5th Annual AACU State Society Network Advocacy Conference

September 22 - 23, 2012
Rosemont, IL

State Society Network Leadership

Richard S. Pelman, MD
SSN Chair

Mark S. Austenfeld, MD
SSN Vice Chair
AACU President-Elect

Arthur E. Tarantino, MD
AACU President

Charles A. McWilliams, MD
SSN Advisor
AACU Secretary/Treasurer
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Empowering Urologists to Advocate for their Patients, Practice and Profession

September 22, 2012

Welcome!

After nearly a year of planning and preparation, we are thrilled to welcome you to the 5th Annual AACU State Society Network Advocacy Conference.

The carefully-crafted agenda addresses current socioeconomic issues as well as unique laws that impact the practice of urology. Sessions will not only serve up information, but also tools to use when you return home. We hope you will leverage the knowledge and resources obtained over the next 36 hours with colleagues expressing exacerbation over the State of Medicine, medical societies establishing 2013 priorities and legislators soliciting issues to champion.

We are honored that a record number of physicians registered for the conference and thank the AACU’s Corporate Members and healthcare industry supporters for their assistance. Honored guests and speakers similarly deserve our recognition and appreciation. For every presentation, we all know hours of preparation are necessary. Finally, we are grateful for the support of the AACU Board of Directors, particularly President Arthur Tarantino, MD, and the extraordinary effort of our staff led by Executive Director Wendy Weiser.

Thank you for taking time away from your patients, friends and families to attend this event. We understand this sacrifice and have done everything possible to make the 5th Annual AACU State Society Network Advocacy Conference a valuable investment of your time.

Sincerely,

Richard S. Pelman, MD
AACU State Society Network Chair
AACU Western Section Representative

Mark S. Austenfeld, MD
AACU State Society Network Vice-Chair
AACU President-Elect

Charles A. McWilliams, MD
AACU State Society Network Advisor
AACU Secretary/Treasurer
2012 AACU State Society Network Advocacy Conference
CORPORATE MEMBERS AND ATTENDEES

PLATINUM

Abbott

Michael Hughes
Paul Reilly

GOLD

AUXILIMUM

Dendreon

Endo

Janssen

Timothy Hermes
Dee George
Candice Phipps
Cathy Trzaskawka
Patrick Conley
Ellen Ivey
Peggy Mellody

CONFERENCE SUPPORTERS AND ATTENDEES

ALLERGAN

AMGEN

GE Healthcare

Uroplasty

Susan Stone
Jeff Ladwig
Mai Masri
John Wright
Ann Decker

Lisa Ackermann
Gregory Fluet
Jacob Grass
Karen Jackson
Stryker Warren, Jr.
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<td>Milton F. Armm, MD</td>
<td>Bridgeport</td>
<td>CT</td>
<td>R. Jonathan Henderson, MD</td>
<td>Shreveport</td>
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<td>Phillip Miller Ashman, MD</td>
<td>Rochester</td>
<td>NY</td>
<td>Jason J. Jameson, MD</td>
<td>Phoenix</td>
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<td>Mark S. Austenfeld, MD</td>
<td>Kansas City</td>
<td>MO</td>
<td>Brian Michael Jumper, MD</td>
<td>South Portland</td>
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<td>Richard K. Babayan, MD</td>
<td>Boston</td>
<td>MA</td>
<td>Damara L. Kaplan, MD</td>
<td>Albuquerque</td>
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<td>Robert A. Bass, MD</td>
<td>Alexandria</td>
<td>LA</td>
<td>Deepak A. Kapoor, MD</td>
<td>Melville</td>
<td>NY</td>
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<td>Michael A. Binder, MD</td>
<td>Gainesville</td>
<td>FL</td>
<td>Jeffrey E. Kaufman, MD</td>
<td>Santa Ana</td>
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<td>Vincent G. Bird, MD</td>
<td>Gainesville</td>
<td>FL</td>
<td>Ronald P. Kaufman, Jr., MD</td>
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<td>Nabil K. Bissada, MD</td>
<td>Oklahoma City</td>
<td>OK</td>
<td>Gary Michael Kirsh, MD</td>
<td>Cincinnati</td>
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<tr>
<td>Michel A Boileau, MD</td>
<td>Bend</td>
<td>OR</td>
<td>Jim Knutson</td>
<td>Loves Park</td>
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<td>Larry Boress, CAE</td>
<td>Chicago</td>
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<td>Sushil S. Lacy, MD</td>
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<td>B. Thomas Brown, MD, MBA</td>
<td>Daytona Beach</td>
<td>FL</td>
<td>Kevin R. Loughlin, MD</td>
<td>Boston</td>
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<td>Lane C. Childs, MD, FACS</td>
<td>Salt Lake City</td>
<td>UT</td>
<td>Greg O. Lund, MD</td>
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<td>William R. Clark, MD</td>
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<td>Bruce Lundak, MD</td>
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<td>Wes Cleveland, JD</td>
<td>Chicago</td>
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<td>Allen W. McCulloch, MD</td>
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<td>Secretary of State Glenn Coffee</td>
<td>Oklahoma City</td>
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<td>Douglas E. McKinney, MD</td>
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<td>Kathleen Colella, BSN, MSN</td>
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<td>Charles A. McWilliams, MD</td>
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<td>Assemblyman Herb Conaway, Jr., MD</td>
<td>Delran</td>
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<td>Richard A. Memo, MD</td>
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<td>John J. Mulcahy, MD</td>
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<td>Brian Patrick Murray, MD</td>
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<td>Neal P. Dunn, MD</td>
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<td>Ajay K. Nangia, MBBS</td>
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<td>J. Kevin O’Kelly, MD</td>
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<td>Bradley Orris, MD</td>
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<td>Barre F. Finan, MD</td>
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<td>Lisa J. Finkelstein, DO</td>
<td>Jackson</td>
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<td>Richard S. Pelman, MD</td>
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<td>Vincent M. Fiorica, MD</td>
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<td>Dennis A. Pessis, MD</td>
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<td>Lorie G. Fleck, MD</td>
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<td>Jeffrey M. Frankel, MD</td>
<td>Seattle</td>
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<td>William C. Reha, MD, MBA</td>
<td>Woodbridge</td>
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<td>Pat F. Fulgham, MD</td>
<td>Richardson</td>
<td>TX</td>
<td>Eugene Y. Rhee, MD, MBA</td>
<td>San Diego</td>
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<td>Joseph M. Greco, MD</td>
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<td>Paul B. Hanel, MD</td>
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<td>Cary N. Robertson, MD</td>
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<td>George P. Hemstreet, II, MD, PhD</td>
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<td>F. Michael Rommel, MD</td>
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The AACU and WJ Weiser & Associates are committed to making the 2012 AACU State Society Network Advocacy Conference an enjoyable and informative experience. Please contact event staff if you have any questions or concerns.
## Friday, September 21, 2012

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<td>Artist's Foyer</td>
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<td>5:00 p.m.</td>
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## Saturday, September 22, 2012

*All sessions located in Cassatt C/D unless otherwise noted.*

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<th>Speaker(s)</th>
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<td>7:00 a.m. – 4:00 p.m.</td>
<td>Registration</td>
<td>Location: Artist's Foyer</td>
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<td>7:00 a.m. – 9:00 a.m.</td>
<td>Breakfast</td>
<td>Location: Artist's Foyer</td>
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<td>7:30 a.m. – 9:00 a.m.</td>
<td>Urology Presidents’ Council Roundtable</td>
<td>Health Care Industry Perspectives on Advocacy</td>
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<td>Dee George&lt;br&gt;Associate Director, State Government Affairs, Dendreon</td>
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<td>Tim Hermes&lt;br&gt;Vice President, Government Affairs, Auxilium</td>
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<td>Ellen Ivy&lt;br&gt;National Advocacy Director, Janssen</td>
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<td>Jeff Ladwig&lt;br&gt;Director of Corporate Accounts, Medicare Segment, Amgen</td>
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<td>Susan Stone&lt;br&gt;Director, Strategic Alliances, Allergan</td>
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<td>Effective Management and Growth Strategies for Urology Societies</td>
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<td>Richard S. Pelman, MD&lt;br&gt;Past President, Washington State Urology Society</td>
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<td>Eugene Rhee, MD, MBA&lt;br&gt;President, California Urological Association</td>
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<td>Mark D. Stovisky, MD, MBA, FACS&lt;br&gt;Past President, Ohio Urological Society</td>
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<td>9:00 a.m. – 9:45 a.m.</td>
<td>Urology Joint Advocacy Coalition Update</td>
<td>Moderator: Mark S. Austenfeld, MD&lt;br&gt;Past-President-Elect, American Association of Clinical Urologists</td>
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<td>Deepak A. Kapoor, MD&lt;br&gt;President, Large Urology Group Practice Association</td>
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<td>Dennis A. Pessis, MD&lt;br&gt;President, American Urological Association</td>
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<td>Arthur E. Tarantino, MD&lt;br&gt;President, American Association of Clinical Urologists</td>
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<tr>
<td>Time</td>
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<td>Moderator/Panelists</td>
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| 9:45 a.m. – 10:30 a.m. | Non-Physician Providers’ Scopes of Practice: Rowing in the Same Direction | Moderator: Richard S. Pelman, MD  
Chair, AACU State Society Network  
Kathleen (Kay) Colella, MSN, ANP-BC, CURN  
Nurse Practitioner for Urology, Jesse Brown VA Medical Center  
Society of Urologic Nurses and Associates  
Kenneth Mitchell, MPAS, PA-C  
President, Urological Association of Physician Assistants |
| 10:30 a.m. – 10:45 a.m. | Break                                                                   |                                                                                     |
| 10:45 a.m. – 11:30 a.m. | The Role of Medical Associations When Issues Divide the House of Medicine | Moderator: Jeffrey Kaufman, MD  
AACU Delegate to the AMA  
Neal Dunn, MD  
Chair, Florida Medical Association Council on Legislation  
President, Florida Alliance for Patient Care and Access  
William C. Reha, MD, MBA  
Speaker of the House, Medical Society of Virginia  
President, Virginia Urological Society |
| 11:30 a.m. – 12:30 p.m. | Distinguished Leadership Award Presentation                             | Introduction: Arthur E. Tarantino, MD  
David Taylor, MD  
President, NJ Patient Care and Access Coalition  
Honoree: The Honorable Herb Conaway, Jr., MD  
New Jersey General Assembly |
| 12:30 p.m. – 1:45 p.m. | Sponsored Lunch – Amgen  
“Decision Points: Practical Considerations for Bone Health in Patients with Prostate Cancer” | Robert S. Kaplinsky, MD, FACS  
UroPartners, LLC |
| 2:00 p.m. – 3:15 p.m. | Advocacy Case Studies                                                  | Support for Prostate Cancer Screening  
Mark Edney, MD  
President, Maryland Urologists for Patient Access and Care  
David Taylor, MD  
President, NJ Patient Care and Access Coalition  
Medical Practice Freedom  
Jeffrey M. Frankel, MD  
Historian, American Association of Clinical Urologists; Past President, Washington State Urology Society  
In-Office Pathology Services  
Joseph Wyatt, MD  
Medical Associates Clinic |
### Third Party Payor Recovery and Audit Activities

3:15 p.m. – 4:00 p.m.

**Wes Cleveland, JD**  
Senior Attorney, Private Sector Advocacy, American Medical Association

**Thomas S. Stewart, MD, MBA**  
Carolina East Urology Center

### AACU Annual Dinner & Charles A. Hoffman Memorial Lecture

6:00 p.m. – 9:00 p.m.

**Lecturer: The Honorable Glenn Coffee**  
Oklahoma Secretary of State; Former President Pro Tem, Oklahoma State Senate

### Sunday, September 23, 2012

All sessions located in Cassatt C/D unless otherwise noted.

<table>
<thead>
<tr>
<th>Session</th>
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| 7:00 a.m. – 12:00 p.m. | Registration  
*Location: Artist's Foyer* |
| 7:30 a.m. – 7:45 a.m. | AACU Annual Business Meeting |
| 7:45 a.m. – 9:30 a.m. | Accountable Care and Shared Savings Programs – Where Do Urologists Fit In?  
Michael R. Callahan, JD  
Partner, Katten Muchin Rosenman LLP  
Aaron Spitz, MD  
Orange County Urology |
| 9:30 a.m. – 11:15 a.m. | Self-Insured and Insurer Perspectives on Reform  
Paul Handel, MD, FACS  
Senior Vice President & Enterprise Chief Medical Officer, Health Care Service Corporation  
Raymond Zastrow, MD  
Chief Medical Officer, QuadMED |
| 11:15 a.m. – 12:00 p.m. | Corporate Perspectives on Reform  
Larry Boress, CAE  
President & CEO, Midwest Business Group on Health  
Jim Knutson  
Risk Manager, Aircraft Gear Corporation |
5th Annual AACU State Society Network
Advocacy Conference

Speakers and Honorees
Urology Presidents’ Council Roundtable
Saturday, September 22, 2012
7:30 a.m. – 9:00 a.m.

Panel: Health Care Industry Perspectives on Advocacy

Tim Hermes
Vice President, Government Affairs, Auxilium

Ellen Ivy
National Advocacy Director, Janssen

Jeff Ladwig
Director of Corporate Accounts, Medicare Segment, Amgen

Susan Stone
Director, Strategic Alliances, Allergan

Panel: Effective Management and Growth Strategies for Urology Societies

Richard S. Pelman, MD
Past President, Washington State Urology Society

Eugene Rhee, MD, MBA
President, California Urological Association

Mark D. Stovsky, MD, MBA, FACS
Past President, Ohio Urological Society
Richard S. Pelman, MD (Bellevue, WA) has been a Clinical Professor of Urology with the Department of Urology, University of Washington School of Medicine since 2000. His relationship with the department began in 1986 after establishing his private practice in Bellevue, Washington. He has served as faculty at the Seattle Veterans Hospital and Consultant to the hospital's Spinal Cord Injury Unit. Dr. Pelman attended the University of Washington for both his baccalaureate degrees in Zoology and Anthropology as well as his Doctor of Medicine degree graduating in 1979 from the School of Medicine. Since completing his Urology training, he has successfully maintained a thriving private practice in Bellevue, Washington, with Bellevue Urology Associates. He is a past President of the Washington State Urology Society, and is President elect of the Northwest Urological Society. He is a member of the American Association of Clinical Urologists and serves on the Board of Directors of that organization as the Western Section Representative.

Eugene Y. Rhee, MD, MBA (San Diego, CA) is the Chief of Urologic Surgery at Kaiser Permanente, San Diego, California. He also is the current President of The California Urological Association and former Past President of The San Diego Urologic Society. He serves on the national AUA Health Policy Committee, Western Section AUA Health Policy Representative, and the Board of Directors of the Western Section AUA. He is also Clinical Instructor of Urology at Balboa Naval Medical Center and the University of California, San Diego. Dr. Rhee is considered an international expert in the field of incontinence, urologic prosthetics, and minimally invasive techniques for BPH and is a frequent global presenter. Dr. Rhee earned his medical degree from Emory University School of Medicine in Atlanta, Georgia and completed his residency at the Kaiser Permanente Foundation Hospitals, Los Angeles, California. He received both his Bachelor of Science in Biology and his Bachelor of Arts in Political Science from Emory University. He received his MBA from The Anderson School of Management at UCLA in 2008 and recently matriculated from the 2009-2011 AUA Leadership Class.

Mark D. Stovsky, MD, MBA, FACS (Cleveland, OH) is an academic urologist in Cleveland, Ohio and an Associate Professor of Urology at Case Western Reserve University School of Medicine. Dr. Stovsky earned undergraduate and medical degrees from Northwestern and an MBA (strategic planning) from the University of Pittsburgh. He has made substantial contributions to organized medicine and urology at many participatory levels. Dr. Stovsky completed a term of service on the AUA Health Policy Council. He has also served the North Central Section (NCS) as chair of the young leadership committee and the strategic planning group. He currently serves as the Ohio representative to the NCS board of directors, the NCS representative to the American Association of Clinical Urologists board of directors and as a member of the UROPAC advisory board. Dr. Stovsky is also a Past President of both the Ohio Urological Society and the Cleveland Urological Society as well as a past board member of the Academy of Medicine of Cleveland.
Urology Joint Advocacy Coalition Update  
Saturday, September 22, 2012  
9:00 a.m. – 9:45 a.m.

Moderator: **Mark S. Austenfeld, MD**  
*President-Elect, American Association of Clinical Urologists*

**Deepak A. Kapoor, MD**  
*President, Large Urology Group Practice Association*

**Dennis A. Pessis, MD**  
*President, American Urological Association*

**Arthur E. Tarantino, MD**  
*President, American Association of Clinical Urologists*
Deepak A. Kapoor, MD (Melville, NY) is one of the youngest physicians to have been certified by the American Board of Urology and serves as Chairman and CEO of Integrated Medical Professionals, PLLC. Dr. Kapoor received his BS magna cum laude from the Pennsylvania State University and his MD from Jefferson Medical College. He completed his residency at Geisinger Medical Center, after which he served as Assistant Professor of Urologic Surgery at the University of Minnesota Medical Center. His medical background is diverse with both laboratory and clinical experience, both in the academic and private sectors. Dr. Kapoor's expertise includes basic science research in molecular biology as well as extensive experience in oncologic and reconstructive surgery. Prior to his tenure with IMP, Dr. Kapoor functioned as managing partner of Long Island Urological Associates. Dr. Kapoor has published and lectured extensively on both clinical and business medical issues, and serves on a number of medical advisory boards, including the New York State Governor's Prostate Cancer Advisory Panel.

Dennis A. Pessis, MD (Chicago, IL) is a graduate of the University of Illinois and Chicago Medical School. He completed his urological residency in 1978 at Rush Medical College in Chicago, IL. Dr. Pessis joined the Rush faculty following his residency, earning the rank of professor in 2003. He also currently serves as Associate Chairman of the Department of Urology at Rush-Presbyterian – St. Luke's Medical Center since 1991. Dr. Pessis has more than 20 publications and 100 presentations to his credit, spanning the full spectrum of urologic conditions. He has held numerous positions with local, regional and national medical societies, including the AUA Board of Directors Section Representative (2009 – 2011) and the AUA North Central Section Treasurer (1999 – 2004) and President (2006 – 2007). He has been the principle investigator on many clinical trials and also served on countless committees. Dr. Pessis has been a member of the AUA since 1982.

Arthur E. Tarantino, MD (Hartford, CT) is a private practice urologist in Hartford, CT. Dr. Tarantino received his undergraduate degree from the University of North Carolina at Chapel Hill and his master's and medical degrees from the Georgetown University School of Medicine. He completed his urology residency at the Lahey Clinic in Burlington, Mass. Dr. Tarantino also serves as Treasurer for the New England Section of the AUA and Chair of the AUA Practice Management Committee.
Non-Physician Providers’ Scopes of Practice: Rowing in the Same Direction
Saturday, September 22, 2012
9:45 a.m. – 10:30 a.m.

Moderator: Richard S. Pelman, MD
Chair, AACU State Society Network

Kathleen (Kay) Colella, MSN, ANP-BC, CURN
Nurse Practitioner for Urology, Jesse Brown VA Medical Center
Society of Urologic Nurses and Associates

Kenneth Mitchell, MPAS, PA-C
President, Urological Association of Physician Assistants
Kathleen (Kay) Colella, MSN, ANP-BC, CURN (Chicago, IL) is a board-certified Nurse Practitioner for Urology at a busy VA Medical Center – the Jesse Brown VA in Chicago, since 2005. She is also certified as an RN in Urology through the Society of Urologic Nurses and Associates. Kay has more than 25 years experience in Urology, many at VA Lakeside Medical Center as Urology Case Manager. She has participated in/published several QOL studies on prostate cancer, authored “Shared Decision-Making in Patients with a Newly Diagnosed Prostate Cancer – a model for treatment and support”, Urologic Nursing, 2004, and initiated a Sexual Dysfunction Clinic at Lakeside VA, and a Prostate Cancer Education Clinic at both Lakeside and Jesse Brown VA’s. Kay is a Past President of the Chicago Metro Chapter of SUNA, and a member of Sigma Theta Tau International Nursing Honor Society. She received her BSN from Loyola University, Chicago in 1971, and her MSN from the same institution in 2003. Kay has served as adjunct faculty /guest lecturer at the University of Illinois Chicago School of Nursing.

Kenneth Mitchell, MPAS, PA-C (St. Paul, MN) is a certified Physician Assistant with over 17 years of clinical experience overall and with over 15 years of experience in male erectile and sexual dysfunction. Since joining Metro Urology in 2005, Ken has seen 1000’s of patients for erectile dysfunction; secondary to radical prostatectomy (Robotic and Open). Ken has authored and implemented an innovative treatment protocol, The Surgical Impotence Management Strategy (SIMS) protocol that includes comprehensive patient education and delivery of care. Ken has also participated in numerous research trials in sexual dysfunction and continues to be active in this area. Ken actively promotes Men’s health and has participated in numerous community outreach programs to educate men about sexual health. His practice interests include general men's health, erectile dysfunction, premature ejaculation, priapism, peyronie’s disease, and hypogonadism. In addition to a very active practice, Ken consults urologic practices on the development and implementation of post prostatectomy penile rehabilitation programs and men’s health clinics. Ken is a Fellow of the American Academy of Physician Assistants (AAPA), Urological Association of Physician Assistants (UAPA), the Minnesota Academy of Physician Assistants (MAPA), the Minnesota Urologic Society, and is an associate member of the Sexual Medicine Society of North America. Ken began his term as President of the UAPA July 1, 2011. Ken received his undergraduate degree from Dana College (1988), and his Masters in Physician Assistant Studies (MPAS) at the University of Nebraska Physician Assistant Program (1995).
The Role of Medical Associations When Issues Divide the House of Medicine
Saturday, September 22, 2012
10:45 a.m. – 11:30 a.m.

Moderator: **Jeffrey Kaufman, MD**
AACU Delegate to the AMA

**Neal Dunn, MD**
Chair, Florida Medical Association Council on Legislation
President, Florida Alliance for Patient Care and Access

**William C. Reha, MD, MBA**
Speaker of the House, Medical Society of Virginia
President, Virginia Urological Society
Neal P. Dunn, MD, FACS (Panama City, FL) is a Board Certified urologist who received his medical degree from the The George Washington University School of Medicine. Dr. Dunn completed his Urological Residency at Walter Reed Army Medical Center and served as a Medical Officer in the US Army for 11 years before moving to Panama City, where he is now the President and Managing Partner of Panama City Urology Center and Bay Regional Cancer Center, an eight-physician practice with 60 employees. He also serves as the managing partner of the Florida Urologic Physicians Network, a group of 66 Urologists with over 600 employees representing Urologic practices throughout North Florida. Dr. Dunn has sat on the Board of Governors and Executive Committee of the Florida Medical Association and Board of Directors of the Bay County Chamber of Commerce. He is active in several philanthropies including the American Cancer Society, the Science and Discovery Center of Bay County, Bay Cares free clinics and the free school physical exam program. He has a subspecialty interest in advanced prostate cancer and was a member of the Prostate Cancer Foundation’s Advisory Board. He currently sits on the Prostate Cancer Advisory Council of Florida and Chairs the Florida Medical Association’s Council on Legislation.

William C. Reha, MD, MBA (Woodbridge, VA) is a Board Certified Urologist in Private Practice in Woodbridge, VA. He earned a Bachelor of Science in Biochemistry from Binghamton University, an MD degree from New York Medical College, and an MBA from Strayer University. He completed his Residency in Surgery/Urology from Georgetown University. He has served as President of the Prince William County Medical Society and as President of the Medical Staff at Potomac Hospital. He currently serves as Speaker of the House for the Medical Society of Virginia and President of the Virginia Urological Association. He also is a member of the Board of Trustees at Strayer University.
Distinguished Leadership Award Presentation
Saturday, September 22, 2012
11:30 a.m. – 12:30 p.m.

Introduction: Arthur E. Tarantino, MD

David Taylor, MD
President, NJ Patient Care and Access Coalition

Honoree: The Honorable Herbert C. Conaway, Jr., MD
New Jersey General Assembly
The Honorable Herbert C. “Herb” Conaway, Jr., MD (Delanco, NJ) was first elected to the New Jersey General Assembly on November 4, 1997. Dr. Conaway received his Bachelor of Arts in politics from Princeton University; his Doctor of Medicine from Jefferson Medical College in Philadelphia; and his Juris Doctor from Rutgers Law School in Camden. He served in the United States Air Force Medical Corps and attained the rank of Captain. The only member of the Legislature with both a medical and law degree, Dr. Conaway specializes in internal medicine and practices in Willingboro. Dr. Conaway represents the 7th Legislative District, which encompasses municipalities in the Philadelphia metropolitan area.

The AACU Distinguished Leadership Award annually recognizes elected officials and executive-level policymakers who promote the interests of urologists and their patients in state government. In sponsoring Dr. Conaway’s nomination, New Jersey Patient Care and Access Coalition President David Taylor, MD, highlighted the Assemblyman’s commitment to public service, as well as leadership on issues that impact the urologic community. The AACU Board of Directors was particularly impressed with Dr. Conaway’s support of prostate-specific antigen-based screening for prostate cancer and access to patient-centered integrated care.

In the New Jersey General Assembly’s ongoing 2012-2013 legislative session, Assemblyman Conaway serves on the following committees: Health and Senior Services, Chair; State Government, Vice-Chair; Appropriations. Notable bills sponsored by the Assemblyman include:

- **A559** Allows gross income tax deduction for first $200,000 earned by certain new physicians in their first seven taxable years of practice in New Jersey.
- **A1572** Establishes standards for commercial insurers and Medicaid program implementing electronic prescribing systems.
- **A1810** Revises standards for expert witnesses in medical malpractice actions. (A1831, A1806)
- **A1818** Requires certain health benefits plans to include coverage for treatment at ambulatory surgical centers and surgical practices and prohibits riders to the contrary.
- **A1828** Requires Commissioner of DHSS to assess how to increase number of teaching hospitals and medical residency programs throughout State.
- **A2468** Prevents managed care plan from denying coverage for certain health care services provided to covered person solely because covered person did not present referral to provider who performed services. (A2177)
- **A2475** Expands NJ Cancer Education and Early Detection Program in DHSS to include treatment for colorectal and prostate cancers; appropriates $450,000.
- **A2479** Requires health insurers to cover medically necessary expenses for preventing infertility in women undergoing chemotherapy or radiation therapy.
Support for Prostate Cancer Screening

Mark T. Edney, MD
President, Maryland Urologists for Patient Access and Care

David L. Taylor, MD
President, NJ Patient Care and Access Coalition

Medical Practice Freedom

Jeffrey M. Frankel, MD
Historian, American Association of Clinical Urologists; Past President, Washington State Urology Society

In-Office Pathology Services

Joseph O. Wyatt, MD
Medical Associates Clinic
Mark T. Edney, MD, FACS (Salisbury, MD) is Vice-Chief of the Department of Surgery at Peninsula Regional Medical Center, where he is also the founding medical director of the Peninsula Institute for Laparoscopic and Robotic Surgery (PILARS). He practices at Peninsula Urology Associates in Salisbury, MD. Dr. Edney is a Major in the United States Army Reserve Medical Corp and has been called to active duty three times, serving at Walter Reed Army Medical Center in 2004, Mosul, Iraq in 2006 and most recently at Tripler Army Medical Center in 2009. Dr. Edney received his medical degree and urology training from Dartmouth Medical School.

Dr. Edney is the President of Maryland Urologists for Patient Access to Care, a group of nearly 100 urologists in Maryland who have organized to engage in state-level patient advocacy in Annapolis. He is also the AUA’s 2012-2013 Gallagher Health Policy Scholar.

Jeffrey M. Frankel, MD (Seattle, WA) is a practicing urologist in Seattle, WA and is the Chief of Staff at Highline Medical Center in Seattle. Dr. Frankel is the current Historian of the American Association of Clinical Urologists (AACU), AACU State Society Network Representative and a member of the AUA and AUA Western Section Health Policy Committees. He previously served as President of the AACU and Washington State Urology Society. Dr. Frankel attended the University of Washington Medical School and completed his urology training at Baylor College of Medicine in Houston.

David L. Taylor, MD (Morristown, NJ) received his undergraduate and medical education at the University of Michigan graduating 1975 and 1979. He completed his urology residency at the Washington University Affiliated Hospitals in St. Louis, Mo., under the auspices of Drs. William Fair and William Catalona. He has been in private practice in Morristown, NJ, since 1984. He is a Clinical Assistant Professor of Urology at UMDNJ in Newark, NJ. He also serves as President of Garden State Urology and Chairman of the New Jersey Patient Care and Access Coalition.

Joseph O. Wyatt, MD (Pierre, SD) conducts a private practice through Avera Medical Group, while also performing all urologic operations at nearby St. Mary’s Healthcare Center. He received his Doctor of Medicine from Indiana University School of Medicine and completed his residency at The University of Alabama at Birmingham.

A member of the Air National Guard since 2000, Dr. Wyatt has achieved the rank of Lieutenant Colonel and currently serves with the 114th Fighter Wing. He serves as a flight surgeon and participated as a first responder to Hurricane Katrina and served overseas following the events of September 11, 2001. Dr. Wyatt is the recipient of the Meritorious Service Medal and the Air Force Commendation Medal.
Third Party Payor Recovery and Audit Activities
Saturday, September 22, 2012
3:15 p.m. – 4:00 p.m.

Wes Cleveland, JD
Senior Attorney, Private Sector Advocacy, American Medical Association

Thomas S. Stewart, MD, MBA
Carolina East Urology Center
Wes Cleveland, JD (Chicago, IL) is an attorney in the American Medical Association’s Private Sector Advocacy unit. Prior to joining the AMA, Mr. Cleveland served as an Assistant Attorney General in the Office of the Texas Attorney General, an attorney in the Texas Medical Association’s Office of General Counsel, and in private practice in Austin, Texas, where he represented physicians, hospitals, and individual and institutional health care providers. Mr. Cleveland advocates for physicians on a wide variety of concerns, including issues related to federal fraud and abuse, antitrust, ERISA, and state and federal managed care requirements.

Thomas S. Stewart, MD, MBA (New Bern, NC) is a Board-certified urologist who earned his medical degree from The Ohio State University and completed his urologic residency at Henry Ford Hospital in Detroit, Michigan.
AACU Annual Dinner &
Charles A. Hoffman Memorial Lecture
Saturday, September 22, 2012
6:00 p.m. – 9:00 p.m.

Lecturer: The Honorable Glenn Coffee
Oklahoma Secretary of State;
Former President Pro Tem, Oklahoma State Senate
The Honorable V. Glenn Coffee (Oklahoma City, OK) Oklahoma Secretary of State is a businessman, attorney and the first Republican in Oklahoma history to serve as President Pro Tempore, the top leadership position in the Oklahoma State Senate.

In 2008 Republicans made history by winning their first-ever majority in the Oklahoma Legislature’s upper chamber. As the leader of the new majority, Coffee was elected to a two-year term as President Pro Tempore (2009 – 2010).

First elected to the State Senate in 1998, Coffee quickly gained a reputation as a leader and a reformer. He has served in a variety of leadership posts in the State Senate, including Minority Floor Leader (2004 – 2006) and as Senate Co-President Pro Tempore (2007 – 2008) after Republicans won a historic tie in the Oklahoma State Senate in the 2006 elections, sharing the responsibility of running the State Senate with his Democrat counterpart.

Coffee serves as general counsel for TVC Marketing Association, a family business. Coffee lives in Oklahoma City with his wife Lisa and their four children, sons Collin and Blaine and daughters Anna and Kate.

The Charles A. Hoffman Memorial Lecture honors the legacy of the founding Chairperson and first President of the American Association of Clinical Urologists, Charles A. Hoffman, MD (Huntington, WV). In addition to the instrumental role Dr. Hoffman played in the establishment of the AACU, he also served as President of the American Urological Association (1967) and American Medical Association (1972). Dr. Hoffman’s vision for the AACU focused on directly influencing the resolution of socio-economic issues impacting urology by facilitating one-on-one communication between urologists and their legislators.
Accountable Care and Shared Savings Programs – Where Do Urologists Fit In?
Sunday, September 23, 2012
8:45 a.m. – 9:30 a.m.

Michael R. Callahan, JD
Partner, Katten Muchin Rosenman LLP

Aaron Spitz, MD
Orange County Urology
Michael R. Callahan, JD (Chicago, IL) has been a practicing health care attorney for 30 years, assisting hospital, health system and medical staff clients on a variety of health care legal issues including accountable care organizations, patient safety organizations, health care antitrust, HIPAA and regulatory compliance, accreditation matters, general corporate, medical staff credentialing and hospital/medical staff relations. Mr. Callahan is Vice Chair in charge of strategic activities for the Medical Staff, Credentialing and Peer Review Practice Group of the American Health Lawyers Association and a member of the Illinois Association of Healthcare Attorneys. Mr. Callahan received his B.A. from Northern Illinois University (1975), and earned his J.D. from DePaul University College of Law (1979) where he served as an editor on the Law Review board.

Aaron Spitz, MD (Laguna Hills, CA) was born in Miami Beach, FL. He grew up on the east coast and attended Cornell University where he graduated with a Bachelor of Arts with Distinctions in All Subjects. He went on to earn his MD from Cornell University Medical College. He completed his Urology residency at the Los Angeles County /University of Southern California Medical Center where he was honored with an appointment to the Alpha Omega Alpha medical honor society. Dr Spitz completed a fellowship in Male Reproductive Medicine and Surgery at the Baylor College of Medicine. Dr Spitz is an Associate Professor of Urology at U.C. Irvine Medical Center.
Health System-Physician Alignment Perspectives and Policies
Sunday, September 23, 2012
9:45 a.m. – 10:30 a.m.

Michel A. Boileau, MD, FACS
Chief Clinical Officer, St. Charles Health System

Stephen M. Fatum, JD
Partner, Barnes & Thornburg LLP
Michel A. Boileau, MD, FACS (Portland, OR) has been in practice with Bend Urology for more than two decades. Dr. Boileau grew up in Portland, Oregon, obtained his undergraduate degree at Whitman College in Walla Walla, Washington, and completed his medical school training at the University of Oregon Medical School. After completing his internship at Northwestern University Medical Center in Chicago, Illinois, he returned to Portland and completed his urology residency at Oregon Health Science University. He then completed a fellowship in urologic oncology at MD Anderson Hospital & Tumor Institute at the Texas Medical Center in Houston, Texas. Dr. Boileau then served as the Chief of Urologic Oncology at the University of Texas in Houston and subsequently at the University of Washington Medical School in Seattle, Washington.

Stephen M. Fatum, JD (Chicago, IL) is a partner in the Chicago office of Barnes & Thornburg LLP. He concentrates his practice in the Healthcare Department. Mr. Fatum's focus has been on legal and strategic matters affecting physicians, physician organizations and not-for-profit corporations. He has counseled senior management and members of the boards of directors of medical groups, associations, hospitals and health systems about governance structure, bylaws, mergers and acquisitions, reimbursement, compensation plans, joint ventures and federal and state regulatory compliance. He is listed in the 2010 edition of The Best Lawyers in America® in the Health Care area. Mr. Fatum received his JD from Emory University School of Law in 1985 and his BA in history from Holy Cross College in 1981. He is admitted to practice in the state of Illinois.
Self-Insured and Insurer Perspectives on Reform
Sunday, September 23, 2012
10:30 a.m. – 11:15 a.m.

Paul Handel, MD, FACS
Senior Vice President & Enterprise Chief Medical Officer, Health Care Service Corporation

Raymond Zastrow, MD
Chief Medical Officer, QuadMED
Paul B. Handel, MD (Chicago, IL) serves as Senior Vice President and Enterprise Chief Medical Officer at Health Care Service Corporation. Dr. Handel is responsible for overseeing the company’s medical policy and strategy and physician service strategy, as well as driving its comprehensive wellness effort. Previously, he was vice president and chief medical officer of the Texas Division. Dr. Handel, a board certified urologist and a fellow of the American College of Surgeons, has had a long, distinguished career in the medical field. A former member of HCSC’s Texas Affiliate Board, he has had a successful private practice in Houston and was a clinical professor of surgery at the University of Texas Health Science Center Medical School in Houston. He is a graduate of the University of Texas Medical Branch, Galveston. Dr. Handel is a past member of the Texas Medical Association’s board of trustees.

Raymond Zastrow, MD (Sussex, WI) serves as Chief Medical Officer for QuadMed, a Subsidiary of Quad/Graphics. Dr. Zastrow received his M.D. from the Medical College of Wisconsin in 1983. He completed his Family Practice residency at the University of South Carolina School of Medicine in 1986, and returned to Milwaukee where he worked in private practice with various divisions of Advanced Healthcare until February 2006 when he went to work for QuadMed. Serving in the role of Chief Medical Officer of QuadMed, Dr. Zastrow is responsible for clinical quality oversight, clinical process re-design including deployment of QuadMed’s health IT strategy, and provides medical direction for Quad/Graphics’ health plan. Dr. Zastrow shares his enthusiasm for, and experience with, Value-based Insurance Design with other corporate medical directors by serving on the executive board of directors of the Center for Health Value Innovation. A pioneer in early adoption of health IT, Dr. Zastrow drives QuadMed’s strategies involving IT-enabled Chronic Condition Management and Care-at-a-Distance. He teaches Healthcare Decision Support at the Milwaukee School of Engineering in the Master of Science in Medical Informatics graduate degree program.
Corporate Perspectives on Reform
Sunday, September 23, 2012
11:15 a.m. – 12:00 p.m.

Larry Boress, CAE
President & CEO, Midwest Business Group on Health

Jim Knutson
Risk Manager, Aircraft Gear Corporation
Larry Boress, CAE (Chicago, IL) is President & CEO of the Midwest Business Group on Health (MBGH), one of the nation's leading non-profit business coalitions. Members include Abbott Labs, Boeing, City of Chicago, and Kraft Foods. MBGH member firms provide health benefits to over 2 million lives, spending close to $2.5 billion on health benefits annually. Mr. Boress oversees all of MBGH's research, advocacy, educational, networking, and group purchasing activities. He assists member companies in formulating benefit designs, measuring the performance of providers and health plans, and sharing of benefit management strategies. In his formal training, he received a Masters in Public Administration from Roosevelt University and a Bachelors of Arts degree from Northern Illinois University. Mr. Boress also is a Certified Association Executive.

Jim Knutson (Rockford, IL) has been Risk Manager and Human Resources Director of Aircraft Gear Corporation in Rockford, Illinois, a manufacturer of components for the aviation and auto industries, since 1989. He is responsible for all corporate risk management, compensation and benefit programs. His areas of interest include developing compensation programs that link employee performance to profitable business operations and, in healthcare, to improve the alignment of coverage criteria with provider payment. Jim has been a long-time member of The Midwest Business Group on Health, and is a current member and past chairman of the Board of Directors. Jim received his bachelors' degree from Marquette University and his law degree from Northern Illinois University.
5th Annual AACU State Society Network
Advocacy Conference
Advocacy Resources
2013 Legislative Sessions (Projected)*

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*Subject to change and does not reflect pre-session organizational meetings or special sessions. Most legislatures also establish deadlines for bill drafting, bill introduction, "cross-over", etc.
State Supreme Courts

A total of 38 states have some type of judicial elections for their highest court (called supreme courts in 48 states):

- Seven states have partisan elections (AL, IL, LA, NC, PA, TX, WV; All judges in both Illinois and Pennsylvania run in uncontested retention elections for additional terms after winning a first term through a contested partisan election)

- Fourteen states have nonpartisan elections (AR, GA, ID, KY, MI, MN, MS, MT, NV, ND, OH, OR, WA, WI; Ohio and Michigan have nonpartisan general elections, but political parties are involved with the nomination of candidates, who frequently run with party endorsements)

- Seventeen states have uncontested retention elections after initial appointment (AK, AZ, CA, CO, FL, IN, IA, KS, MD, MO, NE, NM, OK, SD, TN, UT, WY; All judges in New Mexico are initially appointed, face a contested partisan election for a full term, and then run in uncontested retention elections for additional terms)

- The remaining 12 states grant life tenure or use reappointment of some type for their highest courts (CT, DE, HI, MA, ME, NH, NJ, NY, RI, VT, VA, SC)
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<tr>
<th>State</th>
<th>Seat</th>
<th>Challenger(s)</th>
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<tbody>
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<td>AL</td>
<td>Justice Glen Murdock (R)</td>
<td>Tommy Bryan*, Debra H. Jones</td>
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<td>OR</td>
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<td>David V. Brewer*</td>
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<td>Justice Thomas E. McHugh (D)</td>
<td>James J. Rowe, Louis Palmer, H. John Rogers, J.D. Beane</td>
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*Election Winner **Disqualified
State Supreme Court – Retention Elections

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<td>AK</td>
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<td>PA</td>
<td>J. Michael Eakin</td>
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<td>WY</td>
<td>James Burke</td>
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NOTE: These seats are subject to change pending on resignations and or retirements.
How far will you have to go for medical care?

Across the country, patient access to quality medical care is in critical condition. Medical lawsuit abuse is driving health care costs up and is forcing good doctors to cut back on high-risk services, relocate to states with more patient-friendly laws, or leave the practice of medicine altogether.

The result? Patients have to travel farther for the medical care they need with increased health care costs for everyone.

The solution: Enact comprehensive federal medical liability reform to reduce costs and ensure patients have access to the care they need, when they need it.

Protect Patients Now is a national grassroots advocacy organization dedicated to fixing our nation’s broken medical liability system. If you want to learn more about what you can do to safeguard your access to quality medical care, join our network and visit us online at www.ProtectPatientsNow.org.

www.ProtectPatientsNow.org
Issue Briefs and Proposed Legislation

As a service to members and the urologic community, the AACU offers multiple levels of support to physicians who wish to proactively advance the interests of their patients and practices by securing the introduction and consideration of legislation.

The AACU will assist with material support such as model legislation, talking points, sponsor statements and editorials, as well as strategic advice. Thanks to the AACU's relationships with state medical associations, patient advocacy groups and other specialty societies throughout the country, the organization is uniquely qualified to build coalitions and engage diverse stakeholders.

The issues and legislation highlighted on the following pages were identified by AACU staff to compliment AACU State Society Network Advocacy Conference sessions, as well as inspire action by attendees. Please contact your state officials, urging them to introduce a bill based on one of these examples during their 2013 legislative session. The AACU will be with you at every step of the process.

Visit the AACU Action Center (www.aacuweb.org) or contact State Affairs Manager Ross Weber (statesociety@aacuweb.org) for additional information on these issues and to kick-off the coordination of a successful legislative campaign.
Issue: Medical Practice Freedom

Issue Summary¹:

- Lawmakers and regulators have proposed mandated participation in health insurance programs as a condition of licensure for more than 40 years.
- Tens of thousands of Americans will soon enter the health care system with some form of public or private insurance.
- Public and private third-party reimbursement of health care professionals sometimes does not meet the cost of providing the service.
- Mandated acceptance of lower-than-cost reimbursements will threaten the viability of thousands and of jobs in the health care sector and millions of dollars in state and local taxes attributed to independent medical practices.
- With mounting legislative, regulatory and financial pressures on health care professionals, licensees must be afforded the opportunity to make individual decisions about those third parties they choose to engage.
- The Medical Practice Freedom Act will attract health care professionals who are concerned by rapid and ill-defined "transformation", thereby addressing provider shortages and contributing to a significant economic generator.

Legislative Summary:
The following State Legislative Examples, inspired by the AMA Advocacy Resource Center’s Voluntary Physician Participation Act and the AACU's Medical Practice Freedom campaign, specifies that health care professionals may not be required to participate in third party reimbursement programs as a condition of licensure. The Washington State model achieves this goal via health care practitioner licensing law. The Georgia model goes further to declare that the Board of Medicine shall be solely responsible for the licensing of medical professionals.

For More Information:
Visit the AACU Action Center (www.aacuweb.org) or contact State Affairs Manager Ross Weber (statesociety@aacuweb.org) for additional information on this issue and to coordinate a successful legislative campaign.

Issue: Medical Practice Freedom

State Legislative Examples:

WA HB 6270 (As Approved by Committee, Jan. 31, 2012)

AN ACT Relating to health care professionals not being required to participate in any public or private third-party reimbursement program as a condition of licensure; and adding a new section to chapter 18.130 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION.  Sec. 1.  A new section is added to chapter 18.130 RCW to read as follows:
No licensee subject to this chapter may be required to participate in any public or private third-party reimbursement program as a condition of licensure.

GA HB 785 (As Signed by Governor, April 19, 2012)

AN ACT Relating to insurance generally, so as to prohibit the conditioning of certain licensing for health care providers on the participation in health insurance plans and other activities

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1. Chapter 1 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, is amended by adding a new Code section to read as follows:

“(a) State licensure requirements for physicians and dentists in this state shall be granted based on demonstrated skill and academic competence. Licensure approval for physicians and dentists in this state shall not be conditioned upon or related to participation in any public or private health insurance plan, public health care system, public service initiative, or emergency room coverage.

(b) The Georgia Composite Medical Board and the Georgia Board of Dentistry shall be solely responsible for the licensure of physicians and dentists, respectively, in this state.”
Issue: Employed Physician Empowerment

Issue Summary:

- Economic pressures and regulatory incentives are causing a growing number of physicians to become employed by large health care systems.

- Physician employment agreements customarily include “covenants not to compete” or “restrictive covenants.”

- Most states enforce restrictive covenants that are determined to be “reasonable” in terms of length, scope, and geography.

- Proving a restrictive covenant is unenforceable is a long and expensive process for the physician, employer, healthcare and judicial systems.

- Judges are granted broad authority to modify restrictive covenants and have enforced non-compete clauses with durations of more than five years with a vast geographic scope.

- Courts most often look to the American Medical Association Council on Ethical and Judicial Affairs (CEJA), Op. E-9.02 (1998), to inform their decrees on the applicability of restrictive covenants:

  Covenants-not-to-compete restrict competition, disrupt continuity of care, and potentially deprive the public of medical services. The [CEJA] discourages any agreement which restricts the right of a physician to practice medicine for a specified period of time or in a specified area upon termination of an employment, partnership, or corporate agreement. Restrictive covenants are unethical if they are excessive in geographic scope or duration in the circumstances presented, or if they fail to make reasonable accommodation of patients’ choice of physician.

- Legislation is required to remove judicial discretion from the enforceability of physician restrictive covenants.

Legislative Summary:
The following State Legislative Examples prohibit any non-compete contract between a physician and their employer which may restrict the physician’s ability to practice medicine. The Louisiana model defines “employer” to mean any medical practice, hospital, clinic, physician, or non-physician that employs or contracts with a physician, but excludes practices in which the physician may have an ownership interest. The Delaware model, under which Colorado also operates, prohibits the payment of damages to the employer.

Other avenues to empower employed physicians may include:

- Prohibit geographic competition restrictions any distance from an employer’s future location.

- Prohibit enforceability if the duration is longer than the initial agreement (i.e., a one-year contract may not impose restrictions for more than one year); the employer discharged the physician employee without cause; the employer acted in bad faith in requiring or invoking the restrictive covenant; or the employer materially breached the underlying employment agreement.

For More Information:
Visit the AACU Action Center (www.aacuweb.org) or contact State Affairs Manager Ross Weber (statesociety@aacuweb.org) for additional information on this issue and to coordinate a successful legislative campaign.
Issue: Employed Physician Empowerment

State Legislative Examples:

LA HB 752 (As Introduced, March 12, 2012)

LABOR: Prohibits noncompete clauses or restrictive covenants in employment contracts or agreements governing the business relationship between an employee physician and his employer

BE IT ENACTED BY THE LEGISLATURE OF LOUISIANA:

Section 1. R.S. 23:921(M) is hereby enacted to read as follows:

§921. Restraint of business prohibited; restraint on forum prohibited; competing business; contracts against engaging in; provisions for

M. (1) There shall be no contract or agreement or provision entered into by a physician and his employer restraining him from practicing medicine.

(2) For the purposes of this Subsection:
(a) "Employer" shall mean any medical practice, hospital, clinic, physician, or nonphysician that employs or contracts with a physician. "Employer" shall not mean a partner or medical group practice in which the physician has ownership interests.
(b) "Physician" shall mean any person holding a valid certificate to practice medicine issued pursuant to R.S. 37:1274.

DE SB 294 (Enacted July 1, 1983)

AN ACT TO AMEND TITLE 6, CHAPTER 27, OF THE DELAWARE CODE BY PROHIBITING PHYSICIANS FROM ENTERING INTO AGREEMENTS NOT TO COMPETE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 27, Title 6, Delaware Code, by adding thereto a new Section 2707 which shall read as follows:

"§2707. Agreements Not to Compete.

(a) Any covenant not to compete provisions which require the payment of damages in an amount that is reasonably related to the injury suffered by reason provision of an employment, partnership, or corporate agreement between and/or among physicians which restricts the right of a physician to practice medicine in a particular locale and/or for a defined period of time, upon the termination of the principal agreement of which the said provision is a part, shall be void; except that all other provisions of such an agreement shall be enforceable at law, including of termination of the principal agreement. Provisions which require the payment of damages upon termination of the principal agreement may include, but not be limited to, damages related to competition."

Section 2. The provisions of this Act shall not apply to agreements entered into prior to the effective date of this Act.

Section 3. This Act shall become effective upon its enactment into law.
Issue: Simplification and Conformity of Patient Referral Laws

Issue Summary:

- Health system reforms at every level of government and in the private sector promote coordinated and patient-centered care.

- Differing federal and state laws establish complex rules on referrals from one health care provider to another, and the financial relationships between providers, to avoid kickback arrangements and conflicts of interest.

- The lack of conformity between state and federal statutes makes compliance nearly impossible and leads to inefficiencies, increased administrative costs and patient confusion.

- States that do not allow arrangements that are permitted by the federal government and are in the public interest unnecessarily restrict access to care and harm the economy.

- Legislation is required to align state and federal laws governing patient referrals and physician practice arrangements to promote efficiency and lessen the administrative burden encountered in the delivery of patient-centered care.

Legislative Summary:

The following State Legislative Example, as approved unanimously by the New York State Legislature, provides that a referral or arrangement allowed under federal law would similarly be allowed by the state. The legislation allows the state to prohibit abusive arrangements allowed by the Federal government via the regulatory process.

Legislative example may be amended to remove/replace the authority of the Public Health and Health Planning Council and its Commissioner. The leader of a state’s Department of Health may be a suitable alternative, however empowering a state’s medical board with the authority may be problematic.

For More Information:

Visit the AACU Action Center (www.aacuweb.org) or contact State Affairs Manager Ross Weber (statesociety@aacuweb.org) for additional information on this issue and to coordinate a successful legislative campaign.
Issue: Simplification and Conformity of Patient Referral Laws

State Legislative Example:

NY A3551/S4660 (As Approved by New York State Legislature, June 12, 2012)

AN ACT to amend the public health law, in relation to referrals of patients for health or health related items or services

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Paragraph (g) of subdivision 2 of section 238-a of the public health law [i.e., exceptions to prohibited physician referrals], as added by chapter 803 of the laws of 1992, is amended to read as follows:

Any arrangement that, under the Federal statutory prohibition on certain referrals codified at 42 U.S.C. 1395NN and regulations promulgated thereunder, would be an arrangement between a practitioner (or immediate family member) and a health care provider that:

(I) Would not be a financial relationship if existing between and physician and an entity, as such terms are defined under such Federal law or Regulations; or

(II) Would satisfy the requirements of an exception relating to financial relationships provided under such Federal law or Regulations if existing between a physician and an entity, as such terms are defined under such Federal law or Regulations.

An arrangement shall not be excepted under this paragraph if it is a particular type of financial relationship that would pose a substantial risk of payor or patient abuse, as determined and specified by the Public Health and Health Planning Council in regulations, subject to approval by the Commissioner.

Section 2. Paragraph (c) of subdivision 6 of section 238-a of the public health law, as added by chapter 803 of the laws of 1992, is amended to read as follows:

(IV) A referral for any services excepted under 42 U.S.C. 1395NN and regulations promulgated thereunder, unless the Public Health and Health Planning Council determines and specifies in regulations, subject to approval by the Commissioner, that a particular type of referral would pose a substantial risk of payor or patient abuse in relation to patient benefits.

Section 3. This act shall take effect immediately.
Issue: State Support for Prostate Cancer Screening

Issue Summary:

- Prostate cancer is the most common non-skin cancer in men.
- The prostate-specific antigen (PSA) test detects abnormalities in the prostate, including prostate cancer. Prostate cancer deaths have declined since the widespread adoption of PSA-based screening for prostate cancer.
- The U.S. Preventative Services Task Force (USPSTF) recommended against PSA-based screening for prostate cancer for all men in May 2012.
- The Affordable Care Act mandates that Medicare is not required to cover screenings that are not recommended by the USPSTF.
- States should go “on the record” in support of prostate cancer screening and ongoing mandated coverage of that vital health service.

Legislative Summary:
The following State Legislative Example, a resolution approved by the New Jersey Legislature and later introduced by several states, declares that the Governor and the Legislature “memorialize” the U.S. to seek the withdrawal of the USPSTF recommendation against prostate-specific antigen-based screening for prostate cancer for men in all age groups, and to transmit the Resolution to Congressional officers and the state’s Congressional delegation.

“Whereas” and “Resolved” clauses may be amended to:
- Refer to Final USPSTF recommendation against prostate cancer screening issued in May 2012, rather than draft recommendation issued October 2011.
- Express support for the USPSTF Transparency and Accountability Act (112th Congress, H.R. 5998).

For More Information:
Visit the AACC Action Center (www.aacuweb.org) or contact State Affairs Manager Ross Weber (state society@aacuweb.org) for additional information on this issue and to coordinate a successful legislative campaign.

State Legislative Example:

NJ AJR 89 (As Signed by Governor, Jan. 17, 2012)

A JOINT RESOLUTION memorializing the Congress of the United States to seek the withdrawal of the United States Preventive Services Task Force recommendation against prostate-specific antigen-based screening for prostate cancer for men in all age groups.

WHEREAS, The United States Preventive Services Task Force (USPSTF) is an independent panel of non-federal experts in prevention and evidence-based medicine that is composed of primary care physicians who conduct scientific evidence reviews of a broad range of clinical health care preventive services and develop recommendations for primary care clinicians and health systems; and

NJ AJR 89 Continued on next page
WHEREAS, The USPSTF acknowledges that prostate cancer is the most commonly diagnosed non-skin cancer in men in the United States, with one in six American men being diagnosed with prostate cancer in his lifetime; and

WHEREAS, Prostate cancer is the second leading cause of cancer related deaths in men in the United States; and

WHEREAS, The National Cancer Institute and the American Cancer Society estimate that approximately 240,890 men in the United States will be diagnosed with prostate cancer and 33,720 men will die from the disease in 2011; and

WHEREAS, The American Cancer Society projects that in New Jersey alone, there will be approximately 7,840 newly diagnosed cases of prostate cancer and 1,100 deaths from the disease in 2011; and

WHEREAS, In 2008, the USPSTF recommended against prostate-specific antigen-based screening for prostate cancer for men 75 years and older; and

WHEREAS, In October 2011, the USPSTF issued a new recommendation against prostate-specific antigen-based screening for prostate cancer for men in all age groups because it concluded that there is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits; and

WHEREAS, The USPSTF states that the October 2011 recommendation applies to men in the United States that do not have symptoms of prostate cancer, even though by the time a man experiences symptoms of prostate cancer, the cancer is generally too advanced to cure; and

WHEREAS, The USPSTF states that its new recommendation against screening applies regardless of race, even though the USPSTF acknowledges that African-American men have a substantially higher prostate cancer incidence rate than white men and more than twice the prostate cancer mortality rate of white men; and

WHEREAS, The USPSTF issued this recent recommendation without having a urologist or oncologist, two types of physicians who specialize in diagnosing and treating patients with prostate cancer, on the task force; and

WHEREAS, The USPSTF’s new recommendation regarding prostate cancer screening follows their recommendation in November 2009 against mammograms for women ages 40-49 and against teaching women to do breast self-exams, which Congress rejected after public outcry; and

WHEREAS, The most recently updated study, the Goteborg Randomized Population-based Prostate Cancer Screening Trial, found that with screening, deaths from prostate cancer dropped 44% over a 14 year period, compared with men who did not undergo screening, and that prostate cancer screening efficiency was similar to other cancers; and

WHEREAS, The USPSTF recommendation against screening puts into harm’s way men who are most at risk: the underinsured, those who live in areas where health care is not readily available, those who have a family history of prostate cancer, and African-American men, who have a higher incidence rate and higher mortality rate of prostate cancer than white men; now, therefore,

BE IT RESOLVED by the Senate and General Assembly of the State of New Jersey:

1. The Governor and the Legislature of this State respectfully memorialize the Congress of the United States to seek the withdrawal of the United States Preventive Services Task Force recommendation against prostate-specific antigen-based screening for prostate cancer for men in all age groups.

2. Duly authenticated copies of this joint resolution shall be transmitted to the presiding officers of the United States Congress and every member of the United States Congress elected from this State.