



<b>AUA Staff Liaison</b>	Jessica Bateman
<b>Chair</b>	Toby Chai, MD
<b>Terms of Office</b>	Chair            3-year terms, non-renewable Member        3 year term (renewable up to maximum of 8 years)
<b>Committee Makeup</b>	8-12 members

### **Mission Statement**

The mission of the Research Advocacy Committee (RAC) is to effectively champion for public, private and philanthropic support of urologic research by energizing and synergizing with all stakeholders.

These efforts shall include legislative advocacy efforts working with the AUA Public Policy Council, Legislative Affairs Committee (LAC), and Annual Urology Advocacy (AUA) Summit planning committee as appropriate, and patient advocacy organizations working with the Urology Care Foundation, as well as building relationships with federal funding agencies and non-federal funding organizations. In addition, the RAC will maintain a strong working relationship with the Research Council to ensure adequate communication and collaboration with the AUA's primary research-related governance body.

### **Committee Meetings**

The Research Advocacy Committee shall meet by teleconference approximately monthly or as deemed necessary by the RAC Chair, and Public Policy Council Chair, with one to two in-person meetings per year typically at AUA Headquarters. A representative of the RAC (Chair or appointed member) is expected to attend in-person meetings of the Research Council as the RAC's liaison to the Research Council.

### **Time Commitment**

**Chair:** 3-4 hours per week (average)

This includes teleconferences and meetings with staff, various committees and representatives of external organizations/agencies. The Chair also travels up to 10 days annually for attendance at the AUA advocacy conferences and meetings, leadership meetings with federal agencies, and meetings with other AUA or Urology Care Foundation committees supporting research.

**Member:** 2 hours per week (average)

### **Responsibilities**

**Chair:** In executing responsibilities, the Chair will report to the Public Policy Council Chair and the Public Policy Council as a whole and oversee any workgroups or subcommittees that may be created. The Chair is expected to commit 3-4 hours per week working independently and in collaboration with staff, various committees and representatives of external organizations/agencies.

**Members:** Committee members must 1) be available to participate in Public Policy Council meetings on an as-needed basis, Committee meetings, advocacy meetings, and leadership meetings and 2) serve as active liaisons between the RAC and federal agencies and other organizations. Members work in close collaboration with the Research Council.



### Qualifications

#### *Chair:*

- Must be an AUA Member and active in urologic research at the time of assumption of the position.
- Must be an urologist or researcher with a strong track record of achievement in urologic research and training.
- Must possess familiarity with NIH institute (e.g., NIDDK, NCI, NIA) operating procedures and leadership.
- Possess experience in advocacy at the community, state, or federal level.
- Must be available for communication with members of the Committee, Council, Board of Directors, and staff.
- Preferable: History of productive interaction with consumer advocacy organizations, as well as relationships with urologic research funders whether federal or non-federal.

#### *Members:*

- Must have a strong track record of achievement in urologic research and/or research advocacy.
- Must be active in research-related service in research-related associations, organizations, and societies.
- Preferable: History of productive interaction with consumer advocacy organizations, as well as relationships with urologic research funders whether federal or non-federal.

### Recent Accomplishments 2018

- Collaborated with One Voice Against Cancer and the Defense Health Research Consortium to pass the FY 2019 Departments of Defense (DoD) and Health and Human Services (HHS) “minibus” spending package (H.R. 6157) into law. Highlights of the package included a \$2 billion funding increase for the National Institutes of Health (NIH) and a \$190 million funding boost for the National Cancer Institute. Also included are allocations for DoD research funding for prostate cancer (\$100 million), kidney cancer (\$20 million), which is a 33 percent increase from the previous year, and bladder cancer, which remained eligible for research grants from a pool of funding totaling \$80 million.
- Elevated communications with the NCI, NICHD, NIA, NIEHS, and NIAID in an effort to secure representation of urologic research on advisory councils.
- Initiated new communications with congressional representatives of members of the Research Advocacy Committee to develop champions for urologic research funding.
- Hosted more than 25 patient, physician, and research advocacy organizations in Washington, DC at the Bladder Health Alliance (BHA) Roundtable. The keynote presentation featured an overview of the National Institutes of Health (NIH) by Dr. Tamara Bavendam, Senior Scientific Officer for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Dr. Bavendam’s presentation focused on how patient advocates can effectively interact with NIH and outlined several urology focused cooperative networks within NIH. Various types of research strategies that are used by researchers to customize treatment plans for patients also were discussed.