On behalf of the RPA PAC, I want to thank you for your past support, take this time to celebrate our recent accomplishments, and look down the road ahead.

Over the past 18 months the RPA PAC was instrumental in raising the profile and supporting passage of some very significant measures, including enactment of the immunosuppressive drug bill that extends Medicare coverage for those drugs for the life of the transplant, the resolution of the Medicare conversion factor issues so that increases in nephrology reimbursement in the physician fee schedule for 2021 were preserved, and advocacy that helped maintain viability of vascular access care for kidney patients.

As our general health care delivery system is shifting toward value-based care, nephrology is also rapidly moving in this direction. This is clearly exemplified by the Kidney Care Choices (KCC) initiatives and the vast sums of private funds investing in kidney care. In order to nimbly respond to these government initiatives, we need an advocate for nephrology that will fight to ensure that these programs are run by nephrologists for the benefit of our patients, and not by public corporations or venture capitalists. That advocate is our RPA PAC.

Our PAC is working to ensure that telehealth is conveniently and appropriately available for kidney patients and nephrologists, that funding is available for patient education (a key element of the KCC), that these new programs are having a positive measurable effect on our patient’s population health, and that those measures of success are manageable and fair to nephrology practices.

Make no mistake, the orientation of Medicare from a fee for service model to value-based care is happening rapidly, and the rules of engagement as this shift occurs are being decided in Washington, DC. The only way to secure a seat at the table and to make sure you are not on the menu is to support the only PAC run by and for nephrologists, our RPA PAC.

I thank you in advance for your continued generous support.

Brian J. O’Dea
Oak Brook, IL
WHY DOES RPA HAVE A 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.

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.

• 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 2021, there were 144 members.

• In the most recent election cycle (2020) RPA supported 21 Democrats and 9 Republicans in the House of Representatives, and 3 Democrats and 6 Republicans in the Senate. These numbers are lower than in previous years as the COVID-19 pandemic caused many campaigns and PACs to stand down for much of 2020.

• RPA PAC has convened a reception at the last 15 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
  • Representative Diane Black (R-TN) in 2017
  • Representative Gus Bilirakis (R-FL) in 2018
  • Representative Robin Kelly (D-IL) in 2019
  • Representative Lisa Blunt Rochester (D-DE), virtually, in 2020
  • Representative Ed Jones, a nephrologist from Philadelphia, PA from 2011-2013
  • Dr. Vijay Rao, a nephrologist from Chicago, IL from 2014 to 2018
  • Dr. Jay Agarwal, a nephrologist from Riverside, CA from 2018-2019
  • Mr. Brian O’Dea, a nephrology practice executive from Oak Brook, IL, is the current PAC Chair.

• 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, NV served as the first Chair of RPA PAC, from 2005-2007
  • Dr. Farida Baig, a nephrologist from Metairie, LA, from 2007-2009
  • Dr. Robert Provenzano, a nephrologist from Detroit, MI from 2009-2011
  • Dr. Ed Jones, a nephrologist from Philadelphia, PA from 2011-2013
  • Dr. Vijay Rao, a nephrologist from Chicago, IL from 2014 to 2018
  • Dr. Jay Agarwal, a nephrologist from Riverside, CA from 2018-2019
  • Mr. Brian O’Dea, a nephrology practice executive from Oak Brook, IL, is the current PAC Chair.
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.

RPA PAC BOARD OF DIRECTORS

PAC Chair
Brian O’Dea
Oak Park, IL
bodea@nephdocs.com

PAC Vice-Chair
Stephen Clyne, DO
Sterling Heights, MI
sclyne@michigan.org

Keith Bellovich, DO
Detroit, MI
kbellovich@scsp.net

Gerald Milan, MD
Wilmington, DE
gjmilan@comcast.net

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Baltimore, MD
Samir.gautam@hotmail.com

Lisa Simonton
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cglanton@sakdc.com

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Henderson, NV
rmerrell@koson.com

Rajiv Poduval, MD
Phoenix, AZ
rpoduval@swkidney.com

Gary Singer, MD
St. Peters, MO
ggsinger27@yahoo.com

The work of the RPA PAC is a key component in RPA’s information gathering and rapid response advocacy efforts.
The use of words such as unprecedented, unparalleled, extraordinary, or exceptional when describing events or eras can become cliches pretty quickly and thus devalue the circumstances to which they are being applied. This is not the case in their use as descriptors for the 116th Congress. From the early days that included the ascension of Nancy Pelosi (D-CA) to House Speaker and thus as the primary Democratic foil to President Donald Trump, through the start of the second session that was marked by a government shutdown and an impeachment trial, an ensuing pandemic the likes of which had not been seen in over a century, and finally a never-seen-before contested presidential election, the 116th was a Congress like no other.

As inferred above, the era of divided government in the U.S. was in full bloom with the Democratic party takeover of the House of Representatives after the 2018 midterm elections. And while the first couple of months of Ms. Pelosi’s second tenure as Speaker was not completely smooth, she lived up to her reputation as a unrivaled legislative leader. Evidence of this is the passage in the House of the two mega bills (HR 1, the For the People Act of 2019, which addressed voter access, election integrity, election security, political spending, and ethics, and HR 8, the Bipartisan Background Checks Act of 2019), which were significant pieces of legislation made even more noteworthy in that they passed within six weeks of the start of the new Congress. However, the advancement of these bills was largely symbolic in that they were never taken up in the Senate.

So, the dynamic on Capitol Hill among the chambers of Congress in 2019 was pretty predictable. In this conventional wisdom scenario, the House Democratic leadership would seek to prove that it could walk and chew gum at the same time by investigating what they perceived to be the high volume of misdeeds by the Trump Administration while passing bills, and the Senate would focus on speedy review and approval of judicial nominees to the federal courts rather than legislating, and this played out almost to a tee. There was no lack of legislation passed by the House, but generally this occurred on party-line votes and thus the odds of these bills even being taken up by the Senate, much less signed by the President, were slim.

One good example of the partisan House-Senate divide pertained to the protection of U.S. elections. As noted, the House passed its version, H.R. 1 early in the 116th Congress, and while this bill itself had no chance of consideration in the GOP-led Senate as is, it was on the table to be conferenced with bipartisan support championed by Senators James Lankford (R-OK) and Amy Klobuchar (D-MN). Areas of agreement between the two included cybersecurity information-sharing between federal intelligence agencies and state election authorities, facilitation of security clearances to state election officials, and funding to local jurisdictions for election security. However, Senate Majority Leader Mitch McConnell (R-KY) was unequivocal in his stance that this bill would not be taken up in the upper chamber, and it never was.

Similar shenanigans happened within the House, and in this instance the fault was almost entirely with the Democrats. In the spring of 2019, a combination of bills on prescription drug pricing passed on a bipartisan basis through the House committees of jurisdiction unanimously in early spring, and offered hope that on selected areas of agreement legislation could be enacted. However, once these bills were out of committee, amendments were added to promote and protect the Affordable Care Act (ACA), which justifiably or not was a poison pill for House Republicans, and thus on the House floor the measures moved on a party line vote, ensuring no chance of consideration in the Senate.

The legislative loggerheads continued into the fall of 2019. There had been hope for progress on issues like drug pricing/oversight, surprise billing, prior authorization, and pertinent to kidney disease, immunosuppressive drug coverage. However, intense lobbying by the pharmaceutical industry in that sector, a dark money campaign by the private equity community on surprise billing, and an absence of coordination on prior authorization scotched advancement on those issues in the fall of 2019.

Moving into 2020, there was reason for optimism on the immunosuppressive drug coverage bill, as bills had been introduced in both chambers and a healthy number of cosponsors signed on. Additionally, an Energy and
Commerce Health Subcommittee hearing on January 8 was notable in that it was the first hearing on the issue. There was also good news on RPA’s other major legislative priority, S. 511/H.R. 1224, the Living Donor Protection Act. There were a flurry of new cosponsors for both of these bills in the last quarter of 2019 so it was well-positioned well at the start of 2020.

And then, the COVID-19 pandemic upended all normal discourse. From mid-March until the end of the year, all federal legislation either was affected, overshadowed, or back-burnered by COVID relief legislation. Of the following bills, the first, second, and fourth were the most meaningful to nephrology and organized medicine. The first bill (the Families First Coronavirus Response Act—H.R. 6201) opened the door to widespread use of telehealth (lifting originating site and geographic restrictions), and therefore at the end of the day might prove to have the longest legs of all in health policy. But dollar-wise that was not the big kahuna. The second bill, the Coronavirus Aid, Relief and Economic Security (CARES) Act (H.R. 748) not only provided over $175 billion in relief to health care providers, additionally, and in what seems to be an underplayed issue but really is huge, the 2% Medicare sequester (an across-the-board funding cut) was eliminated through March 2021; achieving progress in this area has been a great white whale for Medicare providers since its creation in 2011. Specific to kidney care, CARES temporarily waived the face-to-face visit requirement with home dialysis patients, and allowed for 90-day refills for immunosuppressive drugs. The third component of legislative relief was focused primarily on small business relief (including physician practices) and hospitals.

The fourth bill, the Consolidated Appropriations Act of 2021, was the government funding bill that in addition to COVID relief included provisions of tremendous significance to nephrology. First, there was the provision that was the lifetime immunosuppressive drug coverage bill, and RPA PAC members know that this had been an RPA priority for more than a decade and on our radar screen for almost ten years previously. The coverage will not begin until January 1, 2023 and will go through the CMS rulemaking before that, but this was a huge victory for RPA and the kidney community. Second, the bill addressed concerns with the 2021 Medicare physician fee schedule in a way that turned out well for nephrology. The legislation reduced the scheduled approximate 10.5% cut in the Medicare conversion factor to an approximate 3.3% reduction, and in doing so preserved increases in the value of the outpatient dialysis codes of between 13–27%; this was in addition to healthy increases for the evaluation and management (E&M) code family. The combined impact of these changes was an aggregate 11% increase in payment to nephrology for 2021. The Consolidated Appropriations Act also included a freeze on the Advanced Alternate Payment Model (AAPM) thresholds for two years, which should allow more physician practices to qualify for the 5% AAPM bonus, significant additional funding for NIH, and a surprise billing fix that is more favorable to physicians than insurers.

These policy victories demonstrate that it is essential that RPA is 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 advocacy efforts and helps ensure that the concerns of nephrology professionals are on the radar of key legislators and receive a fair hearing on Capitol Hill.
FINANCIAL SUMMARY

Below is a summary of total contributions received and expenditures disbursed during the 2019 – 2020 election cycle. While RPA assumes the administrative costs associated with RPA PAC operations, RPA PAC assumes the cost of the RPA PAC reception held during RPA's 2019 Annual Meeting, and the virtual reception convened in September 2020. The fund balance reflects the balance forward on January 1, 2021.

JANUARY 1, 2019 THROUGH DECEMBER 31, 2020

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total RPA PAC Expenditures to Senators</td>
<td>$ 17,500.00</td>
</tr>
<tr>
<td>Total RPA PAC Expenditures to Representatives</td>
<td>$ 83,000.00</td>
</tr>
<tr>
<td>Total RPA PAC Expenditures to U.S. Legislators</td>
<td>$100,500.00</td>
</tr>
<tr>
<td>Other Disbursements</td>
<td>$ 20,226.00</td>
</tr>
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<td>Total Contributions Received</td>
<td>$111,400.00</td>
</tr>
<tr>
<td>RPA PAC Fund Balance as of 12/31/2020</td>
<td>$ 92,239.31</td>
</tr>
</tbody>
</table>

RPA PAC EXPENDITURES

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 115th Congress, RPA PAC targeted more Republicans in both chambers given their majority status but this changed in the House for the 116th Congress after the 2018 elections with the Democratic takeover.

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 and/or health care. 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 (2019-2020), RPA PAC made contributions to the Kidney Care Partners Political Action Committee (KCP PAC) in the amount of $7,500.
<table>
<thead>
<tr>
<th>House Candidate</th>
<th>Party-State</th>
<th>Committee or Leadership Position</th>
<th>2019 – 2020 RPA PAC Contribution</th>
<th>Election Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ami Bera</td>
<td>D-CA</td>
<td>Internist</td>
<td>$ 1,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Lisa Blunt Rochester</td>
<td>D-DE</td>
<td>E&amp;C (s), PAC Reception</td>
<td>$ 5,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Vern Buchanan</td>
<td>R-FL</td>
<td>W&amp;M (s)</td>
<td>$ 3,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Larry Bucshon</td>
<td>R-IN</td>
<td>E&amp;C (s)</td>
<td>$ 2,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Michael Burgess</td>
<td>R-TX</td>
<td>E&amp;C (s)</td>
<td>$ 1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Cheri Bustos</td>
<td>D-IL</td>
<td>D Leadership</td>
<td>$ 1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Tony Cardenas</td>
<td>D-CA</td>
<td>E&amp;C</td>
<td>$ 1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Suzan DelBene</td>
<td>D-WA</td>
<td>W&amp;M, CKC Chair</td>
<td>$ 3,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Debbie Dingell</td>
<td>D-MI</td>
<td>E&amp;C (s)</td>
<td>$ 5,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Lloyd Doggett</td>
<td>D-TX</td>
<td>W&amp;M (s)</td>
<td>$ 1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Anna Eshoo</td>
<td>D-CA</td>
<td>E&amp;C (s)</td>
<td>$ 2,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Jimmy Gomez</td>
<td>D-CA</td>
<td>W&amp;M (s)</td>
<td>$ 2,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Jaime Herrera-Beutler</td>
<td>R-WA</td>
<td>Kidney Advocate</td>
<td>$ 4,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Steven Horsford</td>
<td>D-NV</td>
<td>W&amp;M (s)</td>
<td>$ 1,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Robin Kelly</td>
<td>D-IL</td>
<td>E&amp;C (s)</td>
<td>$ 5,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Derek Kilmer</td>
<td>D-WA</td>
<td>Appropriations</td>
<td>$ 1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Ron Kind</td>
<td>D-WI</td>
<td>W&amp;M (s), Immuno Bill</td>
<td>$ 2,000</td>
<td>Elected</td>
</tr>
<tr>
<td>John Lewis</td>
<td>D-GA</td>
<td>W&amp;M, Kidney Bill</td>
<td>$ 2,000</td>
<td>Deceased</td>
</tr>
<tr>
<td>Cathy McMorris-Rodgers</td>
<td>R-WA</td>
<td>E&amp;C</td>
<td>$ 1,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Richie Neal</td>
<td>D-MA</td>
<td>W&amp;M Ranking Member</td>
<td>$ 1,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Frank Pallone</td>
<td>D-NJ</td>
<td>E&amp;C Ranking Member</td>
<td>$ 1,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Nancy Pelosi</td>
<td>D-CA</td>
<td>Minority Leader</td>
<td>$ 2,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Jamie Raskin</td>
<td>D-MD</td>
<td>Hill Day</td>
<td>$ 5,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Raul Ruiz, MD</td>
<td>D-CA</td>
<td>Physician</td>
<td>$ 2,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Brad Schneider</td>
<td>D-IL</td>
<td>W&amp;M (s)</td>
<td>$ 1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Terry Sewell</td>
<td>D-AL</td>
<td>W&amp;M (s)</td>
<td>$ 3,000</td>
<td>Elected</td>
</tr>
<tr>
<td>John Shimkus</td>
<td>R-IL</td>
<td>E&amp;C (s)</td>
<td>$ 1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Jason Smith</td>
<td>R-MO</td>
<td>W&amp;M, Kidney Bill</td>
<td>$ 2,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Greg Walden</td>
<td>R-OR</td>
<td>E&amp;C, Chair</td>
<td>$ 2,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Brad Wenstrup</td>
<td>R-OH</td>
<td>W&amp;M, Vascular Access</td>
<td>$ 6,000</td>
<td>Elected</td>
</tr>
</tbody>
</table>
### SUMMARY OF RPA PAC EXPENDITURES AND ELECTION RESULTS

<table>
<thead>
<tr>
<th>Senate Candidate</th>
<th>Party-State</th>
<th>Committee or Leadership Position</th>
<th>2019 – 2020 RPA PAC Contribution</th>
<th>Election Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roy Blunt</td>
<td>R-MO</td>
<td>Kidney Advocate</td>
<td>$3,500</td>
<td>Mid-Term</td>
</tr>
<tr>
<td>Ben Cardin</td>
<td>D-MD</td>
<td>Finance (s)</td>
<td>$2,000</td>
<td>Mid-Term</td>
</tr>
<tr>
<td>Bill Cassidy</td>
<td>R-LA</td>
<td>Physician, Immuno Bill</td>
<td>$3,500</td>
<td>Elected</td>
</tr>
<tr>
<td>Steve Daines</td>
<td>R-MT</td>
<td>Finance (s)</td>
<td>$1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Jacky Rosen</td>
<td>D-NV</td>
<td>New Member</td>
<td>$1,000</td>
<td>Mid-Term</td>
</tr>
<tr>
<td>Debbie Stabenow</td>
<td>D-MI</td>
<td>Finance/ Ranking Member</td>
<td>$2,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Tim Scott</td>
<td>R-SC</td>
<td>Finance (s)</td>
<td>$1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Mark Warner</td>
<td>D-VA</td>
<td>Finance (s)</td>
<td>$1,000</td>
<td>Elected</td>
</tr>
<tr>
<td>Todd Young</td>
<td>R-IN</td>
<td>Finance (s)</td>
<td>$3,500</td>
<td>Mid-Term</td>
</tr>
</tbody>
</table>

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  
Finance = Senate Finance Committee

### RPA PAC CONTRIBUTIONS RECEIVED (2019 – 2020)

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 2019 to December 2020.
### RPA PAC MEMBERSHIP LEVELS

#### PRESIDENT’S CLUB ($1,500 or more)

- Keith Bellovich
- Eileen Brewer
- Harry Giles
- Jeff Giullian
- Robert Kenney
- Terry Ketchersid
- Robert Kossmann
- Robert Merrell
- Gerald Milan
- Brian O’Dea
- McGuire Woods PAC
- Paul Palevsky
- Timothy Pflederer
- Robert Provenzano
- Laura Rankin
- Rebecca Schmidt
- Michael Shapiro
- Gary Singer
- Ruben Velez
- Thomas Watson
- Lawrence Weisberg

#### SENATE CLUB ($1,200 to $1,499)

- Jay Agarwal
- Cindy Corpier
- Robert Fuld
- Michael Hovater
- Ronald Hyde
- Jeffrey Perlmutter
- Rajiv Poduval
- Michael Roppolo
- Paul Skluzacek

#### CONGRESSIONAL CLUB ($900 to $1,199)

- Chester Amedia, Jr.
- Joseph Brannigan
- John Brouillette
- Gerardo Chica II
- John Ducker Jr
- Manjit Grewal
- Heidi Joist
- Katherine Kwon
- Donald Molony
- Allen Nissenson
- Lani Paxton
- William Paxton
- Suzanne Przybyla
- Vijaykumar Rao
- Jean Ann Yaccino

#### LOBBYIST’S CLUB ($600-$899)

- Mohammed Ahmad
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RESOURCES

• RPA PUBLIC POLICY INFORMATION
  https://www.renalmd.org/RPAPublicPolicy
  RPA’s Public Policy web portal provides the latest information on legislative and regulatory activities affecting nephrology practice.

• RPA ADVOCACY ACTION CENTER
  https://www.renalmd.org/page/LAC
  RPA’s grassroots tool for contacting members of Congress and state legislators.

• RPA POLITICAL ACTION COMMITTEE
  https://www.renalmd.org/PAC
  Information about RPA PAC, including online contribution form.

• RPA POLICY, ADVOCACY, AND LEADERSHIP (PAL) PROGRAM
  https://www.renalmd.org/page/RPAPALPrograms
  State-specific information on Medicare, Medicaid and private payers, including contact information for Medicare contractors in each state.

• RPA HEALTH POLICY HANDBOOK FOR NEPHROLOGY PRACTITIONERS
  https://www.renalmd.org/store/
  Helps nephrology practices understand the legislative process by describing the players, the role of grassroots constituencies, political action committees, and 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/index/2019
  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.