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Lisa J. Stephenson,
Acting General Counsel
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Supplemental Submission for AOR 2017-03, American Association of Clinical Urologists

Dear Ms. Stephenson:

During Commission discussion of AOR 2017-03 several matters were raised that merit a supplemental response.

AUA Sections Continue to Support UROPAC

Commissioner Goodman expressed interest in having more details about cooperation between AACU and AUA Sections, especially regarding UROPAC. AUA Sections have continued to support UROPAC with administrative funds and have permitted AACU to make UROPAC solicitations at AUA Section meetings.

As noted in our request, six of eight AUA Sections contributed funds for UROPAC Administrative expenses in 2016 and five of eight sections have contributed or pledged to do so thus far in 2017 in amounts of up to \$10,000 per section, as shown below. Seven of the eight sections have permitted UROPAC solicitations at section meetings.

Section	2016 Received	2017 Commitments
Mid-Atlantic Section	\$5,000	
New England Section	\$1,830	\$1,735
New York Section	\$-	
North Central Section	\$10,000	\$10,000
Northeastern Section	\$-	
South Central Section	\$10,000	\$10,000
Southeastern Section	\$7,500	\$10,000
Western Section	\$8,000	\$8,000

Support for UROPAC from a majority of AUA Sections in an aggregate total of about \$40,000 per year shows the continued strong support from UROPAC among AUA sections. These contributions were wholly voluntary on the part of the Sections and represent a substantial portion of UROPAC's overall



administrative budget. At least one of the sections that has not supported UROPAC has withheld support not due to political disagreements but because the Section has a large number of foreign national members and is concerned about potential complications related to the foreign national contribution ban.

Commissioner Goodman inquired about Section representative votes on the AUA Board, but we believe the continued willingness of AUA Sections to vote with their checkbooks is a more important indication of the level of cooperation than a vote on an administrative matter on the national board.¹

Support for UROPAC is indicative of the more general continued strong relationship between AACU and AUA at the section level. As additional examples:

- The North Central Section of the AUA presents joint annual award with the AACU, features AACU presentations as part of its regular programs, and includes regular AACU legislative updates in this publications.²
- Bylaws of the South Central Section of the AUA designate the Section's Health policy Chair as official liaison to AACU.
- The New England Section of the AUA designates an official Section representative to the AACU, reporting to leadership of both AACU and NEAUA.³ AACU provides regular government relations updates to the Section.⁴ The Section Annual Meeting includes an AACU update as part of the program.⁵
- The UROPAC Chair is current Health policy Chair of the Western Section of the AUA.

AACU and AUA Agree on Candidates and Public Policy

At the Commission meeting, AUA's counsel raised for the first time a claim that AACU and AUA had experienced disagreements over candidate support and public policy. This claim was unsupported by specific examples. No difference in candidate support or legislative agenda exists between the two organizations. During the twelve years when the two organizations jointly ran UROPAC, there were no differences between AACU and AUA representatives on the UROPAC Board over what candidates to support, and AUA staff delivered the vast majority of contribution checks.

Likewise, through the history of our joint advocacy efforts and continuing to today, there have been no substantial differences about what policies or legislation to support or about strategies to pursue. AUA, AACU, and UROPAC each craft legislative agendas, but the agendas end up being identical

¹ We also note that the New England Section representative on the AUA Board was recused from AUA Board discussions and prohibited from voting regarding UROPAC due to his concurrent service on the AACU Board.

² http://ncsuaa.org/newsletters/2015_ncs_post_convention_news.aspx <http://ncsuaa.org/newsletters/2016-ncs-preconnews-final.aspx>

³ <http://neaua.org/newsletters/2016-december-full.cgi>

⁴ <http://neaua.org/newsletters/2014-December.cgi> <http://neaua.org/newsletters/2017-March-full.cgi#a6> (Two examples of many).

⁵ <http://meeting.neaua.org/abstracts/2016-Program.cgi>



because Urologists advocate for the same discrete issues. Any differences are around which point to emphasize when.

The organizations coordinate, and substantially agree upon, policy agendas through a number of formal and informal processes. As discussed on our initial submission, AACU and AUA cooperate in crafting and support a joint Urology agenda at AMA meetings. AACU has official representation on AUA's Public Policy Council, with substantial additional overlapping membership on that Council and the AUA's Legislative Affairs committee. AUA participates in AACU's State Society Network which focuses on public policy at the state level.

These formal and informal joint efforts are manifest in many specific public policy efforts. A recent, important example of AACU-AUA policy cooperation was the effort to secure passage off the UROTRAUMA Act, one of the few successful Federal legislative initiatives of Urology organizations in the recent past. An AACU Board Member, Dr. Mark Edney, was AUA point person on this initiative.

In the past year, AUA and AACU have cosigned numerous letters and comments on public policy issues, including:

- Comments to U.S. Preventive Services Task Force on PSA testing (AACU signed AUA's comments and submitted consistent comments of its own).
- ASP (average sales price) Coalition letter to the Medicare Payment Advisory Commission (MedPAC).
- ASP (average sales price) Coalition letter to HHS Secretary Tom Price.
- Letter to the House and Senate Committees on Appropriations supporting the Defense Health Research Program.
- Letter to members of Congress urging them to repeal the Independent Payment Advisory Board (IPAB).

In summary, the claim of recent substantial differences over public policy is belied by historical, recent, and ongoing cooperation, formal and informal, on overall policy agendas and specific policy initiatives.

Membership Totals are Less Disproportionate than Implied

A total AUA Membership of approximately 22,000 was mentioned at the Commission meeting. Approximately one-third of AUA's Members appear to be non-US nationals; AUA discloses 14,854 US Members,⁶ which is the relevant figure for PAC purposes. Virtually all of AACU's Members are US Nationals. While AUA is definitely the larger of the two organizations, the relevant difference in size is not as large as might be indicated by including AUA non-US Members in the totals.

⁶ <http://www.auanet.org/about-us/membership/membership-demographics>



The 2002 AO was Correctly Decided and its Reasoning Remains Applicable

AUA's Counsel began the Commission's session with the suggestion that AO 2002-15 was wrongly decided. AACU believes that AO 2002-15 was correctly decided. We agree, however, with the implication of AUA Counsel's suggestion: that relations between AACU and AUA are sufficiently similar today to what they were in 2002 that the same affiliation conclusion should apply.

Conclusion: the Commission Should Adopt Draft A

For the foregoing reasons we believe the Commission should adopt Draft A of AO 2017-03.

Respectfully,

David M. Mason

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UROFAC