create an advocacy team. This small group may consist of state Executive Director, current President, President Elect, Legislative Chair, Past President's, etc.
- Distribute PAC checks.
- Check in with keyperson network to ensure they are reaching out to their legislators, ask for any questions or concerns, provide additional support or training if necessary. Remind them of the importance of being involved during campaign/election season.

OCTOBER-DECEMBER

- Media training for association leadership.
- Begin conversations regarding what additional lobbyists to bring on for single session. Names should be vetted through legislative friends and current lobby team.



ADVOCACY ENGAGEMENT TIMELINE

YEAR TWO – MOVING FORWARD

JANUARY-MARCH

- Reach out to your keyperson network to ensure they are connecting with their legislator. Ask for input, any insight and information from their conversations with their legislator.
- Host optometry day at the state capitol (can also be during Q2, depending on your legislative session), which should be very well attended by keyperson network and general membership.
- Identify opportunities for earned media outlets later in the year.

APRIL-JUNE

- Share plans with membership, asking for their support engagement and participation.
- Identify bill sponsors in both chambers-they should have a strong relationship with their doctor of optometry/keyperson and be respected among their peers within the state capitol. Rely heavily upon insight from lobbyists and SGRC on traits for prime bill sponsors.
- Association meets with legislative leadership.
- Confirm bill language.
- Engage paraoptometricians in advocacy efforts (SGRC has para program resources).

JULY-SEPTEMBER

- Host advanced procedure training course for membership.
- Spend time with bill sponsors discussing talking points of your bill-the education and training of your members, how patients (their constituents) would benefit from the passage of your bill.
- Request state specific access maps of practice locations for optometry vs. ophthalmology from SGRC.
- Request state branded education handouts from SGRC.
- Start soft social media campaign highlighting education, training and success stories of optometrists in your state.
- Schedule call with FPI committee.

OCTOBER-DECEMBER

- Ramp up social media presence and plan social media campaign to be used during session.
- Plan to meet with chairs of health (any other related) committee chairs confirming their support.
- Identify legislative advocates.
- Request state board of optometry letters from Oklahoma, Louisiana and Kentucky.
- Identify and train any doctor of optometry who will testify during House/Senate hearings.
- Finalize “white papers” to be used during session to legislators and talking points for membership.
- Schedule any additional witnesses that will testify during session.



ADVOCACY ENGAGEMENT TIMELINE

YEAR THREE – INTRODUCING THE BILL

JANUARY-MARCH

- Continue outreach by membership to legislators asking for and confirming support for your bill.
- File your bill early on in session, garnering as many co-sponsors as possible in both chambers and across party lines
- Keep pushing until the bill passes through both chambers and is signed by the governor.

ADDITIONAL THOUGHTS:



SCHEDULE

Schedule quarterly meetings (or as needed) with SGRC liaison/staff to review timeline and discuss best practices.



CHECK-INS

Year 1: Plan quarterly check-ins with your keyperson network to keep your grassroots team motivated and increase accountability. This will provide you valuable information about the conversations between your membership and their legislators. Increase to once a month in year 2 and as needed during legislative efforts.



TRAINING

Train your primary contract lobbyist and any additional lobbyists to ensure they are well versed on what to expect from opposition (*SGRC can provide attack ads, websites, documents, etc., from other scope expansion efforts*).



TRACKING/ COMMUNICATION

Decide on and employ a keyperson accountability tracking and communication system (*ie. Voter Voice, KP Dashboard*).



TALKING POINTS

Develop talking points for keyperson network and distribute to general membership.



SCHEDULE TOUR

Schedule a school tour for legislators once a year so they can learn more about your profession, education and training.



KEYPERSON QUESTIONS

1. Do you know your state representative and/or state senator?

- a. Are they in your home district or your office district?
- b. House/senate members from another district?

2. In what capacity do you know them? Professionally, personally, acquaintance, etc.

3. Do you have their cell phone number? If so, do you use it, and do they respond?

4. How long have you known your legislator?

5. How often are you in contact with your legislator?

- a. How many times a year do you typically see your legislator?

6. Do you follow your legislator on social media?

- a. If so, do you engage with them on those platforms? Like, comment and share posts?

7. If your legislator had a question related to optometry, would they reach out to you?

- a. If there were a piece of legislation related to optometry, would you feel comfortable reaching out to your legislator?

8. Would you be willing to invite your legislator to your office to learn more about optometry?

- a. If you have already done so or if they are currently a patient, how often do you see them?
- b. How familiar are they with the profession of optometry based on your interactions?

9. Are you willing to visit with your legislator during session?

- a. If you already do, how long have you been doing so?
- b. Do you visit with your legislator during session outside of your state association lobby/advocacy day?
- c. Do you only visit with them during session when you need something?

10. Do you attend events and contribute personally to your legislator?

11. Have you volunteered on your legislators' campaign for office?

- a. How did you volunteer if you did and would you do it again?



KEYPERSON QUESTIONS

KEYPERSON TASK CHECKLIST

- **Sign up for your legislator's newsletter**
- **Follow your legislator on their social media accounts**
 - Like, comment and share their posts
- **Set up a monthly draft to your state PAC**
- **Write personal checks and deliver them in person to your legislator**
 - Hand delivering campaign contributions is a great time for face to face interaction and conversation
 - Work with your Executive Director to ensure you are following all campaign finance laws
- **Ask what you can do to help your legislator**
- **Volunteer for their campaign:**
 - Make calls, distribute campaign materials
- **Host a fundraiser for your legislator/candidate**
- **Offer to be a resource as a primary healthcare provider**
- **Have (and use) their cell phone number at least 6 times a year:**
 - Thank them for their commitment to their district
 - Congratulate them on successes at the state capitol/on election night
 - Invite them to your state association legislative day at the capitol
 - Ask for an in-person meeting
- **Have at least 4 in person interactions each year:**
 - Invite them to your office and talk to them about optometry (focus on medical, not just optical)
 - Attend campaign events/fundraisers
 - Meet them for lunch/coffee in the district
 - Attend your state association legislative day at the capitol
- **Vote in primary and general elections- legislators (or their staff) will often check to see if you are registered and an active voter prior to having a conversation or scheduling a meeting**
- **Attend election night celebrations**
- **Thank them for serving:**
 - You
 - Your patients
 - Your community
 - Your state
- **Get to know them:**
 - Find out what are they interested in
 - Learn about their profession outside of the state legislature
 - Ask about their family
- **Share insights about your profession:**
 - Why you chose to become an optometrist
 - About your education and training
 - An example of where having an advanced practice act would have made a positive difference in patient care
- **Invest time, energy and effort to create a genuine relationship**
- **The time to build the relationship is when you are not asking for anything**
- **Reach out at the beginning of the legislative session to thank them for serving and offer to be an educational resource for them on any healthcare related bills**
- **At the end of the legislative session, thank them once again and congratulate them on any legislative successes during session**

KEYPERSON BEST PRACTICES

- **Stay engaged and communicative** with your legislator throughout the year, not just during legislative session or when you're asking them for something.
- **Always be honest** with your legislator...if they ask something and you do not know the answer, be truthful and let them know you will get back to them or have someone follow up to answer the question.
 - Relay details about the conversation with your executive director to ensure the question is answered in a timely manner.
- **Send hand-written thank you notes** after each in person meeting and include your contact information.
- When meeting with a legislator during session/at the state capitol **have your talking points** (provided by your state association) **ready to maximize your time and the effectiveness of your communication.**
- **Refrain from focusing on party affiliation...** you are working to create a friend of optometry.
- **Pay attention** to all campaign and legislative office correspondence. It will give you an idea of what they are working on, what bills are important to them, what their legislative priorities are during session and upcoming campaign events.
 - This information is great to have when communicating with your legislator.
 - Congratulate them on recent bills/successes.
 - Offer to be a resource on bills relating to healthcare, business, etc.
- **Reach out to your sphere of influence** and encourage them to vote for your legislator/candidate.
- Just like in your office, their staff is their professional family. **Treat their staff like you would want someone to treat yours.**
- **Keep an open line of communication** with your state association. The more information they have about your relationship with a legislator and your campaign contributions, the more empowered they are to be effective in working for you and advancing optometry in your state.
- **Be an educational resource** for legislators.

THINGS TO CONSIDER:



PATIENTS

Your patients are their constituents, you're serving the same population.



LEGISLATORS

Legislators do not know what you do not tell them about YOUR profession!



RELATIONSHIPS

Having a genuine relationship with your legislator is necessary to be successful during any legislative effort.



OPTOMETRY

When it comes to anything related to optometry, you are the expert!



TALKING POINTS

Doctors of optometry take a leading role in an individual's overall eye and vision care, health and well-being.

- Doctors of optometry provide a lifetime of vision care and play a key role in their patients' total quality of life. Proper vision affects how well a person functions and succeeds in life.
- Doctors of optometry, America's primary eye health care providers, are the frontline of eye and vision care. In addition to examining, diagnosing, treating and managing diseases and disorders of the eye, they also:
 - Prescribe medications, low vision rehabilitation, vision therapy, spectacle lenses, contact lenses, and perform certain laser procedures and minor surgical procedures such as removing foreign objects from the eye and cornea.
 - Counsel patients regarding surgical and non-surgical options that meet their visual needs related to their occupations, avocations, and lifestyle.
- An in-person, comprehensive examination with a doctor of optometry is the medically-recognized standard to assure precise and healthy vision, identify and treat diseases such as dry eye and glaucoma, as well as ensure early diagnosis of immediate threats to overall health, including hypertension, stroke and diabetes, which may have no obvious signs.
 - Through an in-person comprehensive eye examination, doctors of optometry can detect more than 270 systemic and chronic diseases.
 - For example, in 2018, doctors of optometry identified signs of diabetes in more than 301,000 patients who did not know they had it, leading to earlier management of the disease.
- Children are at risk for a wide range of eye and vision disorders, but regular comprehensive eye examinations conducted by a doctor of optometry at key developmental milestones in a child's life and allow early detection, diagnosis, and prevention or treatment of eye conditions. Traditional vision screenings, such as those offered at schools and pediatrician offices, are a limited process and can't be used to diagnose an eye or vision problem, but rather may indicate a potential need for further evaluation. Unfortunately, many parents aren't aware and undue reliance on vision screenings alone can lead to major issues throughout their child's school years.

Doctors of optometry play a vital role in health care

- In more than 10,000 communities nationwide, optometrists are the only primary eye providers.
 - Patients enjoy greater access to the latest procedures and more immediate care since there are more doctors of optometry, especially in underserved areas, and an increasing amount of eye problems can be diagnosed and treated with one visit or without a referral.
 - Greater access for patients is a great advantage for senior citizens as well, as they typically need more frequent exams and diagnostic tests or procedures and many of them find it more difficult to travel longer distances to see a doctor.
- The average cost of an emergency room visit for an eye emergency is over \$900. Research shows treating eye emergencies at eye doctors' offices can potentially divert 1.4 million patients away from emergency rooms each year. Patients with urgent or emergency eye care needs are urged to consult their doctor of optometry for guidance and possible treatment before heading to a hospital emergency department.



TALKING POINTS

Education & Training

- After undergraduate college training, the post-graduate, doctoral-level degree program in optometry is comprised of an additional four years of extensive classroom, laboratory, and clinical training at an accredited optometry school. This education combines all phases of functional eye health care and optics with the health sciences in a unified, specialized program. Courses in pharmacology, optics, vision science, biochemistry, and systemic diseases are included.
- Optometry is one of the only doctoral-level health care professions to require continuing education in every state for license renewal.

Eye Health and Vision Statistics

- Up to 16 million Americans struggle with undiagnosed or untreated vision impairments. Combined with the fact that eye diseases, vision loss, and eye disorders create an estimated \$139 billion economic burden, the U.S. is facing a significant public health crisis.
- The American Optometric Association's (AOA) 2020 Eye-Q survey revealed Americans understand that eye health is important, but they aren't doing all they can to take care of their eyes.



92% of Americans value the health of their eyes as much as the health of their heart or lungs.



Yet, 4 in 10 don't know how to take good care of their eyes.



A quarter of Americans don't think they need an eye exam if their vision is clear - and nearly half of millennials agree.



Many Americans (52%) don't know that an eye disease diagnosis is part of a standard comprehensive eye exam.



SAMPLE SOCIAL MEDIA MESSAGES

These messages are intended for you to use in social media channels, such as Twitter and Facebook. These messages may be used as written or customized. In addition, you can access [social media images here](#) to accompany each post.

Doctors of optometry, also known as optometric physicians or optometrists, provide a range of primary eye care services, from prescribing glasses and contact lenses to the examination, diagnosis, treatment and management of diseases and disorders of the visual system.

...

Vision changes over time and more than 16 million Americans struggle with undiagnosed or untreated vision impairments, which a comprehensive eye exam could have detected. Don't wait, schedule your exam today!

...

Wow! During an annual, comprehensive eye exam, doctors of optometry can identify early warning signs and manifestations of more than 270 systemic and chronic diseases, including diabetes, high blood pressure, autoimmune diseases and cancers.

...

It is not enough to have your eyes screened by your regular doctor. Annual eye exams with a doctor of optometry can detect many kinds of diseases—such as diabetes, high blood pressure, multiple sclerosis, and some kinds of cancer—before they produce symptoms.

...

Vision screenings miss up to 75 percent of children with vision problems and give parents a false sense of security. Only annual, in-person comprehensive exams by a doctor of optometry can evaluate overall eye health and detect a spectrum of learning-related vision problems.

...

Did you know many eye health and vision problems develop without signs or symptoms? Scheduling a comprehensive eye exam with a doctor of optometry can help protect vision and ensure early diagnosis of visual system diseases like glaucoma, a leading cause of blindness.

...

Over 50% of patients have a chronic eye disease. These diseases can be detected with regular comprehensive eye examinations.

...

Did you know that in 2018 alone, doctors of optometry identified signs of diabetes in more than 301,000 patients who did not know they had it. That's why in-person, comprehensive eye exams are one of the most important, preventive ways to preserve vision and overall health.

...



What is a Doctor of Optometry

FACT SHEET

Doctors of optometry, America's primary eye health care providers, are the frontline of eye and vision care. They examine, diagnose, treat and manage diseases and disorders of the eye. In addition to providing eye and vision care, they play a major role in an individual's overall health and well-being by detecting systemic diseases such as diabetes and hypertension. They also:

- Prescribe medications, low vision rehabilitation, vision therapy, spectacle lenses, contact lenses, and perform certain laser procedures and minor surgical procedures such as removing foreign objects from the eye and cornea.

Optometry By The Numbers

270

systemic and chronic diseases can be detected through a comprehensive eye exam

99%

of the U.S. population lives in counties with a doctor of optometry and they provide two-thirds of primary eye health care

10,000+

communities nationwide, doctors of optometry are the only eye care providers

Education & Training

- After undergraduate college training, the post-graduate, doctoral-level degree program in optometry is comprised of an additional four years of extensive classroom, laboratory, and clinical training at an accredited optometry school. This education combines all phases of functional eye health care and optics with the health sciences in a unified, specialized program. Courses in pharmacology, optics, vision science, biochemistry, and systemic diseases are included.
- Optometry is one of the only doctoral-level health care professions to require continuing education in every state for license renewal.

Healthcare Costs

- In comparing the health plan reimbursement rate difference between a new patient and an established patient, there is a significant cost savings when a patient receives their eye care from the same provider that has been providing their routine care.
- When a patient receives eye care from a provider they are familiar with, they typically experience more timely treatment and fewer complications. This translates to cost savings and more rapid return to workplace productivity.

(Fact Sheet continued on next page)



What is a Doctor of Optometry

FACT SHEET

Quality Patient Care

- Eye diseases, vision loss and eye disorders create an estimated \$139 billion economic burden in the U.S. and millions of Americans suffer from untreated or undiagnosed vision impairments.
- Through a comprehensive eye exam, doctors of optometry can gain insight into a person's overall health as well as determine eye and vision health. They also can identify early warning signs and manifestations of more than 270 systemic and chronic diseases including diabetes, hypertension and cancer.
- Doctors of optometry have been performing pre- and post-operative of eye surgical patients under Medicare protocols for decades.
- The average cost of an emergency room visit for an eye emergency is over \$900. The vast majority of these visits can be managed by an optometrist.
- The eye related diagnosis of an emergency room physician correlates to the diagnosis of an eye doctor less than 50% of the time. Patients should see their optometrist FIRST for eye related urgencies and emergencies.

Access

- Patients enjoy greater access to the latest procedures and more immediate care since there are more doctors of optometry, especially in underserved areas, and an increasing amount of eye problems can be diagnosed and treated with one visit or without a referral.
- Greater access for patients is a great advantage for senior citizens as well, as they typically need more frequent exams and diagnostic tests or procedures and many of them find it more difficult to travel longer distances to see a doctor.





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