

# O&P Almanac Now Online :::::.

O&P Almanac is the oldest and most respected source for news, insight, and professional advice in the orthotic and prosthetic industry. Comprehensive coverage includes trends, tips, and analysis on clinical care, business management, technical and digital topics; industry news and research; coding and reimbursement; policy; advocacy; and professional profiles.

O&P Almanac readers can earn CE credits by reading the monthly reimbursement column, taking a short quiz, and receiving a passing score of 80%. AOPA will automatically transmit the information to the certifying boards on a quarterly basis.



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## HOMEPAGE SAMPLE



The screenshot shows the O&P Almanac homepage layout. At the top is a yellow banner for a 'TOP LEADERBOARD AD'. Below it is the O&P ALMANAC logo and navigation links. The main content area features a large 'COVER STORY' section titled 'NAVIGATING THE NEW ADMINISTRATION' with a 'Listen to the story' button. To the right of this is a large yellow 'HOMEPAGE AD' placeholder. Below the cover story are 'Columns' sections: 'Reimbursement Page: APRIL HCPCS UPDATES', 'This Just In: ENSURING ACCESSIBILITY', 'Fresh Faces: MENTOR AND MOTIVATOR', and 'Transformations: RUNNING DOWN A DREAM'. A 'FEATURE' section highlights 'REFINING PEDIATRIC CARE WITH TECH'. Below that is a 'DEPARTMENTS' section with icons for AOPA Contacts, Happenings, People & Places, and AOPA News. The bottom section is 'Latest Articles' with a 'Sort by Topic' dropdown and a list of articles, each with a 'SQUARE AD' placeholder to its right.

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## NAVIGATING THE NEW ADMINISTRATION

The profession can work together to weather this period of change

The new administration is shaking things up, and the O&P profession is feeling the effects. From tariffs that could drive up costs for stakeholders to federal agency staffing cuts that are already causing delays, O&P professionals are navigating uncharted waters. In this candid roundtable, O&P Advertiser brought together several ACPA leaders to talk about the potential challenges, and pressing concerns like possible Medicaid cuts, vanishing research dollars, and what it all means for patient-care clinics, manufacturers and most importantly the patients they serve. They also share practical insights into the advocacy efforts underway to protect the limb loss and limb difference community's interests. The following conversation was moderated by Josephine Rossi, O&P Advertiser's editor, and it has been edited for length and clarity.



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**Josephine Rossi:**  
What are you hearing from members about how tariffs could affect manufacturers and supply chains?

**Rick Riley:**  
There's certainly angst about the potential impact. Without an exemption for medical devices, there'll be consequences. Some manufacturers producing goods outside the US—whether in Mexico, Canada, Asia or Europe—have been preparing by diversifying. Like our manufacturers trying to get vehicles across the border before tariffs take effect. Major distributors have likely added to existing inventories as a hedge.

Tariffs go into effect, they're determined by country of origin. For example, with a 20% tariff on a 200-pound unit becomes 220 after received by the distributor or purchaser. Someone must bear that cost—they might try to work with manufacturers to adjust the front-end price, but ultimately, someone must absorb it.

**Josephine Rossi:**  
Are you hearing anything about materials pricing?

**Rick Riley:**  
It's not just finished goods, but also raw materials. If raw materials are part of goods made outside the US, it'll be incorporated into the price. Plastics, metals, and other materials can be impacted.

**Joe McTernan:**  
There's one recent story about aluminum tariffs. One big concern is the proposed tariff on aluminum and the US simply doesn't have the capability to manufacture aluminum on a high-volume, Canada's a major producer and exporter. The irony here is we have a small craft brewery in North Carolina whose aluminum can caps were primarily imported. They were seeking workarounds to avoid import taxes. It affects metals, plastics, and a lot of materials, potentially impacting both manufacturer members and patient-care members who don't know the downstream effects.



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**Rick Riley:**  
Consider the thousands of lost employees manufactured daily in the United States. Many from imported event manufacturing, domestically. Labs making four articles might lose a two- or three-month inventory, maybe boosted slightly, but eventually, if tariffs remain in effect, even those types of raw goods will be impacted.

**Teri Kuffel, JD:**  
Regarding industry preparation, some members have expressed concern. We want to ensure medical devices are exempt from tariffs. When we visited Sen. Tammy Duckworth last month, this was a topic we discussed. As a device maker and lab/anal. supplier, the said O&P-related issues are among her top three priorities. We've communicated with other legislators, and we will address the topic of tariffs, among many other important matters, during our Policy Forum on May 6.

**Joe McTernan:**  
One challenge is that there are two ways to address tariffs. You can do it legislatively, when possible, but new government bills take the administration directly because many tariffs are being created through executive orders not subject to legislation. Our audience isn't just the Hill, but also the executive branch.

In 2022, we had the medical device excise tax—a 2.1% tax on medical equipment. ACPA advocated on the legislation to ensure we were included. That tax, ultimately went away and was a huge legislative win, but it's more complicated this time since it's not just legislative approach but also administrative.

**FEATURE CONTENT AD**

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**Teri Kuffel, JD:**  
We've requested this be discussed on the O&P Advertiser agenda, bringing in our sister organizations. The situation changes daily. We're watching closely and communicating with appropriate legislators, which will extend to the administration.


**Rick Riley:**  
One that could appear as a separate line item on an invoice that an O&P clinic receives, not necessarily a general price change. The challenge for clinics is that, codes and reimbursement remain the same regardless. There's really no way for clinics to pass that cost to end users or insurance carriers due to Medicare and other payer rules.

**Devin Bernard:**  
The direct impact on CMS is estimated at 300 jobs from the \$100 million announced in its billing agencies. We'll have FDL and our friends on the Amputee Coalition are feeling the impact of eliminating the Administration for Community Living, which funds the National Limb Loss Center. That agency's gone with reproductive, redefined across other HUD agencies. Assuming it's reinstated, we're worried. Fee Schedule publication isn't the biggest concern, but it does show impact.



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## Ensuring Accessibility

New rule outlines requirements for ensuring all patients can access your facility's kiosks, content, and equipment



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The Office of Civil Rights recently published a final rule titled "Nondiscrimination on the Basis of Disability Programs or Activities Receiving Federal Financial Assistance," which is an update to Section 504 of the Rehabilitation Act of 1973. Two main provisions in this rule may directly impact your operations. These provisions, among other things, clarify accessibility and technical standards for web content, mobile applications, and patient kiosks, and establish standards for accessible medical diagnostic equipment.

**New Rules for Automated Systems and Online Accessibility**  
If you use kiosks or a similar type of automated, check-outside-of-system your facility, you must ensure that individuals with any type of disability are not excluded from using the kiosks, and that the kiosks are available to everyone. If a kiosk cannot be used by an individual, that individual must be able to access the features of the kiosk in a different manner. For example, if an individual is blind, those individuals must be able to use the kiosk or cannot manually use the touchscreen, they should be able to proceed to the personnel at your main desk to check in, schedule a follow-up appointment or get assistance.

To ensure that all web and mobile applications are accessible and usable for individuals with disabilities, the new rule requires compliance with the technical standards for the Content Accessibility Guidelines (WCAG) 2.1 AA. These guidelines cover such things as ensuring sufficient color contrast on pages, keyboard navigation, color headings, alternatives for images or content for video, and adjustable font size. All of your web-based or app-based content must meet these guidelines by May 18, 2024. If your company has 15 or more employees by May 18, 2027, if you company has fewer than 15 employees.

**Exemptions**  
There are five circumstances under which you may not be required to ensure that your web and app content is in compliance with WCAG 2.1 AA guidelines:

The first exemption applies to content created before May 18, 2020, or May 10, 2027, depending on company size.

- If content is exclusively for reference research or recordkeeping.
- If it is not added or updated after the date of archiving.
- If it is organized and stored in a structured, linear or linearly identified data being archived.

If any of the content is altered or updated after it was archived, even if it was originally created before the May 2020 or May 2027 deadline, the content would not meet the first/built part it would be required to adhere to the WCAG 2.1 Level AA guidelines.

The second exemption is for preexisting conventional electronic documents. These are documents such as medical records, forms or local documents (PDFs)—that are part of your web pages or apps, and which were created before the May 2020/2027 deadlines.

The third exemption is for content posted by a third party. The exemption applies to content such as comments made by others on your social media sites.

The fourth exemption is for nonpublic, password-protected, or otherwise secured documents.

The fifth and last exemption applies to preexisting social media posts.

**New Rules for Accessible Medical Equipment**  
The new Nondiscrimination Final Rule also lay out guidance for accessible medical equipment, which includes items such as examination tables, weight scales, mammography equipment and X-ray imaging, and radiology equipment or other imaging equipment. It does not include items such as chairs in the waiting room or exam rooms, or hospital beds.

The rule requires that your equipment meet the U.S. Access Board's Medical Diagnostic Equipment (MDE) Accessibility Standards, accessible board/guidelines chapter m3, by July 7, 2026. Under these standards, if you use examination tables and/or weight scales, you must make available at least one accessible version of the equipment by July 7, 2026, with the end goal of 20% of your equipment meeting the standards. If your current equipment is under lease agreements, you will be required to obtain appropriate equipment once the current lease expires.

Other items on these "MDE Standards" regulated are: any equipment that assist people with disabilities can use the equipment as easily as people without disabilities. Examination tables, for example, should be able to extend and lower to heights that work for transfers from wheelchairs or other mobility devices, and should include arm rests or padding that can be used for support during transfers. To make specific examination tables that are height adjustable between a low transfer height of 21-19 inches and a high transfer height of 25 inches. The standards state that there should be enough for the patient to sit and easily transfer to the table, and that the transfer area should be free of any obstacles.


The MDE Standards also offer specifications for scales, including stand-on scales, wheelchair scales, and other scales for accessible stand-on scales. The MDE Standards require that the standing surface be slip-resistant and that standing supports be provided. With accessible wheelchair scales, the standards require a sufficiently large platform to provide wheelchair access to the edge of the platform surface, adequate protection to keep the wheelchair from rolling off of a raised platform, appropriate ramping or beveled edge on the entry of a raised platform, and a standing support. The scale is also to be used by patients in a standing position. The MDE Standards also require that accessible chair scales be height-adjustable, have transfer supports, and provide for an unobstructed transfer.

**Prepare Your Facility Now**  
So, what do all these new rules mean? Are all O&P suppliers required to have accessible examination tables and/or wheelchair-accessible scales?

The answer depends on what equipment you already have and use as part of your practice. If your facility does not currently have, use, or require a specific type of equipment, then you are required to have an accessible version of that equipment. For example, if you currently use scales in your practice, to weigh your patients, you would be required to have at least one scale that could accommodate a wheelchair. If you use examination tables, then they must be adjustable. If you do not currently use scales, then you would not be required to have a specific scale to meet the MDE Standards.

Under Section 504 includes an "equivalent facilitator" clause which means that you may use other methods to provide the same service to a patient with disability as long as it is as accessible as or more accessible than the MDE Standards. For example, if your exam table has an integrated scale to take measurements, then you would be required to have a wheelchair-accessible scale.

Take some time to examine your facilities to assess the types of medical equipment you currently use and when any leases expire. Then determine if these items are accessible or if they need to be updated by the July 2026 deadline. Also review any kiosks at your facility, and your web- or app-based content, to ensure they are accessible as well.



**Devin Bernard:** ACPA's assistant director of coding and reimbursement services, education, and programming. Reach him at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org)

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We don't just reach audiences — we connect with them.

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