



# THE COPA CONNECTION

## INSIDE THIS ISSUE:

<i>President's Message</i>	1-2
<i>Under the Dome</i>	1
<i>Board Members</i>	2
<i>Did You Know</i>	2
<i>Announcements &amp; Alerts</i>	3
<i>Legislative Report</i>	4-9
<i>Membership App.</i>	10
<i>COPA PAC Forms</i>	11
<i>COPA's Mission</i>	12
<i>A Place for Everyone</i>	12
<i>Standing on Success</i>	12

## PRESIDENT'S MESSAGE RALPH NOBBE, CPO

Orthotic and Prosthetic Colleagues:

COPA is moving forward to rebuild its position in your home state. While national economic and health care reform efforts continue to dominate and overshadow activities in our state we continue to work on behalf of orthotists, prosthetists and the patients we all serve.

As we move into our current 2009/2010 membership year, we are pleased to announce that our corporate membership is growing and that active participation is becoming ever more important. Members are stepping forward to volunteer and offer to help in any way possible. As a volunteer organization your ongoing commitment is paramount to COPA's long term strategy.

In accordance with our strategic plan developed in February, COPA has focused upon the immediate goal of bringing continuing educational opportunities back to its membership in a cost effective manner.

*(Continued on page 2)*



Ralph Nobbe, CPO

## UNDER THE DOME

BRYCE W.A. DOCHERTY, EXECUTIVE DIRECTOR/LOBBYIST

### “Legislative Year-End Wrap Up”



The categorical threat by the Gov. Schwarzenegger to veto approximately 700 bills on his desk absent the Legislature presenting him a fix of the California water crisis never materialized. Sen. President Pro Tem Darrell Steinberg (D-Sacramento) described this threat as a “sideshow” that distracted them from closing down a deal on water.

Inevitably during the waning hours of this session, legislative leaders and Schwarzenegger came closer to a water deal than any time in the 30 year history of the issue. Based on the progress of negotiations at the time Schwarzenegger declared a “Special Session” on water that the Legislature convened and this

week consummated the water deal. The water agreement calls for \$11 billion in bond funding that must be approved by the voters on the next statewide ballot.

As a result of the eminent “group hug” water agreement, late on Sunday, October 11, 2009, Schwarzenegger announced he would judge all bills on his desk by their merit. Schwarzenegger had until Midnight that Sunday to either sign or veto these bills. In the end, Schwarzenegger signed 456 and vetoed 229.

Please see the COPA Year End Legislative Report further on in this edition of *The COPA Connection*.

***If you miss a day “Under the Dome” – you miss a lot!”***

**BOARD MEMBERS**[Ralph Nobbe, CPO](#)**President**[Lars Jensen, CP](#)**Vice President**[Rick Chavez, CPO](#)**Immediate Past President**[John Crane](#)**Secretary/Treasurer**[Tom Beall, CPO](#)**Board Member**[Gary G. Bedard, CO, FAAOP](#)**Board Member**[Kel Bergmann, CPO](#)**Board Member**[Harry Brandt, CO, BOCO](#)**Board Member**[Mark Conry, CPO](#)**Board Member**[Robert Jensen](#)**Board Member**[Karl Lindborg, CPO](#)**Board Member**[Bryce W.A. Docherty](#)**Executive Director/  
Lobbyist*****President's Message, cont'd.***

tive, easily accessed, regional location. We have partnered with the Western and Mid-western Orthotic and Prosthetic Association (WAMOPA) to jointly host the WAMOPA/COPA meeting to be located in Reno, NV in May 2010. This easily accessed venue will also host COPA's annual membership meeting and final board meeting for 2009/2010. COPA will focus its contributions to the speaker roster upon business presentations that impact all orthotists/prosthetists, with a special focus upon California issues. The 2010 meeting will represent the second of COPA's annual meetings which were resumed by our Immediate Past President Rick Chavez, CPO at Shriner's Hospital in Los Angeles.

COPA continues to expand relationships with organizations critical to the success of the orthotic and prosthetic communities. Recent and planned activities include presentations to the California Association of Health Plans, the California Medical Association, the Department of Industrial Relations, Department of Health Care Services and California Children's Services. COPA always represents the California orthotic and prosthetic story, to the entities that send you payment for your services.

Current COPA legislative activities remain focused upon actively monitoring legislation. This recently adjourned legislative session contained several pieces of legislation of concern which included: physical therapy scope of practice expansion, increased liability exposure and ongoing Medi-Cal authorization/coverage/payment/benefit elimination issues. Implementation of AB 2012 (Emmerson) of 2006 continues to be variable as insurers struggle with internal barriers to administration. COPA is exploring the potential impacts of licensure and recognition of facility accreditation standards.

These ongoing efforts will require your ongoing financial assistance, time and commitment.

I hope you enjoy this issue of *The COPA Connection*.

**Did You Know?****CALIFORNIA HEALTHCARE FOUNDATION  
MEDI-CAL FACTS AND FIGURES**

Medi-Cal (California's Medicaid program) is the main source of health insurance for low-income and disabled people and provides coverage to 6.8 million Californians. A comprehensive report recently published by the California HealthCare Foundation is a "Medi-Cal 101" overview and contains basic information on program eligibility, enrollment, benefits, service delivery, and many other details. It also includes a review of Medi-Cal's legislative history, a comparison with other state Medicaid programs, and background on policy issues. Finally, it provides information on Medi-Cal's budget and the forces that affect the program's costs.

Click [here](#) to read the report.

# ANNOUNCEMENTS & ALERTS



## Medicaid Payment Rate Lawsuits: Evolving Court Views Mean Uncertain Future for Medi-Cal

By Sara Rosenbaum, J.D., The George Washington University

Between April 2008 and April 2009, five lawsuits were filed against the state of California to stop scheduled reductions in Medi-Cal provider payment rates (to rehabilitation providers, non-emergency medical transportation providers, pharmacies, physicians, and emergency physicians). All the lawsuits shared a common legal theory: that the Medi-Cal rate cuts violated the federal Medicaid "equal access" statute, which requires that Medicaid provider payments "be sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."

This issue brief explores the evolution of Medicaid lawsuits, both in California and nationally. Its primary focus is on the Medi-Cal equal access cases, which have proved to be important not only in California but also in their influence on decisions in other jurisdictions.

This brief discusses these cases and developments, and their implications, in four sections:

- An overview of federal Medicaid law as it relates to provider payments, with a special focus on the equal access statute and the role of state law in Medicaid payment cases;
- An examination of mechanisms for enforcing state agency obligations under federal Medicaid law, including enforcement by the U.S. Department of Health and Human Services (HHS) and court actions by private litigants, including providers and beneficiaries;
- A summary of the principal Medi-Cal provider payment equal access cases that have resulted in federal judicial decisions since 1990; and
- A discussion of the implications of these cases for health care access, quality, and efficiency.

Click [here](#) to read the issue brief.

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## SAVE THE DATE: WAMOPA-COPA Education Conference May 13-15, 2010

COPA is building off the success from the education conference on May 10, 2009, at Shriners Hospital in Los Angeles by jointly sponsoring the Western and Midwestern Orthotic and Prosthetic Association (WAMOA) education conference at John Ascuaga's Nugget in Reno, NV on May 13-15, 2010. The goal of COPA is to provide the membership an ongoing educational opportunity that is topical, centrally located and cost effective.

A special room rate of \$96.00 can be made by calling 1-800-648-1177. Make sure you mention that you are with the **WAMOPA-COPA** convention! Here are some of the highlights for the 3 day event:

The three day program will be featuring CEU accredited (**24 credits approved!**) Professional programs for ABC, BOC, and C.PED attendees presenting new products and new patient care procedures.

The two day accredited (**16 credits approved**) Technician Program on Friday and Saturday addresses current and new cutting edge fabrication techniques.

# THE DOCHERTY GROUP

CONSULTING & GOVERNMENT RELATIONS  
1231 I STREET SUITE 203 SACRAMENTO, CALIFORNIA 95814 (916) 446-4343

## AB 2 (De La Torre) Individual Health Care Coverage

**Introduced:** 12/01/2008  
**Amended:** 08/17/2009  
**Status:** Vetoed by the Governor

**Sponsor:** CA Medical Association

**Analysis:** This CMA-sponsored bill would protect patients by requiring health care service plans or insurers to obtain final approval from an independent review organization prior to rescinding a health plan contract or insurance policy. This review would use a clear legal framework to determine whether the rescission is appropriate while protecting patient rights during the review process. This bill would also improve the process at the front-end by requiring health plans and insurers to complete medical underwriting prior to issuing a policy and make applications easier to fill out accurately and completely.

**Priority:** Low

**COPA Position:** *Support*

## AB 29 (Price) Health Care Coverage

**Introduced:** 12/01/2008  
**Amended:** 03/24/2009  
**Status:** Asm. Appropriations Committee Suspense File: Two-Year Bill

**Sponsor:** Author

**Analysis:** This bill prohibits the limiting age for dependents covered by health plan contracts and group health insurance policies from being less than 27 years of age, and allows subscribers, employees or members to elect to continue coverage for these dependents if they contribute the premium for that coverage.

**Priority:** Low

**COPA Position:** *Support*

## AB 108 (Hayashi) Individual Health Care Coverage

**Introduced:** 01/12/2009  
**Amended:** 07/23/2009  
**Status:** Signed by the Governor

**Sponsor:** Author

**Analysis:** This bill would prohibit a health care service plan or health insurer from rescinding an individual health care service plan contract or individual health insurance policy for any reason, or from canceling, limiting, or raising the premiums of the plan contract or policy due to any omission, misrepresentation, or inaccuracy in the application form, after 18 months following the issuance of the plan contract or policy.

**Priority:** Low

**COPA Position:** *Support*

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## AB 214 (Chesbro) Health Care Coverage: Durable Medical Equipment

**Introduced:** 02/03/2009  
**Amended:** 04/23/2009  
**Status:** Asm. Appropriations Committee Suspense File: Two-Year Bill

**Sponsor:** National Multiple Sclerosis Society - California Action Network  
 Disability Rights California  
 Disability Rights Education and Defense Fund

**Analysis:** This bill requires health care service plans and disability insurers selling health insurance to provide coverage for durable medical equipment (DME) and services at the same levels of coverage as other basic health care benefits.

**Priority:** Low

**COPA Position:** *Watch*

## AB 613 (Beall) Medi-Cal: Treatment Authorization Requests

**Introduced:** 02/25/2009  
**Amended:** 05/05/2009  
**Status:** Asm. Appropriations Committee Suspense File: Two-Year Bill

**Sponsor:** CA Hospital Association

**Analysis:** This bill requires the California Dept. of Health Care Services (CDHCS) to take a number of steps to improve and streamline the treatment authorization request (TAR) process in Medi-Cal, including performing a cost-benefit analysis for each procedure requiring a TAR, developing an alternative to the requirement that a patient obtain a TAR for each individual day of a hospital stay, and making publicly available the rules and criteria for determining medical necessity. Additionally, this bill shortens the processing timeframe for specified services to be authorized by CDHCS.

**Priority:** Low

**COPA Position:** *Support*

## AB 721 (Nava) Physical Therapists: Direct Access to Services

**Introduced:** 02/26/2009  
**Amended:** 04/13/2009  
**Status:** Asm. Business & Professions Committee: Two-Year Bill

**Sponsor:** CA Physical Therapy Association

**Analysis:** This bill would substantially expand the scope of practice for physical therapists by allowing them to evaluate and treat patients directly without a previous diagnosis or referral from a physician.

**Priority:** Normal

**COPA Position:** *Oppose*

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### AB 1210 (Krekorian) Health Care Service Plans

**Introduced:** 02/27/2009  
**Amended:**  
**Status:** Asm. Desk: Two-Year Bill  
**Sponsor:** Author

**Analysis:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the CA Dept. of Managed Health Care (CDMHC). Existing law also requires health care service plans to meet certain requirements, including, but not limited to, having the organizational and administrative capacity to provide services to subscribers and enrollees and providing basic health care services to those subscribers and enrollees. This "spot" bill would make technical, nonsubstantive changes to that provision.

**Priority:** Low

**COPA Position:** *Watch*

### AB 1422 (Bass) Health Care Programs: California Children and Families Act of 1998

**Introduced:** 02/27/2009  
**Amended:** 08/25/2009  
**Status:** Signed by the Governor

**Sponsor:** Author

**Analysis:** This bill provides, on an urgency basis, funding for, and makes program changes to, the Healthy Families Program (HFP), administered by the Managed Risk Medical Insurance Board (MRMIB), which provides health care coverage for eligible low and moderate income children. This bill also extends the gross premium tax of 2.35% to Medi-Cal managed care (MCMC) plans; and, authorizes the California Children and Families Commission (CCFC) to make specified transfers of program revenues. This bill primarily restores most of the HFP cuts made by Gov. Schwarzenegger. This bill also prevents disenrollment of 600,000 children from the HFP and removes the waiting list through 2010 for as many as 88,000 children.

**Priority:** Low

**COPA Position:** *Support*

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## SB 1 (Steinberg) Health Care Coverage: Children

**Introduced:** 12/01/2008  
**Amended:** 02/12/2009  
**Status:** Sen. Health Committee: Two-Year Bill

**Sponsor:** Author

**Analysis:** This bill would expand eligibility for the Medi-Cal program and the Healthy Families Program by modifying the income requirements applicable to those programs and by making coverage available to all uninsured children regardless of citizenship or immigration status.

**Priority:** Low

**COPA Position:** *Support*

## SB 92 (Aanestad) Health Care Reform

**Introduced:** 01/21/2009  
**Amended:** 03/11/2009  
**Status:** Sen. Health Committee: Two-Year Bill

**Sponsor:** Author

**Analysis:** This bill is the Republican Caucus omnibus health care reform proposal.

**Priority:** Low

**COPA Position:** *Watch*

## SB 316 (Alquist) Health Care Coverage: Benefits

**Introduced:** 02/25/2009  
**Amended:** 05/28/2009  
**Status:** Sen. Floor Inactive File: Two-Year Bill

**Sponsor:** Author

**Analysis:** This bill requires full service health plans and health insurers to spend on average at least 85 percent of premiums on health care benefits, a requirement known as a "medical loss ratio" or "minimum loss ratio" (MLR), beginning January 1, 2011. This bill also requires reporting of MLF information by plan contract or policy to regulators and specified individuals and small groups by January 1, 2013.

**Priority:** Low

**COPA Position:** *Support*

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## **SB 810 (Leno)      Single-Payer Health Care Coverage**

**Introduced:** 02/27/2009  
**Amended:** 04/23/2009  
**Status:** Sen. Appropriations Committee: Two-Year Bill

**Sponsor:** Health Care for All

**Analysis:** This bill would establish the California Healthcare System to be administered by the newly created California Healthcare Agency under the control of a Healthcare Commissioner appointed by the Governor and subject to confirmation by the Senate. The bill would also make all California residents eligible for specified health care benefits under the California Healthcare System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services.

**Priority:** Low

**COPA Position:** *Watch*

# MEMBERSHIP APPLICATION

## CORPORATE MEMBERSHIP CATEGORIES: \$1,200 Annual Dues (please check applicable category)

- Corporate – Patient Care:** Any firm or corporation that is principally engaged in the business of providing O&P direct services is eligible for this membership category.
- Corporate – Supplier:** Any firm of corporation that is principally engaged in supplying O&P businesses is eligible for this membership category.
- Corporate – Allied Health:** Any organization, firm or corporation that is engaged in the allied health field that serves O&P clients and businesses is eligible for this membership category.
- Corporate – Associate:** Any organization that represents consumers of orthotic and prosthetic care or other professionals who may also provide services to orthotic and prosthetic consumers is eligible for this membership category.

## INDIVIDUAL MEMBERSHIP CATEGORIES: \$120 Annual Dues (please check applicable category)

- Individual – Certified:** Any practitioner who is currently certified and in good standing with the American Board for Certification in Orthotics and Prosthetics (A.B.C.) and/or the Board for Orthotist/Prosthetist Certification (B.O.C.) is eligible for this membership category.
- Individual – Technician/Fitter:** Any technician currently registered with the A.B.C. or any fitter certified by the B.O.C. is eligible for this membership category.
- Individual – Associate:** Any person with a professional interest in orthotics and prosthetics is eligible for this membership category.

\_\_\_\_\_  
(Name, Company)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Phone, Fax, Email)

NOTE: Please check here \_\_\_ if you decline to have 25% of your annual dues dedicated to the COPA Political Action Committee. Contributions or dues payments to COPA or COPA PAC are not deductible as charitable contributions for Federal income tax purposes. COPA estimates that 10% of your membership dues will be allocated to lobbying expenditures for the fiscal year 2009/2010, and are not deductible as business expenses.

Please make checks payable to: **COPA**

***SHARE*** this membership application with your colleagues so they can become a member of the premier orthotics and prosthetics association in California.

***Click here to view:***  
[Membership Registration Online!](#)

# POLITICAL ACTION CONTRIBUTIONS

## COPA POLITICAL ACTION COMMITTEE *CORPORATE* CONTRIBUTION FORM

**President’s Club (\$2,500-\$6,500):** These prestigious members include manufacturers, patient care businesses and individuals who want to be constant and consistent actors in the issues surrounding the O&P industry. In addition to receiving all of the benefits provided to Leadership Board and Golden State Club members also receive a specially designed President’s Club lapel pin; complimentary admission to all COPA events and Complimentary admission for one guest to attend a President’s Club event. In addition, President’s Club members may be included in “invitation only” receptions and functions with legislators whenever possible.

**Leadership Board (\$1,000-\$2,499):** These members receive a specially designed Leadership Board lapel pin; invitations to legislative briefings and receptions featuring key legislators who are active in healthcare policy and special recognition throughout the year at events and in COPA publications.

**Golden State Club (\$500-\$999):** These members receive a specially designed Golden State Club lapel pin and special recognition throughout the year.

### STATE LAW REQUIRES THE FOLLOWING:

\_\_\_\_\_  
(Name, Company)

\_\_\_\_\_  
(Employer or Occupation)

\_\_\_\_\_  
(Address, City State, Zip, Phone)

## COPA POLITICAL ACTION COMMITTEE *INDIVIDUAL* CONTRIBUTION FORM

**Silver Dollar Club (\$365 One Dollar per Day):** These prestigious members receive a specially designed Silver Dollar Club lapel pin and special recognition throughout the year.

**Future Framers Club (\$25):** These student members receive a Certificate of Appreciation for their contribution and education and training about effective advocacy and professional communication with legislators.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Employer or Occupation)

\_\_\_\_\_  
(Address, City State, Zip, Phone)

NOTE: COPA PAC contributions are NOT deductible as charitable contributions for federal income tax purposes. Contributions may not exceed \$6,500 in one calendar year.

Please make checks payable to: **COPA PAC (ID#791961)**

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We're on the web!  
[www.oandp.com/  
copa](http://www.oandp.com/copa)

## COPA'S MISSION...

*Promoting the art and science of Orthotic and Prosthetic practice to create and communicate innovative solutions for a positive patient experience.*

## A PLACE FOR EVERYONE AT COPA...

Strength is measured by numbers. COPA has galvanized support from the O&P business community by encouraging businesses of all sizes to join as corporate members. Today the organization is moving forward in representing the needs of the individual practitioner in all areas of career development, including educational seminars and a renewed commitment to licensure for California. In order to facilitate individual contributions to support COPA, new membership categories have been added to allow students, technicians and practitioners at all levels of the career path to join COPA and share in the march toward professional recognition in California.

## STANDING ON SUCCESS...

COPA has a proven track record in legislation, association governance and membership responsiveness. Representing the field since 1970, COPA is an organization that has the resources to bring the community of O&P together as one voice to strengthen and solidify the unique characteristics that typify O&P professionals today. An Uncertain Future Without Your Support... For many years, the few have supported the many while all have prospered. The burden has now become too great and the pool of resources must be widened to ensure continued success.

The threats to the O&P community are real. This year alone, practitioners have been sanctioned by the Board of Pharmacy and the Physical Therapy Licensing Board. Individual lawsuits have been brought against practitioners who now stand in legal limbo with no statutory scope of practice.

Limited state resources to treat the poor and those injured on the job are being bargained away to those with stronger voices and wider support.

***What will history say about your commitment to O&P?***