



★ Political Action Committee

2015 - 2016 REPORT



Political Action Committee

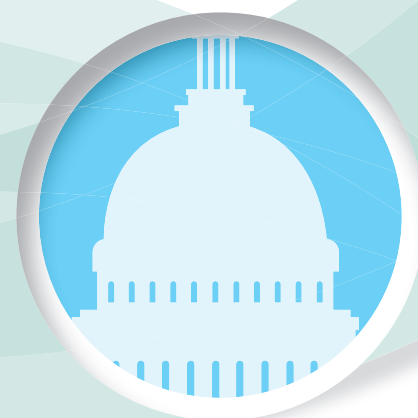
2015 - 2016 REPORT

RPA PAC MISSION STATEMENT

RPA PAC is a separate, segregated fund established by RPA. Voluntary contributions by individuals to RPA PAC will be used to support candidates for public office regardless of political affiliation who demonstrate their belief in the principles to which the profession of nephrology is dedicated.

HISTORY AND STRUCTURE OF RPA PAC—FAST FACTS

- RPA established RPA PAC in 2005 to increase the association's focus on legislative advocacy and better position itself with lawmakers in Washington.
- Since that time the PAC has experienced steady and consistent growth not only among RPA's nephrologist members but also among RPA's practice manager constituency.
- At the conclusion of the first two-year cycle of the PAC in March 2007, RPA PAC had 148 members (contributors); by the end of the most recent election cycle at the start of 2017, there were 162 members.
- In the most recent election cycle (2016) RPA supported 14 Democrats and 24 Republicans in the House of Representatives, and 7 Democrats and 6 Republicans in the Senate.
- RPA PAC has convened a reception at the last 11 RPA Annual Meetings, honoring the following legislators:
 - Representative Steny Hoyer (D-MD) and then-Representative Ben Cardin (D-MD) in 2006
 - Senator Ben Cardin (D-MD) again in 2007
 - Representative Lloyd Doggett (D-TX) in 2008
 - Representative John Sarbanes (D-MD) in 2009
 - Representative Bill Pascrell (D-NJ) in 2010
 - Representative Phil Gingrey, M.D. (R-GA) in 2011
 - Representative Tom Price, M.D. (R-GA) in 2012
 - Representative Bill Cassidy, M.D. (R-LA) in 2013
 - Representative Tom Marino (R-PA) in 2014
 - Senator Ben Cardin (D-MD) in 2015
 - Representative Kyrsten Sinema (D-AZ) in 2016
- RPA PAC is governed by a 12-person Board of Directors lead by a Chair and Vice-Chair.
- The following RPA leaders have served as RPA PAC Chairs:
 - Dr. Larry Lehrner, a nephrologist from Las Vegas (2005-2007)
 - Dr. Farida Baig, a nephrologist from Metairie, LA (2007-2009)
 - Dr. Robert Provenzano, a nephrologist from Detroit (2009-2011)
 - Dr. Ed Jones, a nephrologist from Philadelphia (2011-2013)
 - Dr. Vijay Rao, a nephrologist from Chicago, is the current PAC Chair, and Dr. Ron Hyde, a nephrologist from Phoenix, is the current PAC Vice-Chair



RATIONALE FOR RPA PAC

In 2005 the RPA Board of Directors determined that formation of a political action committee (PAC) would enable the organization to fill a void in the nephrology community and heighten the profile of the specialty and RPA on Capitol Hill. This was based in part on the old Washington adage that, in short, elected officials need two things: votes and money. While votes originally elevate them to or keep them in office, money raises their visibility and thus enhances their ability to retain their seats, and power. There is much skepticism over the relationship between money and politicians, with good reason. Illegal activities by lobbyists, Congressional bribery scandals and similar episodes have helped create a public perception that Washington is under the control of a few special interests with deep pockets. However, PACs are legal, were purposefully established to regulate the flow of money to political campaigns in an open and limited manner, and provide a legitimate means for affiliated individuals (in this case nephrologists and those concerned with issues affecting nephrology) to petition their government.

Without financial assistance, few political candidates can afford the cost of a federal campaign. The significant role of money in politics can be beneficial to groups and

individuals seeking to get their concerns addressed by Congress, as donations to a candidate's campaign can heighten the prominence of specific issues with that candidate, ensure face-to-face interactions with the candidate, and help secure their support once in office.

The best way to financially support a candidate is through a PAC. In fact, PACs are an important element in financing campaigns. They consist of groups of people with similar interests and concerns that pool their resources to elect candidates to public office. This ensures their voices are heard in the political process and offers candidates additional campaign support in conjunction with individual and political party donations.

Through the voluntary support of RPA members, RPA PAC has been able to help elect candidates, regardless of party affiliation, who share RPA's concerns on major issues that affect nephrologists, nephrology practices, and kidney patients. The existence of the RPA PAC has facilitated the ability of RPA to nimbly respond to changes affecting nephrology practice that are the result of legislative or regulatory action



Dr. Rebecca Schmidt (r.) thanked Sen. Shelley Capito (R-WV) for her support of the CONNECT and 21st Century Cures bills.



MESSAGE FROM THE PAC CHAIR

This sixth edition of the RPA Political Action Committee Biannual Report marks the 12th anniversary of the RPA PAC. It comes to you in a time of significant upheaval and tremendous opportunity. I write this note to you in the early days of the Trump Administration, and thus far he has fulfilled his promise to be a disruptive force with regard to the usual ways of Washington. Clearly, this requires discernible adjustment on the part of legislators, bureaucrats, government affairs representatives, and other long term stakeholders used to the previous processes and protocols. However, it also offers the prospect of pursuing the priorities of the nephrology community in new ways.

Yes, there has been profound change in the last 12 years, and even in the last six months. What hasn't changed is the need for nephrology's voice to be heard, for renal physicians to have a seat at the table as decisions regarding our future are made, and for our specialty to take all necessary steps to ensure that our patients and practices can thrive in an environment that is evolving at lightning speed.

These necessities were the catalyst for the formation of the RPA PAC. As the only nephrology organization in the U.S. with a political action committee, RPA has gone farther than any kidney professional group in its efforts to make sure that Congress is aware of the unique challenges and opportunities facing physicians who specialize in the treatment of kidney disease. No less unique are the ways in which the federal government interacts with kidney disease providers of care. The ESRD program is the only disease entitlement program in Medicare, nephrologists are reimbursed through what is still the only capitated payment model in the Medicare fee-for-service universe, and the ESRD Quality Incentive Program (QIP) is still one of the few, if not the only, true pay-for-performance program in Medicare.

The uniqueness of kidney disease, ESRD patients, nephrologists, and the ESRD program are why we need your support. Within the health care arena RPA PAC is



competing with PACs affiliated with insurers, health care systems, pharmaceutical companies, other specialties, and dialysis organizations for Congressional attention, in addition to the thousands of trade associations, advocacy groups and PACs outside of health care. In order to be sure that the issues specifically affecting nephrologists are front and center with elected representatives as they deliberate on issues of consequence, support of the RPA PAC is of paramount importance.

You are receiving this report because of your previous support of the RPA PAC, and for that I say thank you, thank you, thank you—our continued success depends on you! With your contributions the RPA PAC will continue to represent the interests of the nephrology community as decisions affecting our future occur in Washington.

A handwritten signature in black ink, appearing to read 'V. Rao'.

Vijay Rao, M.D.
Chicago, IL



RPA PAC BOARD OF DIRECTORS

The RPA PAC Board of Directors is the governing body of the PAC charged with setting policies with respect to expenditures to be made by the PAC and disbursements to specific candidates and political committees in accordance with applicable law. The Board also determines the procedures for collection and distribution of funds to the candidates and political committees that the PAC shall support and the amount of all expenditures and disbursements by the PAC. The RPA PAC Board consists of 12 individuals who are appointed by the RPA Board of Directors for one-year terms of service.

Vijay Rao, MD — PAC Chair
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Gary Singer, MD
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ggsinger27@yahoo.com



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Port Angeles, WA
gbsjrmd@sisna.com

114th CONGRESS IN REVIEW

In sports and in life, there is no greater truism than 'you win some, you lose some' and a look back at the 114th Congress from the perspective of nephrology in general and RPA specifically is that this time, WE WON! The first session of the Congressional session essentially began with the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) which most significantly repealed use of the sustainable growth rate (SGR) formula in Medicare Part B reimbursement. Then-Speaker John Boehner's (R-OH) staff met under the cover of darkness with Minority Leader Nancy Pelosi's (D-CA) staff, the GOP gave a little on budget neutrality, the Ds gave a little on spending levels, and voila! The SGR was repealed.

And while the rulemaking subsequent to the passage of MACRA has been the cause of some heartburn in the physician community, it is important to remember that prior to MACRA, physician payment had been scheduled for annual cuts of between 10-25% (approximately) for the better part of a decade. The one provision of MACRA repealing the SGR resolved that problem. In addition, the bill scaled back the maximum penalties

that physician practices could face for non-compliance with Medicare incentive programs: pre-MACRA, the maximum combined penalties approached 14%, while under MACRA it is approximately 9%. So while the law's implementation led to some complaints in the physician community that "We were better off with the SGR", the math does not support this notion.

The other substantively positive news out of the first session of the 114th Congress was the enactment of the Trade Adjustment Assistance (TAA)/Trans-Pacific Partnership (TPA), which under normal circumstances would not be cause for celebration in the nephrology community. However, this is the bill that included the provision establishing coverage of outpatient acute kidney injury (AKI) services provided to Medicare beneficiaries was included in the big trade bill, which had been an RPA policy priority for the previous three years. Its inclusion in the trade bill was not without controversy, as in general the idea of using Medicare pay-fors for provisions outside of the Medicare program (the concept of 'germaneness') is usually frowned upon. This also applied in the kidney community specifically, as proponents of



Drs. Farida Baig and Ron Hyde met Rep. Kyrsten Sinema (D-AZ).

the CKD improvement bill would have liked that money to be used for components of that bill. However, the amount of the offset (about \$200 million) likely would not have covered the expense of any of the provisions in the kidney bill, and the opportunity to get this change enacted clearly outweighed concerns about whether or not it was germane

Also occurring in the 114th was the (eventual) passage of the 21st Century Cures legislation, the primary purpose of which was to provide additional funding to the National Institutes of Health (NIH, \$4.8 billion) and the Food and Drug Administration (FDA, \$500 million to accelerate the discovery, development, and delivery of new cures and treatments). While this bill ostensibly was not an RPA priority, in its final iteration it included a provision that would lift the prohibition on prevalent, fee for service ESRD Medicare beneficiaries enrolling in a Medicare Advantage plan, starting in plan year 2021. Even though this issue was not on RPA's advocacy agenda at the start of 2016, the organization did support enactment of this provision.

Progress was made through the balance of the 114th on RPA's other priority issues, but none of these resulted in new laws implementing the changes. Legislative initiatives advancing the use of telehealth in dialysis advanced in both chambers in a bipartisan way, but none of these were put to a vote. The most significant of these was the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S. 2484, H.R. 4442), introduced in February 2016. In dialysis care, the CONNECT Act would designate the dialysis facility as an originating site for telehealth services, and would allow the delivery of 2 of 3 required monthly visits to home dialysis patients in a three consecutive month period via telehealth (with the face-to-face requirement remaining for the third visit). Additionally, in December 2016 the Senate Finance Committee introduced the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2016 (S. 3504), which included the patient's home as an originating

site for dialysis services provided through telehealth. Relevant to health information technology, the Flex-IT bill, the main thrust of which was to mandate use of a 90-day reporting period in meaningful use, was introduced in both sessions of Congress, but the need for enactment was made moot by CMS administratively implementing 90-day periods in both 2015 and 2016 (and thus our advocacy efforts were also successful here). Legislation promoting living organ donation and providing coverage for immunosuppressive drugs post-kidney transplant was also introduced, but did not achieve traction.

Also of interest to the kidney care community was the introduction of the Dialysis Patient Access to Integrated Care, Empowerment, Nephrologists, and Treatment (PATIENT) Demonstration Act (initially introduced as H.R. 5506, and revised to be H.R. 5942; it was S. 3090 in the Senate with no revision introduced). This legislation sought to facilitate ESRD patient access to coordinated care and establish a construct similar to that of the ESRD Seamless Care Organizations (ESCOs) but on a broader scale. Significantly, the entities created would be deemed Advanced Alternative Payment Models (AAPMs) for the purposes of MACRA, and thus participating and qualified nephrologists could be eligible for the 5% AAPM payment bonus under the program. This was a highly controversial bill, however. Proponents of the legislation believed it would result in wide-scale use of integrated care in kidney disease, while opponents believed it was an effort by the large dialysis organizations to exert greater control over the dialysis care continuum. It did not approach enactment prior to the end of the Congress.

Finally, no summary of the 114th Congress would be complete without mention of the transition in House Speakership from John Boehner to Paul Ryan (R-WI). Recall that on September 25, 2015, the day after the Pope left Washington, Mr. Boehner shocked the world by announcing his resignation, as of October 30. The conventional wisdom on the day of the Speaker's press conference, was that House Majority Leader Kevin McCarthy (R-CA) would ascend to the Speaker's post, and this seemed to be a done deal until the House Freedom Caucus began questioning whether he would pass muster with them, and a series of gaffes (giving Speaker Boehner a 'B-' for his tenure and inferring that one of the main purposes of the Select Benghazi Committee was to discredit Hillary Clinton) called into question his readiness for the role. Subsequently, Rep. Ryan was courted by virtually every Republican in the country to take the reins in the House and bring calm to the chaos, and he agreed to accept the position in late October 2015.

Given the unpredictable nature of events on Capitol Hill as described above, it is essential that RPA be at the table when developments unfold in Congress, and to be nimble in an evolving environment. The work of the RPA PAC is a key component in RPA's information gathering and rapid response efforts, and helps ensure that the concerns of nephrology practitioners receive a fair hearing on the Hill.

FINANCIAL SUMMARY

Below is a summary of total contributions received and expenditures disbursed during the 2015 – 2016 election cycle. While RPA assumes the administrative costs associated with RPA PAC operations, RPA PAC assumes the cost of the RPA PAC receptions held during RPA's 2015 and 2016 Annual Meetings. The fund balance reflects the balance forward on January 1, 2017.

January 1, 2015 through December 31, 2016

Total RPA PAC Expenditures to Senators	\$ 23,500
Total RPA PAC Expenditures to Representatives	\$ 94,000
Total RPA PAC Expenditures to U.S. Legislators	\$117,000
 Total Contributions Received	 \$116,755
Total Disbursements	\$ 22,346
 RPA PAC Fund Balance as of December 31, 2016	 \$ 76,290



RPA PAC EXPENDITURES



Dr. Chet Amedia (l.) welcomed Rep. Tom Marino (R-PA) to the opening of a new dialysis center in his Congressional District.

RPA PAC supports members of Congress who are in the best position to help advance RPA's legislative priorities or address RPA's concerns, regardless of party affiliation. However, RPA PAC generally supports more members of the majority party in each chamber. For example, during the 113th Congress, RPA PAC targeted more Democrats in the Senate and more Republicans in the House, but this shifted with the Republican takeover in the 2014 mid-term elections, and was sustained in the 2016 electoral cycle.

In general, RPA PAC primarily targets those members who serve on the committees of jurisdiction over healthcare and Medicare-related issues including:

- Senate Finance Committee
- Senate Health, Education, Labor, and Pensions Committee
- House Ways and Means Committee
- House Energy and Commerce Committee

However, RPA PAC targets also include those in the House and Senate leadership who are in a position to make decisions on when and how legislation is brought to their chamber floors for passage. The PAC also makes contributions to the clinicians in Congress (physicians and nurses), given the degree of additional insight that these legislators have on RPA priority issues relative to their colleagues that are less familiar with medical practice. Finally, the PAC will typically support the elected representatives of the RPA President; given the amount of time that individual spends on Capitol Hill.

Please note that federal campaign laws allow PAC-to-PAC contributions as well. During the period covered by this report (2015-2016), RPA PAC made contributions to the Kidney Care Partners Political Action Committee (KCP PAC) in the amount of \$5,000 in each year, for a total of \$10,000 for the two-year period. Additionally, RPA PAC received a contribution of \$2,000 during this PAC cycle.

SUMMARY OF RPA PAC EXPENDITURES AND ELECTION RESULTS

House Candidate	Party-State	Committee or Leadership Position	2015 – 2016 RPA PAC Contribution	Election Result
Andy Barr	R-KY	Financial Services	\$1000	Elected
Ami Bera	D-CA	Internist	\$2,000	Elected
Gus Bilirakis	R-FL	E&C (s)	\$3,500	Elected
Mike Bishop	R-MI	Upton Event	\$1,000	Elected
Marsha Blackburn	R-TN	E&C (s)	\$1,000	Elected
Kevin Brady	R-TX	W&M (Chair)	\$4,000	Elected
Michael Burgess	R-TX	E&C (s)/Phys	\$2,000	Elected
Barbara Comstock	R-VA	Hill Day	\$2,500	Elected
Chris Collins	R-NY	E&C (s)	\$1,000	Elected
Kevin Cramer	R-ND	E&C	\$1,000	Elected
Rodney Davis	R-IL	Administration	\$1,000	Elected
Renee Ellmers	R-NC	Nurse	\$5,500	Lost in Primary
Eliot Engel	D-NY	E&C (s)	\$1,000	Elected
Gene Green	D-TX	E&C (s) Rnk Mmb	\$1,000	Elected
Morgan Griffith	R-VA	E&C	\$1,000	Elected
Brett Guthrie	R-KY	E&C (s)	\$3,000	Elected
Matt Heinz	D-AZ	Physician	\$1,000	Defeated
Ron Kind	D-WI	W&M (s)	\$1,500	Elected
Sander Levin	D-MI	W&M/Rnk Mmb	\$1,500	Elected
Ben Ray Lujan	D-NM	E&C	\$1,000	Elected
Tom Marino	R-PA	CKC Chair*	\$3,500	Elected
Doris Matsui	D-CA	E&C	\$1,000	Elected
Jim McDermott	D-WA	W&M/CKC Chair	\$1,000	Retired
David McKinley	R-WV	E&C	\$2,500	Elected
Cathy McMorris-Rodgers	R-WA	E&C/Leadership	\$2,500	Elected
Tim Murphy	R-PA	E&C (s)	\$2,000	Elected
Nancy Pelosi	D-CA	Minority Leader	\$2,000	Elected
Joe Pitts	R-PA	E&C (s-Chair)	\$2,000	Elected
Mike Pompeo	R-KS	E&C	\$1,000	Elected
Raul Ruiz, MD	D-CA	Physician	\$4,000	Elected
Paul Ryan	R-WI	W&M/Speaker	\$1,500	Elected
Linda Sanchez	D-CA	W&M	\$1,000	Elected
John Shimkus	R-IL	E&C (s)	\$1,000	Elected
Kyrsten Sinema	D-AZ	Financial Services/*	\$6,000	Elected
Mike Thompson	D-CA	W&M (s)	\$1,000	Elected
Pat Tiberi	R-OH	W&M (s-Chair)	\$1,500	Elected
Fred Upton	R-MI	E&C Chair	\$1,500	Elected
Jackie Walorski	R-IN	Hill Day	\$2,500	Elected

Senate Candidate	Party-State	Committee or Leadership Position	2013 – 2014 RPA PAC Contribution	Election Result
Kelly Ayotte	R-NH	Budget	\$1,500	Defeated
Michael Bennet	D-CO	Finance	\$2,500	Elected
Ben Cardin	D-MD	Finance/*	\$7,500	Mid-Term
Orrin Hatch	R-UT	Finance	\$4,000	Mid-Term
Mark Kirk	R-IL	Appropriations	\$1,500	Defeated
Joe Manchin	D-WV	Banking	\$1,500	Mid-Term
Shelley Moore-Capito	R-WV	Appropriations	\$1,000	Mid-Term
Rob Portman	R-OH	Finance	\$1,000	Elected
Chuck Schumer	D-NY	Finance	\$1,000	Mid-Term
Brian Schatz	D-HI	Appropriations	\$1,000	Elected
Pat Toomey	R-PA	Budget	\$1,500	Elected
Chris Van Hollen	D-MD	House Budget/Rnk Mb	\$2,000	Elected
Ron Wyden	D-OR	Finance	\$2,500	Elected

CKC = Congressional Kidney Caucus

E&C = House Energy and Commerce Committee

E&C (s) = House Energy and Commerce Health Subcommittee

W&M = House Ways and Means Committee

W&M (s) = House Ways and Means Health Subcommittee

HELP = Senate Health, Education, Labor, and Pensions Committee

Finance = Senate Finance Committee

*RPA PAC Reception Speaker

RPA PAC CONTRIBUTIONS RECEIVED (2015 – 2016)

Campaign laws have established limits on the amount of money a PAC can contribute to, as well as receive from, one individual in a given year. RPA members can contribute up to \$5,000 per year to RPA PAC. PACs are required to report on a regular basis their revenues and disbursements to the federal government. More information on PACs and federal election laws is available on the Federal Election Commission's (FEC) website (www.fec.gov).

RPA PAC Board of Directors established RPA PAC membership levels using a value that is significant to nephrologists -- the 4-visit MCP payment for one patient for one month- national average Medicare allowable of approximately \$300. The membership levels are in increments of \$300 so one RPA PAC contribution of \$300 is the equivalent of approximately one 4-visit MCP payment for one patient.

Please note that the membership levels and contributors outlined below are based on a two-year cycle of donations, from January 2015 to December 2016.

RPA PAC MEMBERSHIP LEVELS

President's Club (\$1,500 or more)

Jay Agarwal
Chester Amedia
Farida Baig
Hemant Dhingra
John Ducker
Stephen Fadem
Leland Garrett, Jr.

Andy Howard
Ronald Hyde
Robert Jansen
Robert Kenney
Robert Kossmann
Robert Merrell
Brian O'Dea

Timothy Pflederer
Robert Provenzano
Laura Rankin
Vijaykumar Rao
Rebecca Schmidt
Michael Shapiro
Ruben Velez

Senate Club (\$1,200 to \$1,400)

Satya Ahuja
Eileen Brewer
William Johnson

Edward Jones
Terry Ketchersid

Larry Lehrner
Gary Singer

Congressional Club (\$900 to \$1,199)

Charlotte Chapple
Randy Cooper
P. Kevin Flynn
Robert Fuld

Peter Fumo
Renee Garrick
Ronald Hamner
Derrick Latos

William McGuffin
Paul Palevsky
Michael Roppolo

Lobbyists (\$600 to \$899)

Heather Banks
Keith Bellovich
Wesley Calhoun
Gerardo Chica II
Charles Cooperberg
Larry Davis
Susan Diamond
Roque Diaz-Wong
Alfred Fiallo
Terrance Fried
Harry Giles
Christopher Gisler
Thomas Golubski
Jeffrey Giullian

Richard Hamburger
Richard Handler
Todd Hoopingarner
Jeffrey Hymes
Lin Johnson
Matthias Kapturczak
Alan Kliger
Nelson Kopyt
Jeffrey Lautman
Maria Guadalupe Luna
Daniel Marsh
E. McMurtrie-Jayaram
Amit Mitra
Arthur Morris

Prakash Nancheria
Allen Nissenson
K. Ado Ntoso
Manish Pandya
Jeffrey Perlmutter
Clay Roby
Gurdev Singh
Lance Sloan
Paul Turer
Linda Upchurch
Geoffrey Walker
Adam Weinstein

**Advocate
(\$300 to
\$599)**

Mohammed Ahmad
Antonio Alvarado
Piyaporn Apivatanagul
Ralph Atkinson III
Gerald Beathard
Venkara Behara
Judith Betts
Kimathi Blackwood
Harold Bregman
James Campbell
Helen Chang-DeGuzman
Chaim Charytan
Jeffrey Cicone
Fraser Cobbe
Paul Crawford
William Dahms Jr
Svastijaya Daviratanasilpa
Gertrude Findley-Christian
Marilyn Galler
Martin Gavin
Christopher Glanton
Steven Gouge
Larry Gray
Shaminder Gupta
Jay Hubsher

Jennifer Huneycutt
Rubeen Israni
Amandeep Khurana
John Kobert
Gregory Kozeny
Katherine Kwon
Alexander Liang
Carlos Machado
Dugan Maddux
Franklin Maddux
Arun Malhotra
Francis McCusker
Collette Mehring
Arvind Mehta
Gerald Milan
Muhammad Mir
Rajeev Narayan
Lani Paxton
William Paxton
Andrew Peck
Neena Penagaluru
Rajiv Poduval
Caridad Rebollar
Naveen Reddy
Sue Rottura

Matthew Schaefer
Lisa Simonton
Paul Skluzacek
Lindsey Slater
Peter Smolens
Ramesh Soundararajan
Sayed Tabatabai
Prayus Tailor
Sarah Torregiani
Joseph Turk
Karina Vasquez
Jean Ann Yaccino
Abdul Zanabli
Miroslaw Zdunek

**Other
Contributors**

W. Kline Bolton
Robert Blaser
William Brennan
Norvel Frock III
David Levenson
J. Hamilton Licht

Zina McKenzie
Jennifer Nelson
Suzanne Przybyla
Ankur Patel
Carolyn Payne
Sharon Perlman

Khalil Rahman
Ted Shaikewitz
Beth Shaw
Diane Powell
Allen Vessels





Dr. Michael Shapiro discussed RPA's 2016 legislative priorities with Rep. Barbara Comstock (R-VA).



RESOURCES

RPA ADVOCACY

<http://renalmd.site-ym.com/page/getinvolved>

RPA's advocacy portal provides the latest information on legislative and regulatory activities and information on how to become an advocate for excellence in nephrology practice.

RPA'S LEGISLATIVE ACTION CENTER

<http://renalmd.site-ym.com/page/LAC>

RPA's grassroots tool for contacting members of Congress.

RPA'S POLITICAL ACTION COMMITTEE

<http://renalmd.site-ym.com/?page=PAC>

Information about RPA PAC, including online contribution form.

RPA'S NEPHROLOGY COVERAGE ADVOCACY PROGRAM (NCAP)

<http://renalmd.site-ym.com/?page=annualNCAPforum>

State-specific information on Medicare, Medicaid and private payers, including contact information for Medicare contractors in each state.

RPA'S HEALTH POLICY HANDBOOK FOR NEPHROLOGY PRACTITIONERS

<http://renalmd.site-ym.com/?page=materialstohelp>

Helps nephrology practitioners understand the legislative process by describing the players, the role of grassroots constituencies, political action committees, and professional associations.

THE U.S. HOUSE OF REPRESENTATIVES

<http://www.house.gov>

Information about your representatives, the committees they serve on, and current legislation under consideration by the House.

THE U.S. SENATE

<http://www.senate.gov>

Information about your two Senators, the committees they serve on, and current legislation under consideration by the Senate.

THE LIBRARY OF CONGRESS

<https://www.congress.gov/>

Information on current and past legislation in both the House and Senate. Also provides the text of the Congressional Record, the published account of the debates on the House and Senate floor.

THE FEDERAL REGISTER

<https://www.federalregister.gov/>

The official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

<http://www.cms.hhs.gov>

Information about the government's two major healthcare programs, Medicare and Medicaid.



☐

YES! I would like to contribute to RPA PAC

Thank you for supporting RPA PAC. Your contribution will help elect candidates, regardless of party affiliation, who share RPA's concerns on major issues that affect nephrologists, nephrology practices, and kidney patients.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Employer: _____

Listed below are suggested levels of contribution.

Enclosed is my contribution of:

_____ \$300 _____ \$600 _____ \$900 _____ \$1,200 _____ \$1,500 _____ Other

☐ My **personal** check is enclosed,

☐ OR, please bill my **personal**:

_____ Visa

_____ AM EX

_____ MasterCard

Account #: _____

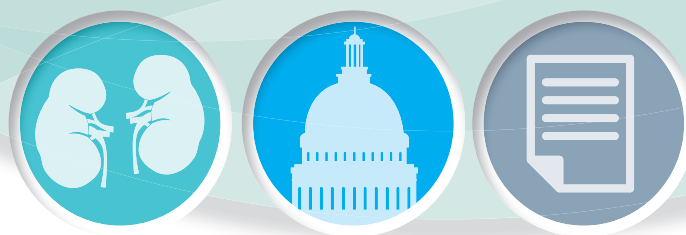
Expiration Date: _____

Name as it appears: _____

Signature: _____

*RPA PAC is a separate, segregated fund established by RPA. Voluntary contributions by individuals to RPA PAC will be used to support candidates for public office who demonstrate their belief in the principles to which the profession of nephrology is dedicated. **Contributions from corporations and associations as well as medical practices are prohibited by federal law and cannot be accepted.** Contributions to the RPA PAC are **NOT** deductible as charitable contributions for federal income tax purposes.*

**Please send contribution, made payable to RPA PAC
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