



<b>AUA Staff Liaison</b>	Catherine Hendricks
<b>Chair</b>	Mark Edney, MD (2021 –2024)
<b>Terms of Office</b>	Chair: 3 years (non-renewable) Members: 3 years (renewable once)

### **Committee Makeup**

The Committee is comprised of approximately 8-12 members. Members are selected based on geographic distribution and expertise in content areas directly relevant to the AUA’s state advocacy priorities (e.g., telemedicine, medical malpractice). The Chair of the Public Policy Council serves as an ex officio member.

### **Mission Statement**

The Committee’s mission is to provide feedback to the Public Policy Council and staff on the continual refinement of the state advocacy agenda and its execution, provide advice and guidance regarding new opportunities for urology’s involvement; create and provide resources to assist in state advocacy; provide content knowledge, expertise, and support to state advocacy efforts when appropriate; communicate with fellow AUA members about issues critical to state advocacy and engage in appropriate action when needed.

### **Committee Meetings**

Attend the Annual Urology Advocacy Summit in Washington, DC, the fall Public Policy Weekend at the AUA headquarters, and participate in the quarterly conference calls or when requested. There is no per diem for committee members. Members will only be reimbursed for expenses, such as transportation and lodging for advocacy events for which they are specifically asked to represent the AUA.

### **Time Commitment**

*Chair:* 120 hours annually

*Member:* 60 hours annually

### **Qualifications/ Responsibilities**

*Chair:* The Chair should be politically savvy and have knowledge of the U.S. political process, have existing relationships with legislators at the state level, and be willing to advocate for urology’s interests on a local level. The chair should show clear expertise in health policy areas, and the governing bodies that regulate medicine at the state level. Also, the Chair must be willing to attend the Annual Urology Advocacy Summit in Washington, D.C., as well as engage fellow urologists and recruit grassroots physicians to advocate on behalf of the AUA’s legislative agenda and priorities.

*Member:* The State Advocacy Committee’s membership will be comprised of physicians representing diverse geographic and political interests. Members should have or be willing to develop relationships with their respective legislators at the state level. Members should have an interest in public policy and understand the role state governments play in regulating medicine. Members must be willing to engage fellow urologists and recruit grassroots physicians to advocate on behalf of the AUA’s



legislative agenda and priorities.

### **Recent Accomplishments 2021**

- Opposed intersex bills in California, New York, New Jersey, and Rhode Island.
- Working with ZERO – The End of Prostate Cancer and the AACU, we identified states and legislators who would introduce and support legislation in their state. California and Texas introduced legislation and saw modest success. An amendment to existing law in Rhode Island removed the cost-sharing requirements for prostate cancer screening and was passed into law in 2021.
- Supported step-therapy reform bills in Arizona (enacted) and New Jersey.
- Opposed California health care system consolidation that would give the state attorney general comprehensive approval and enforcement powers.
- Supported expanded telemedicine coverage during COVID-19 and beyond with a focus on payment and service parity, medical license requirements, and audio-only availability.
- Focused on urologic awareness proclamations. Developed individual toolkits for members and patient coalitions to use for Men’s Health, Bladder Health, Prostate Cancer Awareness, and Kidney Health Months and posted the full toolkit on AUA website.
- Monitored professional liability legislation across the country. At the request of the Chicago Urological Association, we launched several Phone2Action email requests to members asking the governor to veto two bills in Illinois. Worked with the Virginia Medical Society to oppose a bill removing the caps on professional liability. Signed on to a letter with the Medical Society of the State of New York to oppose a bill in New York dealing with when interest is applied in a professional liability case.
- Signed on to New York co-pay accumulator letter supporting S. 5299/A. 1741 submitted by the American Cancer Society Cancer Action Network, which would require health insurers to apply any third-party payments, financial assistance, discount, voucher or other price reduction for out-of-pocket expenses made on behalf of the insured be applied to the insured’s cost-sharing requirements.
- Co-signed a national medical organization statement regarding the physician assistant name change to physician associate. Worked with the Wisconsin Urological Society and Wisconsin Medical Society to oppose two APRN scope expansion bills using Phone2Action.
- Signed on to a Medical Society of the State of New York letter opposing non-medical switching – the current health insurance practice of switching stable patients off their current physician-prescribed medications to potentially fewer effective alternatives for non-medical reasons that may result in the loss of efficacy of managing a chronic illness.
- Submitted written comments to the Wisconsin Board of Medical Examiners proposed physical examination rule and the Oregon Medical Board proposed chaperone rule.