



‘21 AOPA VIRTUAL
POLICY
FORUM

APRIL 20-22 • APRIL 27-29 • 2021

Welcome
Policy Forum Attendees



Traci Dralle, CFm, President
American Orthotic and Prosthetic Association



Eve Lee, MBA, CAE, Executive Director
American Orthotic and Prosthetic Association

Thank You

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Agenda

- Overview of Medicare O&P Patient-Centered Care Act (H.R. 1990) (introduction by Justin Beland)
 - Differentiating O&P from DME
 - Restoring the Original Meaning of “Minimal Self-Adjustment”
 - Prohibition on Drop Shipping of OTS Orthoses
 - Patient Access to OTS Orthoses from Certified and/or Licensed Orthotists & Prosthetists
 - Q&A
- 10 Minute Break
- How the Medicare O&P Patient-Centered Care Act Will Become Law (Justin Beland)
- How to Be an Effective Advocate (Teri Kuffel, Aaron Holm, Rob Rickenberg)
- Advocating via Virtual Meetings (Teri Kuffel & Justin Beland)
- Mock Congressional Meeting Role-Play
- Final Questions and Wrap-up – (and don’t forget the Thursday Happy Hour! 4:00-5:00 p.m. ET)

The Medicare Orthotics & Prosthetics Patient-Centered Care Act H.R. 1990/Senate Bill Number TBD (S. 4503 in 116th Congress)

H.R.1990 - To amend title XVIII of the Social Security Act to protect beneficiaries with limb loss and other orthopedic conditions by providing access to appropriate, safe, effective, patient-centered orthotic and prosthetic care, to reduce fraud, waste, and abuse with respect to orthotics and prosthetics, and for other purposes.

117th Congress (2021-2022) | [Get alerts](#)

BILL Hide Overview ✕

Sponsor: [Rep. Thompson, Mike \[D-CA-5\]](#) (Introduced 03/17/2021)

Committees: House - Energy and Commerce; Ways and Means

Latest Action: House - 03/17/2021 Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. ([All Actions](#))

Tracker:

Introduced → Passed House → Passed Senate → To President → Became Law

More on This Bill

[Constitutional Authority Statement](#)

[CBO Cost Estimates \[0\]](#)

Get more information

See [Coverage Dates for Legislative Information](#) and learn about other sources.

Give Feedback on This Bill

[Contact Your Member](#)

Four Components to the Bill

- Differentiating O&P from DME
- Restoring the Original Meaning of “Minimal Self-Adjustment”
- Prohibition on Drop-Shipping of OTS Orthoses
- Patient Access to OTS Orthoses from Certified and/or Licensed Orthotists & Prosthetists

H.R. 1990: The Medicare Orthotics & Prosthetics Patient-Centered Care Act



Ashlie White
Director of
Strategic
Alliances, AOPA



Justin Beland
Director of Government
Affairs, AOPA



Peter Thomas, Powers Law
Firm, O&P Alliance and
NAAOP General Counsel



Joe McTernan,
Director of
Coding and
Reimbursement
Services, AOPA

Differentiating DME from O&P Patient Care

4 **SEC. 2. INCREASING PROTECTIONS FOR BENEFICIARIES**

5 **RECEIVING ORTHOTIC AND PROSTHETIC**

6 **CARE UNDER THE MEDICARE PROGRAM.**

7 (a) **DISTINGUISHING ORTHOTISTS AND**

8 **PROSTHETISTS FROM SUPPLIERS OF DURABLE MEDICAL**

9 **EQUIPMENT AND SUPPLIES.—Section 1834 of the Social**

10 **Security Act (42 U.S.C. 1395m) is amended—**

Where Differentiation Currently Stands

- Congress and CMS already treat O&P differently from Durable Medical Equipment (DME)
 - Separate statutory coverage for O&P and DME
 - All prostheses and many orthoses are statutorily exempt from competitive acquisition (competitive bidding)
 - Orthotists and Prosthetists are exempt from the accreditation requirements applicable to DME suppliers
 - Separate quality standards applicable to O&P
 - O&P has special exemptions from the surety bond requirements
 - Historically, O&P fee schedule adjustments applied separately from DME fee schedule adjustments (lump sum vs. capped rental)

Further Differentiation is Needed

- However, certain existing DME statutory provisions apply to the provision of O&P care as well, and this skews the regulation of O&P clinical care through a DME lens
- The widespread perception that O&P is a subset of DME continues to negatively impact the O&P profession
- The new provision seeks to differentiate the clinical, service-oriented way orthoses and limb prostheses are provided in contrast to the standard DME benefit by distinguishing orthotists and prosthetists from suppliers of DME and codifying separate statutory requirements for orthotic or prosthetic practitioners and suppliers.

Goals of this Provision

- Enactment would send a strong signal that O&P clinical care is NOT a subset of durable medical equipment
- It would enable future reforms of the Medicare benefit to be tailored to the O&P patient/provider
- Decrease the likelihood in the future of Congress/CMS imposing DME-style changes on the separate and distinct O&P profession
- Would send a strong signal to other payers that O&P patient care is not the same as DME/supplies and should be treated accordingly.

Summary Talking Points for Lobbying

- O&P care consists of a set of clinical services provided by highly trained practitioners and includes the orthosis or prosthesis itself. – work in the word expertise
- The Medicare O&P benefit should not be treated like DME and supplies in the statute and regulations
- The O&P benefit needs its own statutory and regulatory rules that are tailored to reflect the distinctions between O&P and DME
- Differentiation would protect patients, does not create a new Medicare benefit, and should not cost anything

Restoring the Original Meaning of “Minimal Self-Adjustment”

11 (c) STANDARDIZING THE DEFINITIONS OF
12 ORTHOTICS AND PROSTHETICS.—Section 1834(h)(4) of
13 the Social Security Act (42 U.S.C. 1395m(h)(4)) is
14 amended—

(1) in paragraph (2)(C), by inserting “by the patient (and not by another person)” after “minimal self-adjustment”; and

“Off-the-Shelf” Orthotics

PUBLIC LAW 108-173—DEC. 8, 2003

MEDICARE PRESCRIPTION DRUG,
IMPROVEMENT, AND MODERNIZATION ACT
OF 2003

“(C) OFF-THE-SHELF ORTHOTICS.—Orthotics described in section 1861(s)(9) for which payment would otherwise be made under section 1834(h) which require minimal self-adjustment for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit to the individual.

“Off-the-Shelf” Orthotics

**Tuesday,
April 10, 2007**

42 CFR Parts 411 and 414
Medicare Program; Competitive
Acquisition for Certain Durable Medical
Equipment, Prosthetics, Orthotics, and
Supplies (DMEPOS) and Other Issues;
Final Rule

We are also revising the definitions of several other terms in § 414.402, as well as adding new definitions. Below we state the revised and new definitions and indicate where a full discussion of each change can be found in this final rule:

- Adding a definition of “minimal self-adjustment” to mean “an adjustment that the beneficiary, caretaker for the beneficiary, or supplier of the device can perform and does not require the services of a certified orthotist (that is, an individual certified by either the American Board for Certification in Orthotics and Prosthetics, Inc., or the Board for Orthotist/Prosthetist Certification) or an individual who has specialized training.

**Tuesday,
April 10, 2007**

**42 CFR Parts 411 and 414
Medicare Program; Competitive
Acquisition for Certain Durable Medical
Equipment, Prosthetics, Orthotics, and
Supplies (DMEPOS) and Other Issues;
Final Rule**

These individuals possess specialized skills and knowledge used to custom fit braces for individual beneficiaries so that they function appropriately. Therefore, if an adjustment to an OTS orthotic that requires expertise in trimming, bending, molding, assembling, or customizing to fit the individual such that it must be performed by a certified orthotist (that is, an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc. or by the Board for Orthotist/Prosthetist Certification) or someone who possesses specialized training, it would not be an OTS orthotic that is eligible to be included in a competitive bidding program.

Goals of this Provision

- This provision would restore Congress' intended meaning of the term “minimal self-adjustment,” which defines OTS orthoses that may be subject to competitive bidding.
- Concurrently, the bill rejects CMS's overly expansive interpretation of the term “minimal self-adjustment” by clarifying that competitive bidding may only apply to orthoses which require minimal self-adjustment by that patient—*and not by any other person*—for appropriate use.
- By limiting competitive bidding to orthoses that truly require only “minimal self-adjustment,” this provision seeks to protect beneficiaries by preserving access to the clinical assessment, fitting, and instruction necessary to achieve the therapeutic value of non-OTS orthoses, as well as to prevent potential patient harm.

Summary Talking Points for Lobbying

- Congress created a definition of OTS orthotics as devices “requiring minimal self-adjustment for appropriate use” that “do not require expertise in trimming, bending, molding assembling, or customizing to fit to the individual.” However, CMS has expanded the definition to define minimal self-adjustment as an adjustment the “beneficiary, caretaker for the beneficiary or supplier can perform,” which is clearly NOT “self-adjusted.”
- This expansion of Congress’ definition places beneficiaries at risk for harm if they receive orthotic devices without the services that are necessary to ensure that these devices provide proper bracing.

Prohibition on Drop Shipping

6 (b) PROHIBITING PAYMENT FOR CERTAIN
7 ORTHOTICS AND PROSTHETICS.—Section 1834(h)(1) of
8 the Social Security Act (42 U.S.C. 1395m(h)(1)) is
9 amended by adding at the end the following new subpara-
10 graph:

11 (I) SPECIAL PAYMENT RULES FOR
12 ORTHOTICS OR PROSTHETICS.—

13 (i) IN GENERAL.—No payment shall
14 be made under this subsection for—

15 (I) a prosthesis (excluding pros-
16 thetic supplies) that is delivered by
17 drop shipment;



Billions-Dollar Medicare Fraud Bust

FBI Announces Results of Operation Brace Yourself

FBI and Department of Justice officials today announced the disruption of one of the largest Medicare fraud schemes in U.S. history. An international fraud ring allegedly bilked Medicare out of more than \$1 billion by billing it for unnecessary medical equipment—mainly back, shoulder, wrist, and knee braces.

The FBI and partner investigative agencies announced charges against 24 people—three were prescribing medical professionals, and the rest were owners or high-ranking officials in medical equipment or telemedicine companies. The indictment alleges the scheme has gone on for about five years.



Nationwide Brace Scam

Scammers are contacting Medicare beneficiaries to offer “free or low-cost” orthotic braces. These fraudsters bill Medicare for medically unnecessary equipment using beneficiaries’ information. All beneficiaries across the country are potential targets in this scheme.

The Alleged Scheme and Key Players

1. **Conspirators:** they own a call center that airs television and radio advertisements for orthotic braces paid for by Medicare. Telemarketers call beneficiaries directly to offer “free or low-cost” orthotic braces. They are the masterminds of this scheme.
2. **Call Center:** the call center confirms that the beneficiaries are on Medicare and transfers beneficiaries to a telemedicine firm for a doctor’s consultation. The call center pays the telemedicine firm and its doctor for the prescriptions.
3. **Doctor & Telemedicine Company:** regardless of medical necessity, the doctor prescribes an orthotic brace. The telemedicine company submits the brace prescription to the call center. The telemedicine company and doctor generate prescriptions to keep this scheme running, not because the beneficiary needs the brace.
4. **Call Center:** the call center collects the prescriptions and sells them to the medical equipment company. Providers should send prescriptions to a medical equipment company because beneficiaries have medical needs for products. Prescriptions should never be sold.
5. **Medical Equipment Company:** after the medical equipment company buys the prescriptions, the medical equipment company sends the brace, or multiple braces, to beneficiaries. The company bills Medicare and pays a kickback to the conspirators. The medical equipment company receives \$500-\$900 per brace from Medicare and pays the conspirators a kickback of almost \$300 per brace.

Goals of this Provision

- To ensure that patients are sent only orthoses that they need and can use properly, and that they have access to clinical care for orthoses that require it.
- To reduce the likelihood of waste, fraud, and abuse in the Medicare program by prohibiting the practice of “drop shipping” (shipping an orthoses or prostheses to a beneficiary without first receiving direct patient care from a trained, certified or licensed health care practitioner) of orthotic braces that are not truly “off-the-shelf.”
- To ensure legitimate means of shipping necessary (and truly “off-the-shelf”) braces to Medicare beneficiaries continues uninterrupted.

Summary Talking Points for Lobbying

- This provision would ensure that patients have access to a health care practitioner to help assess, adjust, and train the beneficiary in the proper use of the orthosis or prosthesis – assuming they need it in the first place.
- This prohibition would reduce Medicare waste, fraud, and abuse in the O&P benefit through the growing use of “lead generators” that operate under a model based on late-night advertisements and telemedicine companies, and prey on Medicare beneficiaries.
- The provision would NOT prevent actual off-the-shelf orthoses from being drop-shipped.

Patient Access to OTS Orthoses from Certified and/or Licensed Orthotists & Prosthetists

(d) LIMITATION OF COMPETITIVE ACQUISITION FOR OFF-THE-SHELF ORTHOTICS.—Section 1847(a) of the Social Security Act (42 U.S.C. 1395w–3(a)) is amended—

Competitive Acquisition for Off-the-Shelf Orthotics

- The DMEPOS Competitive Bidding Program was mandated by Congress in 2003.
- It required that Medicare replace the fee schedule payment methodology for selected DME, Prosthetics, Orthotics and Supplies (DMEPOS) items with a competitive bid process.
- Under the program, a competition among suppliers who operate in a particular competitive bidding area is conducted. Suppliers are required to submit a bid for selected products.
- Not all products or items are subject to competitive bidding.
- Bids are evaluated based on the supplier's eligibility, its financial stability, and the bid price.
- Contracts are awarded to the Medicare suppliers who offer the best price and meet applicable quality and financial standards.

Goals of this Provision

- Under this provision, certified and/or licensed orthotists and prosthetists would be able to provide such OTS orthoses without a competitive bidding contract, with reimbursement set at the single payment amount as determined by CMS through the competitive bidding process.
- In this manner, the Medicare patient obtains efficient, convenient access to care while the Medicare program pays the lower competitively bid payment rate.
- This provision is similar to the treatment afforded to physicians and other practitioners as defined by the Secretary and should not cost the Medicare program any more than it will otherwise spend on OTS orthotics.

Summary Talking Points for Lobbying

- Many individuals with limb loss and limb difference require an orthosis on their sound side to ensure health and stability.
- Creating an exemption from OTS competitive bidding for licensed and certified O&P practitioners – thereby treating them similarly to physicians and therapists by allowing them to provide OTS orthoses to their patients without a contract at the competitive bidding rate – would allow a patient needing a prosthesis and an orthosis to receive both items from the same provider, rather than an additional visit to an orthotist with a competitive bidding contract. This saves the patient time and unnecessary travel.

Q&A

Thank You

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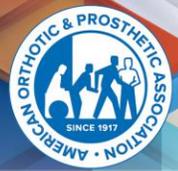
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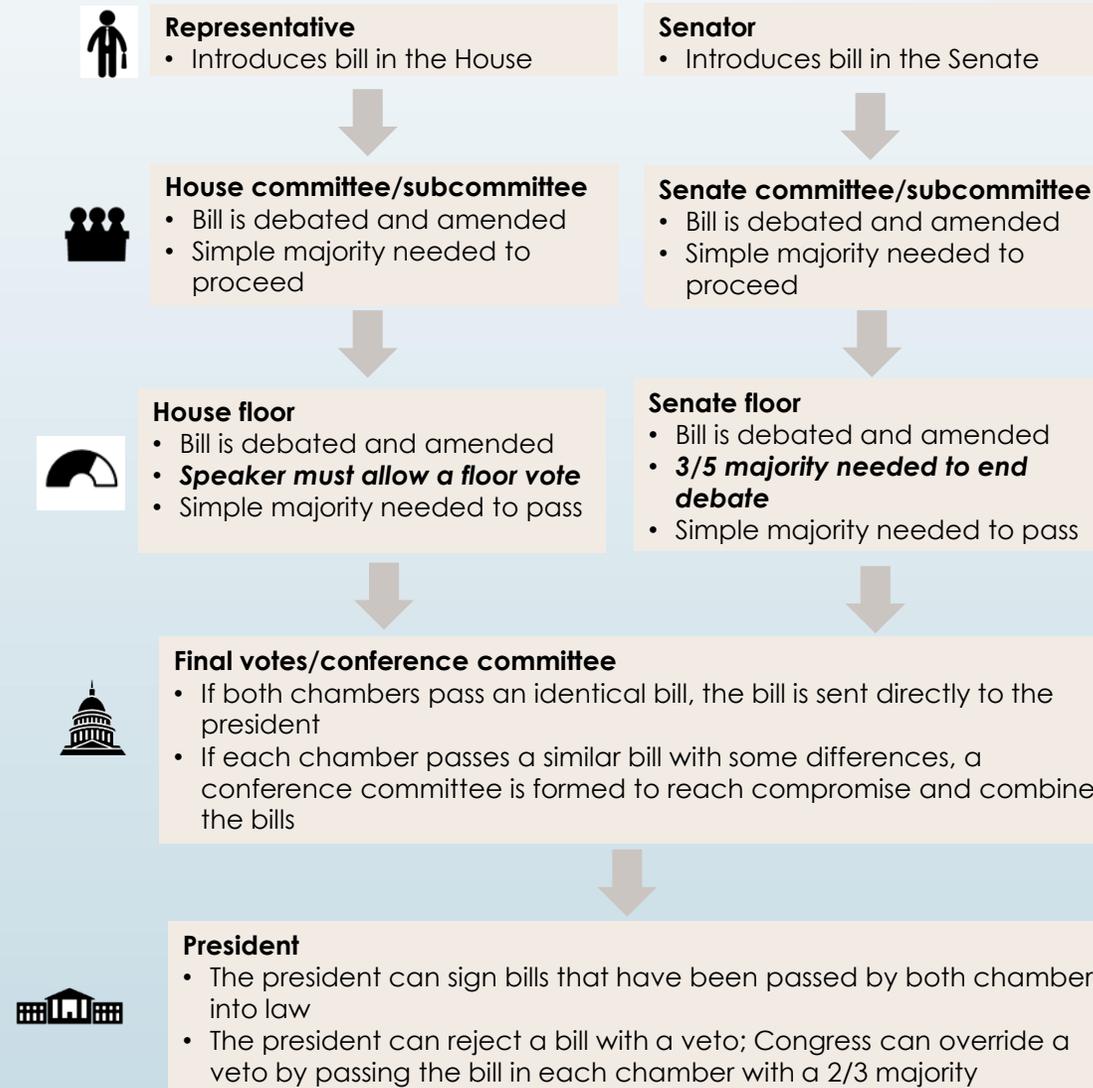
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How the Medicare O&P Patient-Centered Care Act Will Become Law



32



112th Congress (2011-12)

- 12,299 bills introduced
- 284 laws enacted (2.3%)

113th Congress (2013-14)

- 10,637 bills introduced
- 297 laws enacted (2.8 %)

114th Congress (2015-16)

- 12,063 bills introduced
- 329 laws enacted (2.7%)

115th Congress (2017-18)

- 13,556 bills introduced
- 442 laws enacted (3.2%)

116th Congress (2019-20)

- 16,601 bills introduced
- 344 laws enacted (2.0%)

117th Congress (2020-21)

- 4,133 bills introduced
- 6 laws enacted (0.14%)

H.R. 1990, introduced March 17 by Reps. Mike Thompson (D-CA), GT Thompson (R-PA), GK Butterfield (D-NC), and Brett Guthrie (R-KY)

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117th Congress (2021-2022) | [Get alerts](#)

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More on This Bill

[Constitutional Authority Statement](#)

[CBO Cost Estimates \[0\]](#)

Get more information

See [Coverage Dates for Legislative Information](#) and learn about other sources.

Give Feedback on This Bill

[Contact Your Member](#)

NOTE: As of 4/20/21 we DO NOT have a Senate bill.
Let your Senators know it will be introduced soon, as will be identical to S. 4503 in the 116th Congress.

S.4503 - Medicare Orthotics and Prosthetics Patient-Centered Care Act

116th Congress (2019-2020)

BILL Hide Overview ✕

Sponsor: [Sen. Warner, Mark R. \[D-VA\]](#) (Introduced 08/06/2020)

Committees: Senate - Finance

Latest Action: Senate - 08/06/2020 Read twice and referred to the Committee on Finance. ([All Actions](#))

Tracker:

Introduced

Next Step: House/Senate Subcommittee



Rep. Anna Eshoo (D-CA),
Chair, House Energy &
Commerce Health
Subcommittee



Rep. Brett Guthrie (R-KY),
Ranking Member, House
Energy & Commerce
Health Subcommittee



Sen. Debbie Stabenow
(D-MI), Chair, Senate
Finance Committee
Health Subcommittee



Sen. Steve Daines (R-MT),
Ranking Member, Senate
Finance Committee Health
Subcommittee

Pelosi and McGovern Unveil Details of Rules Package for the 117th Congress

Requiring Committee Hearing and Markup on Bills and Joint Resolutions. Subsection (r) codifies in the standing rules of the House a separate order from the 116th Congress requiring a committee hearing and markup in order for most bills and joint resolutions to be considered pursuant to a special order of business reported by the Committee on Rules. The subsection provides a point of order against consideration if such a measure has not been reported by at least one committee, effective March 1st of an odd-numbered year. A point of order also lies against any bill or joint resolution reported by a committee if the report does not contain a list of relevant committee and subcommittee hearings which includes the designation of at least one such hearing that was used to develop or consider the underlying measure. Finally, the provision provides exceptions to the points of order for resolutions continuing appropriations for a fiscal year, measures that contain specified emergency designations pursuant to the Balanced Budget and Emergency Deficit Control Act, measures considered pursuant to the Consensus Calendar, and measures not referred to committee. Pursuant to section 3(u), because of the challenges facing committees operating during a pandemic, this rule will not take effect in the 117th Congress until April 1, 2021.

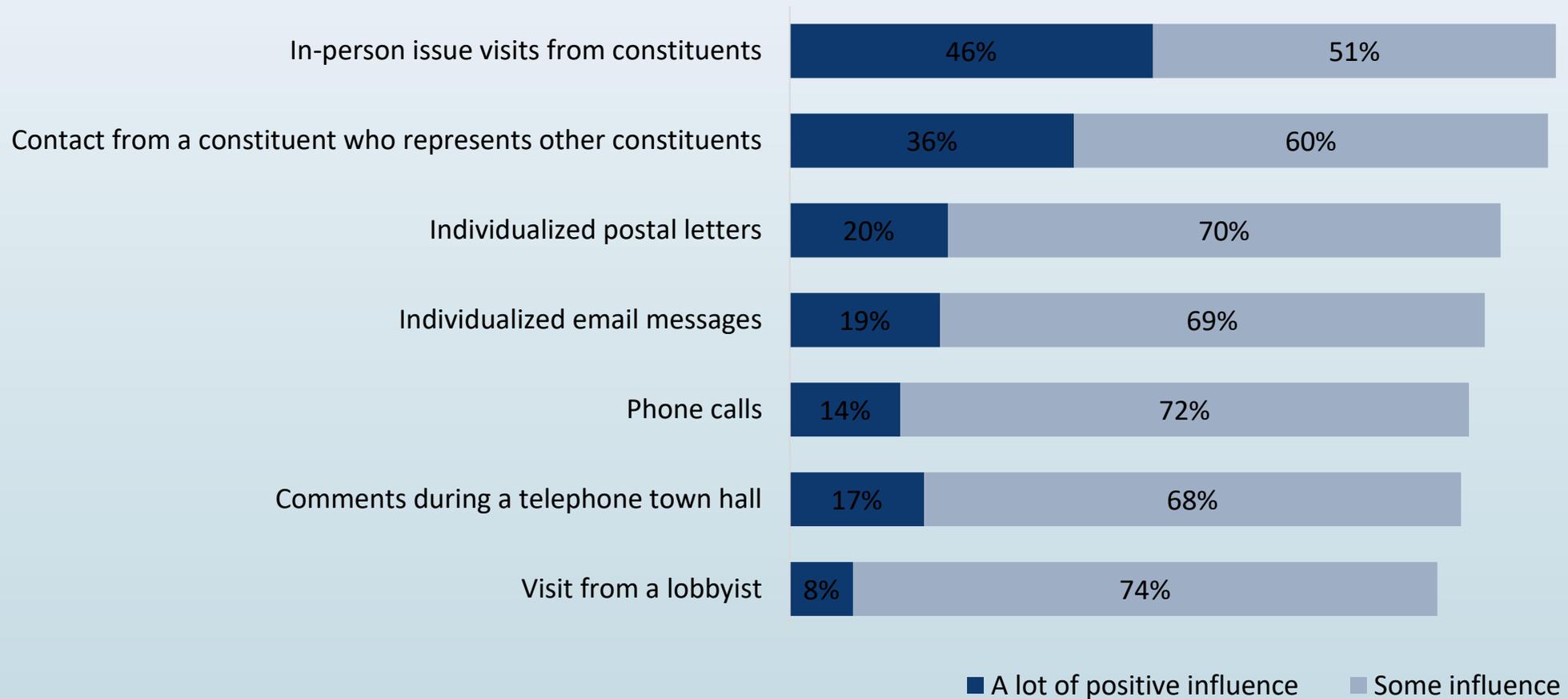


H.R. 5262 (116th Congress): 11 Cosponsors

Party	Cosponsor	Date Cosponsored
<input type="checkbox"/> Democratic [8] <input type="checkbox"/> Republican [3]	Rep. Thompson, Glenn [R-PA-15]* Rep. Guthrie, Brett [R-KY-2]* Rep. Butterfield, G. K. [D-NC-1]*	11/22/2019 11/22/2019 11/22/2019
Cosponsors by U.S. State or Territory	Rep. Van Drew, Jefferson [D-NJ-2] Rep. Roe, David P. [R-TN-1] Rep. Beatty, Joyce [D-OH-3] Rep. Horsford, Steven [D-NV-4] Rep. Napolitano, Grace F. [D-CA-32] Rep. Deutch, Theodore E. [D-FL-22] Rep. Ruiz, Raul [D-CA-36] Rep. Cisneros, Gilbert Ray, Jr. [D-CA-39]	12/11/2019 01/07/2020 03/04/2020 06/04/2020 06/29/2020 07/09/2020 08/11/2020 08/11/2020
California [3] Florida [1] Kentucky [1] Nevada [1] New Jersey [1] North Carolina [1] Ohio [1] Pennsylvania [1] Tennessee [1]		
Show less ^		

If your member/senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the Washington office have on his/her decision?*

**Asked of senior managers and mail staffers*

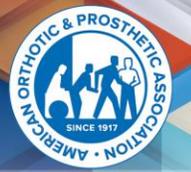




Ron Wyden



 Justin Beland - AOPA



Justin Beland- AOPA

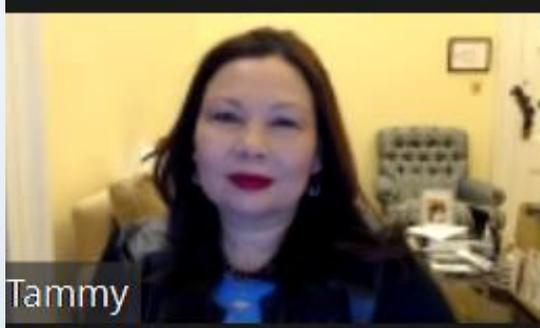
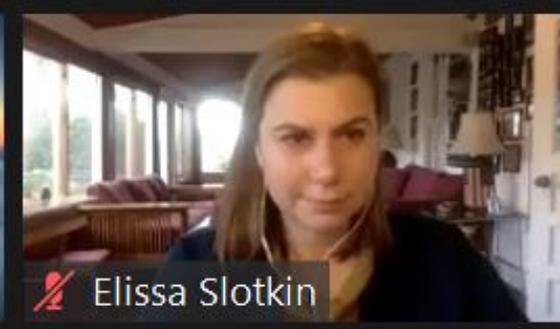


Senator Cassidy



Senator Daines



 <p>Tammy</p>	 <p>Andy Kim</p>	 <p>Ted Lieu</p>	 <p>Jake Auchincloss</p>
 <p>Anthony Brown</p>	 <p>Elissa Slotkin</p>	 <p>Justin Beland - ...</p>	 <p>Chrissy Houlahan</p>
 <p>Elaine Luria</p>	 <p>Rep. Abigail Spa...</p>	 <p>Conor Lamb</p>	 <p>Jon Soltz</p>

AOPA Policy Forum is About You: Your Visit & Your Issues

Teri Kuffel, JD

Arise Orthotics & Prosthetics

Teri Kuffel, JD



- Attorney
- MN O&P Business Owner, Arise O&P
- AOPA Vice President
- Wiggle Your Toes Board Member
- MSOPP Board Member
- Instructor Concordia MN (Master's P&O)
- 11th Year at AOPA Policy Forum

Value of Your Legislative Visit



- Thank you for being here!
- You can make a difference!
- In-person visits from constituents are the most influential way to communicate with a Member of Congress who is undecided on an issue.
- These meetings provide a chance to build relationships, establish credibility, enable access and ultimately influence decisions.

Today & This/Next Week

- Today – we educate ourselves on the important issues we will take to our legislators this/next week.
- Today – we hear from O&P industry leaders who will brief us on that which matters most.
- Today – we prepare ourselves, our minds and our hearts, to do good work for others.
- Today – we will help you so that this/next week you can do all these things and more!

Making Your Visit & Your Advocacy Effective

- **Three Words to Remember**
- **10 Steps to Follow**

3 Key Words to Remember - Why We Are All Here

- **EDUCATE**
- **ADVOCATE**
- **ACCESS**

EDUCATE

We are all here to **EDUCATE** our legislators and their staff about the orthotic and prosthetic issues that are important to our patients, their friends/families and us.

ADVOCATE

We are all here to **ADVOCATE** for (and with) those who have limb loss and/or limb impairment - our patients, friends, family members.

ACCESS

We are all here to **EDUCATE** and **ADVOCATE** with purpose, to provide **ACCESS** for our patients to orthotic and prosthetic care and devices.

10 Steps to Your Effective Visit

1. Be Prepared
2. Do Your Homework
3. Select Spokesperson(s)
4. Be Brief, Stay Focused
5. Personalize Your Issues
6. Be Positive & React Honestly
7. Be Friendly with Leg Staff
8. Close the Deal – “ASK”
9. (Virtual)Leave Behind Materials
10. Say & Write a Thank You

1. Be Prepared

- Dress for success, even in the virtual world
- Have your link or phone number ready
- Be prompt, 5-10 minutes early
- Call/email the day before to confirm with office of legislator

Virtual Reminders

- Choose room wisely, no distractions such as bright lights, loud sounds or busy backgrounds
- Choose desktop or laptop over cell phone when possible, keep camera stationary
- Test technology in advance (link, audio & video)
- Raise webcam to eye-level and look into camera at all times, especially when talking
- Turn off any sounds or notifications
- Avoid multi-tasking, it's not professional nor polite

2. Do Your Homework

- Educate Yourself
- Attend meetings, ask questions & talk to others
- Review materials AOPA, AC, NAAOP, AAOP, ABC, BOC
- Become the “Expert in the Room”
- Be confident, but don’t make things up
- Don’t use O&P acronyms

3. Select Your Spokesperson(s)

- Trifecta = Patient + Practitioner + Policy/Business Person/Student (1 person or 3-10)
- Decide ahead of time how many issues your group will discuss and who will take the lead on each issue.
- Patients help EDUCATE & personalize the O&P issues
- Practitioners explain how ACCESS to care & devices can be challenged
- Policy/Business/Students ADVOCATE & explain how

4. Be Brief & Stay Focused

- Have your short outline with you & stick to it
- Start with an ice-breaker or “hometown small talk”
- Know if your legislator is a Republican or Democrat
- Know if your legislator is on a committee that is important to O&P and our agenda items
- Know how your legislator has voted on recent healthcare bills
- Use bill numbers & know the Authors

5. Personalize Your Issues

- Tell a few of your stories
- Tell about your patient / caring for your patient
- Tell about your experience as student / resident
- Tell about an unfair denial, audit or appeal
- Tell about your challenges of providing access to O&P care & devices

6. Be Positive & React Honestly

- Focus on the positive aspects of the O&P world – our patients have remarkable stories and need our help
- Don't be afraid to address some of the negatives, but try to “sandwich them between” the positives
- Be honest in your delivery & with your responses
- Be prepared to say, “I don't know, but I can find out and get back to you!”
- Don't forget your legislator needs your vote and works as your advocate!

7. Be Friendly with Your Legislative Staff

- Find out with whom you are meeting, legislator or staff
- Assigned staff usually has a healthcare focus
- Establish a relationship with staff
- Phone/email staff to maintain your connection
- Call/Email/Visit again, and again...

8. Close the Deal, Remember the Ask

- ASK them to author or co-sponsor our bill
- ASK them to vote on our bill
- ASK them to write a letter or sign onto a letter
- ASK them for their support on any O&P related issues
- ASK them to come visit your facility or school
- ASK them to take a photo, even if virtual!

9. Leave Behind Materials

- Be sure to email the materials from AOPA
- Discuss the fact that you have materials for them
- Reference specific information during discussion
- Email contact information directly after meeting

10. Say Thank You & Write a Thank You

- Common courtesies go a long way!
- Remember to say please and thank you!
- Remember to write a thank you after your visit is finished!

Questions? Many? Just Remember...

- We are here to **EDUCATE!**
- We are here to **ADVOCATE!**
- We are here to help provide **ACCESS** to our patients/friends/family in need of O&P devices and care!
- Enjoy all that is today and this/next week!

Yet Another Zoom: Tips on Navigating Virtual Meetings

- Reminder: Senate meetings are this week, House meetings next week. If you haven't yet made your meeting with your Representative, reach out to them ASAP.
- Your meeting may be either via Zoom or phone call. (If you have not yet requested your House meeting, request Zoom; it's better to be able to see who you're talking with.)
- Try to coordinate your meeting in advance – who'll lead, and who'll be contributing.
- We will do everything we can to ensure you're not alone in your meeting! Either AOPA staff or AOPA state representatives will be joining you.
- Your meeting may not be – and likely won't be – with the legislator. Their staff is just as important.

- Make sure you're pausing frequently to let staff comment and ask questions.
- Tell your story – just as important as the legislation's talking points are YOU talking about how this affects the work you do.
- MAKE THE ASK. We have **just one** ask this year:
 - In the House, cosponsor HR 1990
 - In the Senate, cosponsor the forthcoming bill (S. 4503 in the last Congress)
- They won't commit to an answer on the spot, but that's why you'll follow up.
- Speaking of which, follow up – we'll help with that.
- Something come up in the middle of a meeting? Need help scheduling? Email me at jbeland@aopanet.org, or text me at 703-338-8736.

Need more information or have more concerns? No problem! Justin Beland and Ashlie White will stay in this meeting for one hour after our role-play exercise to answer questions or assist with meeting preparation.

Don't forget to join us for our first week wrap-up/happy hour, Thursday, April 22, 4:00 -5:00 ET.

Need a refresher before next week's House meetings? We'll have a condensed version of this presentation on Tuesday, April 27, at 10:00 a.m. to kick off House week.

Roleplaying Exercise: Let's Look at a Virtual Meeting