

## SAF 2022 Combined Notes Advocacy session

1. What have your recent efforts been at the state level to build relationships with the following to help with your advocacy efforts? In your discussions, identify the organization, how they were utilized, and successes or challenges working with the organization
  - a. Patient Groups (e.g. patients with diabetes)
    - i. NM -- Covid an issue -- had a liaison group with ADA, Pre-Covid but not now. They work closely with AZ and have restarted state amputation prevention workshop that had been gaining momentum. They are working on an 800 number for patients with limb amp concerns, that will be start up after covid -- encourage all states to try.
      1. National ALPS group
    - ii. OH -- emerging coalition with dental and optometrist to seek reimbursement increase in state, optometrist and OHFAMA have shared lobbyist
  - b. Medical/Specialty Societies (e.g. state medical associations)
    - i. SC, CA, FL, PA, MD--Working with MA or Orthopedics
      1. SC-- Trying to convince Orthopedics that they don't just want to amputate.
      2. FL--Share a lobbyist with us
      3. PA-- The society has been receptive to the concerns of our profession, and they meet regularly.
      4. MD-- Has had circular relationship with medical society; with recent 'podiatric physician' language, they have been fairly non-responsive; had numerous physicians come out in support of efforts; strong opposition from MD/DO who also had strong relationships with legislators (financial)
    - ii. CA--Working with CMA. CMA and CPMA share lobbyist Ryan Spencer, build relationships and work together on many items; prior authorization and other scope issues; find common issues and work together; CMA leadership understands that DPMs have similar experience and training to other physicians; health plans are a common enemy
    - iii. BOT--Established strong relationship with SIR
    - iv. WA--Currently doing a rebrand, and are branching out to share education about our profession to other professions/ organizations
    - v. Kline?--Diabetes organization before the pandemic.
    - vi. NY-- Regional groups they had relationships with were advocates; allied health professional groups to help advance legislation to allow DPMs (and others) to form groups with MD/DOs; medical society is still opposing DPM advancement
  - c. Other (e.g. hospital administration)
    - i. CA--Two local podiatry schools, licensing boards, hospital admins
    - ii. NY--Health and Hospital Corporation
    - iii. FL-- Individual members are also members of other committees/groups and are able to advocate for DPMs when issues arise
  - d. Lobbyist or APMA staff
    - i. WI--Been quiet for the last few years, so relationship development has not been a priority.
    - ii. SC--Focused on legislators during ankle push, good relationship with them

1. APMA helps with innovation grants and assistance grants
  - iii. NC--Reinstated state PAC in last five years, licensing board was threatened. Challenge to get former board members to invest long term.
  - iv. MD--Reach out to other lobbyists, no one is invested in podiatry who sit in committees so need to rally members.
  - v. Weathersby -- built relationship with APMA staff due to the fact that state doesn't have a lobbyist, APMA is here to help on legislative activities
  - vi. MI --couple of years ago we went through a scope of practice clean up - the lobbyist planned everything out, streamlined on both sides of the legislature and set up meetings with opposing stakeholders TN - just started, she does know that the relationship with the state medical society is a good one Reach out to other states who may have tackled your issue / contact APMA staff to see if they can connect you with a state if you have been unable to identify
2. Have you or the state association been involved with reaching out to states legislators? What have those experiences been like? What was the outcome? What have you done to reach out to state legislators?
  - a. SC--Very good relationship with legislators, instrumental in getting law passed. Honor a legislator during the annual conference to keep the relationships open and moving forward even years when we are not active. "Is there anything you need from us?"
    - i. Education is needed for the legislators
    - ii. They give out awards to legislators that have helped them.
    - iii. They Invite the Chair of the House and Senate to SCPMA annual meeting; sit in on lectures to see what DPMs do; talk and get to know the individuals personally; build relationships and support
  - b. NC--Seeking our licensing fees, which have not increased since 1992. There is no opposition, but it still can't get out of the senate. Have done white coat days, foot screenings, etc. but still haven't been successful.
  - c. MD--Partnership (lobbyist, legislator) helps legitimize your efforts. Pre-letter for those running for office this year.
  - d. CA-- Lobby Day; board of directors came to meet with legislators; bring medical students, residents, and association members; briefing to prepare members/attendees; legislators invited to speak on specific topics; may also have meetings in district offices but seem to have better engagement/involvement by bringing them to your meeting specifically to show them about podiatry; also have them at their house of delegates
  - e. FL--Meet the candidates forum during annual meeting. state legislative session with 12-14 legislators where DPMs talk about podiatry
  - f. TX--trifold brochure to use on state lab coat day -- compares education and time spent on foot and ankle -- educ v all they do
    - i. The legislators are in support of a new DPM School
  - g. OH--planning events in conjunction with Kent State
  - h. MN -- Targeting freshman legislators -- this is a good group to share education too
  - i. NY -- has state legislative day -- talking about scope -- provide educational materials about DPM educational
  - j. GA - no one can out lobby someone from back home - you need to get your members to engage, identify champions.
3. Identify at least three organizations and/or legislators that your state association should prioritize building a relationship over the next 12 months? Identify any steps necessary to accomplish your goal?
  - a. MA--Amer Diabetes Assoc, Vascular Surgeons, and Diabetic Nurse Educators

- b. WI--During campaign season focused on maintaining relationships with legislators.
  - c. MD--Love/hate relationship with physician's association in state.
  - d. SC -- legislative, 3M committee, b/c of their role in getting bills passed medical associations in the state – Orthopedics will always be a challenge for most groups
  - e. OH -- optometrist and dental to help with Medicaid
  - f. NM -- challenges this year -- all the House candidates are up for election -- many contested races, some retirement of longer-term legislators with good relationships, need to identify new legislators -- getting the word out to NMPMA members, that they need to engage in elections; filtered down message to the grassroots -- have to know who is running -- many DPMS do not know how to identify those key
4. How does your state association engage members to advocate for the profession with state legislators and other state policymakers? What challenges do you face with advocacy from members?
- a. SC--Start with a list of assembly members, divide list among association members, and reach out. Shared with all members identifying key assembly members in their district. Gathered key information about each individual for alternative means of communication. Look for face-to-face time outside of the state house. They host a campaign dinner -- find a member to participate and speak on issues
  - b. CA--Start with students, high energy, Zoom meetings. Focus on connections, who knows who in the state? If you incorporate students, help support them so they can actually attend at minimal cost.
  - c. NC--Use state meetings, actively recruit younger and diverse people. Before a meeting, do a little research. Try to make a connection. Tapping into residents going forward.
  - d. MA--Mentioned diabetes. Everyone can relate to diabetes.
  - e. Block -- when there is a problem it can galvanize people, must be proactive. Reach out to young members
  - f. OH -- grassroots challenge -- getting members to get involved -- only a handful of members participate –
  - g. NY -- looking for YPs to get involved
  - h. TX -- legislative day -- meet in office right next to capital, meet there and have a roundtable discussion and divide and conquer -- everyone gets a list, lots of pictures -- get the word out -- social media; has decent turnout for that -- already advertising; have offered the legislators ability to meet at TPMA HQ near the capital; challenge is that it is a big state -- hard to travel for legislative day; but the active few are effective, just need more.