GET LOCAL.
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Congressional Recess Advocacy Toolkit

Protecting Patient Access to Ostomy & Urological Supplies from Medicare Competitive Bidding

August 2026

TheHighCostofLowBidding.com

GET LOCAL. GET VOCAL.

Protecting Access to Ostomy and Urological Supplies

A Grassroots Advocacy Toolkit for the 2026 Summer/Fall Congressional Recess

For Patient, Consumer, Clinician and Small Business Advocates

Campaign resource center: highcostoflowbids.org

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Medicare's Competitive Bidding Program will soon reach ostomy and urological supplies — individualized, clinically prescribed products, not interchangeable commodities. **The Medicare program plans to limit the entire country to just 7 urological suppliers and 8 ostomy suppliers**. **This August/fall congressional recess while Members of Congress are home campaigning for the November election is the moment to make sure every U.S. elected official hears from the patients, clinicians, and small businesses this will affect.**

Table of Contents

I. The Problem & Talking Points: New Medicare Competitive Bidding of Ostomy and Urologicals

II. Finding Your Elected Officials

III. Requesting a Meeting with Your Elected Officials (Sample Request)

IV. Attending Local Town Hall Meetings and Other At-Home Congressional Events

V. Promoting Advocacy with Other Patient and Consumer Advocates

VI. Promoting Advocacy with Clinicians

VII. Promoting Advocacy with Small Ostomy and Urological Businesses

VIII. Writing and Submitting an Op-Ed or Letter to the Editor (Samples)

IX. Social Media Advocacy

X. Reporting What You Learn Through Advocacy

XI. Appendix: Key Resources and Sources

I. The Problem to Address and Talking Points

New Medicare Competitive Bidding of Ostomy and Urologicals

Background: What Medicare Is Doing

On November 28, 2025, the Centers for Medicare & Medicaid Services (CMS) responsible for issung Medicare rules decided that, for the first time, they will bring ostomy and urological supplies into the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP). This decision will result in a limited number of suppliers allowed to provide any ostomy and urological supplies to Medicare beneficiaries beginning in 2027 with the selection of suppliers and 2028 for limited patient/consumer access.

CMS is structuring this as a new national Remote Item Delivery (RID) competitive bidding program. Instead of awarding contracts by region, CMS will award a single set of national mail-order contracts — to only **seven (7) companies nationwide for urological supplies** and only **eight (8) companies nationwide for ostomy supplies — to serve every Medicare beneficiary in the country.** Smaller suppliers could potentially band together to submit a joint bid, but the requirements are cumbersome and the time to do so is short, and large national suppliers are expected to win these contracts.

This is a significant reversal. When Congress created the Competitive Bidding Program in 2003, Medicare deliberately excluded ostomy and urological supplies from bidding, recognizing that these are individualized prosthetic devices under the Social Security Act—not standardized, interchangeable commodities.

Implementation Timeline

Because supplier contracts will be awarded in 2027 and take effect no later than January 1, 2028, decisions that will shape patient access are being made now — which is exactly why this congressional recess matters.

Date	Milestone
Summer 2026	CMS to begin its pre-bidding supplier awareness program.
Summer 2026	CMS expected to announce registration/bidding dates and the number of contracts to be awarded per category; bidder education begins.
Late Fall 2026	Bidder registration opens and the bid window opens.
Late Summer/Early Fall 2027	Supplier contracts are awarded and single payment amounts are announced; beneficiary education begins.

Date	Milestone
January 1, 2028	2028 contracts and payment amounts take effect, followed by a six-month transition period for beneficiaries to switch to limited number of contract suppliers.

Why Competitive Bidding Is Dangerous for These Products

Competitive bidding might work well for standardized, interchangeable equipment, such as a walker or a knee brace. Ostomy and urological supplies are different — they are clinically prescribed, highly individualized medical necessities.

- **Not interchangeable.** Fit, materials, adhesives, and design vary widely across brands; small changes in supplies can cause leakage, skin breakdown, infection, pain, or loss of function.
- **Forced substitution.** Winning the lowest-price contract creates an incentive to stock the least expensive products — not the ones a clinician actually prescribed.
- **Serious health risks.** Inappropriate or lower-quality supplies increase the risk of urinary tract infections, kidney infections, skin complications, sepsis, hospitalization, and even death.
- **Lost continuity of care.** A national mail-order model severs long-standing relationships with local suppliers who provide fitting help, education, and troubleshooting — support that keeps patients out of the emergency room.
- **An illusion of savings.** Short-term reductions in supplier payments are likely to be offset — or exceeded — by the cost of physician visits, home health, ER visits, and hospitalizations when patients experience complications.

Who Is Affected

Ostomy and urological supplies are relied on by people with spinal cord injury, spina bifida, stroke, bladder or colorectal cancer and cancer-related surgery, and congenital or acquired bowel and bladder disorders such as inflammatory bowel disease (IBD). Disruptions will disproportionately harm beneficiaries with complex medical needs who depend on consistent access to specific, individually fitted products — and will hit rural and underserved communities hardest, since they already have fewer supplier options.

The Ripple Effect: How One Policy Decision Spreads

Think of this rule as a stone dropped in still water — the impact spreads outward from a single regulatory decision to entire communities:

1. **The stone drops.** CMS limits Medicare beneficiaries nationwide to just 7 urological and 8 ostomy mail-order suppliers.

2. **Patients/Consumers/Veterans feel it first.** Those who rely on Medicare as their primary and secondary coverage resource lose their trusted local supplier and the specific products their clinician prescribed.
3. **Health declines.** Infections, skin breakdown, ER visits, and hospitalizations rise.
4. **Communities pay the price.** Local small businesses close, rural access erodes, and Medicare's own costs climb.

Key Talking Points by Audience

For Patients and Consumers

- Ostomy and urological supplies are defined under the Social Security Act as **prosthetic devices** — custom products matched to stoma size, body type, skin characteristics, and individual medical needs, not generic commodities.
- "What if you only had access to one product or one brand? What if the products that work for your body aren't immediately available through whichever supplier wins the bid, and you're told to wait for it to arrive when you use these all day to live, work and function?"
- If you've been stable for years on your current products, forced substitution – even temporarily - can mean leaks, skin breakdown, dehydration, and even emergency medical care.
- Your current supplier may not win a contract — ending the relationship with the person/company who understands your condition, fits your products, and troubleshoots problems.

For Clinicians

- A clinician's prescription becomes a suggestion: the winning low-bid supplier — not the doctor, not the WOC nurse, not the patient — decides what is "available."
- Any delay in supply, or any product substitution made without clinical input, creates real and immediate risk of infection, hospitalization, or worse.
- This isn't about saving money — it's about rationing clinically necessary care.

For Small Businesses

- Today's ostomy and urological supplier base is made up largely of community-based small businesses that provide customization, fitting, patient education, and ongoing clinical support — services a national mail-order model cannot replicate. Many of our businesses were started by ostomy and urological specialists, nurses and other care providers who wanted to serve their community and support patient and consumer needs.
- Consolidating the entire country down to 7–8 national suppliers will push small, community-based suppliers out of the Medicare market, taking local jobs and patient support infrastructure with them. Many of these are small multi-generation family owned businesses invested in their communities. Main Street businesses.

- Rural and underserved patients, who already have the fewest supplier choices, will be hit hardest when local suppliers disappear and personalized patient care is gone. Delivering prosthetic supplies off in the mail is no substitute for the care we provide every day.

The Ask

"I want my Member of Congress to call the Trump Administration and stop Medicare from limiting access to my ostomy/urological supplies. What they are doing will impact my ability to work, go to school, remain healthy and how I function every day. As a constituent, I am urging Representative/Senator [NAME] to contact the Administration and ask them not to include ostomy and urological supplies in the Medicare Competitive Bidding Program. Medicare has conducted no assessment of how this decision will impact patient access, health and well-being. You have a duty to protect your constituents from harm, and this policy will harm me and hundreds of thousands of other constituents. I need your commitment to address this issue and stop this decision. This issue absolutely affects my vote in November."

II. Finding Your Elected Officials

Every American is represented by three federal lawmakers: one U.S. House Representative and two U.S. Senators. You should reach out to all three offices.

Fastest Option: www.highcostoflowbids.org

The campaign's website, highcostoflowbids.org, has a built-in **Act Now** action button. Enter your name and home address, and the tool automatically identifies your Representative and Senators and lets you send a pre-drafted (and fully customizable) letter directly to their offices in just a few minutes. This is the first way to take quick action, and every advocate should start here — even before scheduling a meeting or making a call.

House.gov and Senate.gov

- **U.S. House:** Go to house.gov/representatives/find-your-representative and enter your ZIP code. In areas where a ZIP code spans more than one district, you will be asked for your full street address. Once matched, click through to your representative's official website and look for "Contact," "District Offices," or "Request a Meeting."
- **U.S. Senate:** Go to senate.gov, select "Senators," and choose your state. Each state has two senators — click through to each one's official website for their "Contact" or "Office Locations" page.

Tips

- Note the district or state office nearest you back home in the state/district.
- Obtain each office's phone number, email/contact-form link.
- If your ZIP code overlaps more than one congressional district, use your full street address to confirm your exact representative.

Key Members of Congress/Influencers to Change

- While we encourage you to contact YOUR elected officials (Representative and two Senators), there are key members (below) who can help to influence the Trump Administration's decision, especially in lead up to the election. If you reside in a state where they reside, even if they are not the representative for your congressional district, we also urge you to reach out to them with the same message, so they appreciate that this issue affects so many voters (patients, consumers, clinicians and small businesses) in the state and touches all districts.
- The list below include freshman (first term) Republican members of Congress working to be reelected in November. The Trump Administration wants to ensure these members are re-elected, so they have a powerful voice for addressing this issue. Please reach out.

- The second list below includes those Members of Congress that sit on the congressional committees in the U.S. House and U.S. Senate overseeing the Medicare program and making decisions about the program. They are key influencers before the Administration on this issue. Please reach out.

House Freshman Republicans (1 of 2)

Freshman House Republicans — District Office Contacts & Events

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Member	District Office	Notes / Upcoming Constituent Events
Rep. Nicholas Begich III (R-AK-AL)	**907-921-6575**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Abraham Hamadeh (R-AZ-08)	**623-776-7911**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Jeff Hurd (R-CO-03)	**719-696-6968**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Jeff Crank (R-CO-05)	**719-520-0055**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Gabe Evans (R-CO-08)	**303-723-6560**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Jimmy Patronis (R-FL-01)	**850-462-6070**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Randy Fine (R-FL-06)	**386-279-0707**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Mike Haridopolos (R-FL-08)	**321-632-1776**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Brian Jack (R-GA-03)	**770-683-2033**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Jefferson Shreve (R-IN-06)	**317-399-3333**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Mark Messmer (R-IN-08)	**812-465-6484**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Derek Schmidt (R-KS-02)	**620-308-7450**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Tom Barrett (R-MI-07)	**517-993-0510**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Robert Onder (R-MO-03)	**573-635-7232**	Contact the district office to request the event calendar and a meeting.
Rep. Troy Downing (R-MT-02)	**406-502-1435**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Addison McDowell (R-NC-06)	**336-333-5005**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Mark Harris (R-NC-08)	**704-218-5300**	Contact the district office to request a meeting or ask about upcoming events.

House Freshman Republicans (2 of 2)

Freshman House Republicans — District Office Contacts & Events

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Member	District Office	Notes / Upcoming Constituent Events
Rep. Pat Harrigan (R-NC-10)	**828-327-6100**	Mobile office hours: Aug 27, 11 AM-2 PM, 353 N Generals Blvd, Lincolnton. Contact the district office for more.
Rep. Brad Knott (R-NC-13)	**984-275-6150**	Recurring mobile office hours: Stem Town Hall, 102 W Tally Ho Rd, Stem (2nd & 4th Thu, 9-4); Harnett Co. Admin, Rm 243, 455 McKinney Pkwy, Lillington (1st & 3rd Wed, 9-4).
Rep. Tim Moore (R-NC-14)	**980-460-8110**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Julie Fedorchak (R-ND-AL)	**701-353-6665**	Frequent weekly radio appearances across North Dakota stations. Contact the district office to request a meeting.
Rep. David Taylor (R-OH-02)	**513-605-1380**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Ryan Mackenzie (R-PA-07)	**484-781-6000**	Contact the district office to request a meeting and ask to join the events distribution list.
Rep. Robert Bresnahan (R-PA-08)	**570-763-6120**	Office runs a "Bresnavan" mobile office and telephone town halls. Contact the district office for locations and dates.
Rep. Sheri Biggs (R-SC-03)	**864-224-7401**	Salute to Liberty, Aug 17, 6:30 PM, Anderson Sports & Entertainment Center (paid ticket). Contact the district office to request a meeting.
Rep. Matt Van Epps (R-TN-07)	**629-223-6050**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Craig Goldman (R-TX-12)	**817-806-9474**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Brandon Gill (R-TX-26)	**972-966-5454**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Mike Kennedy (R-UT-03)	**801-607-3238**	Contact the district office to request a meeting or ask about upcoming events.
Rep. John McGuire (R-VA-05)	**434-791-2596**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Michael Baumgartner (R-WA-05)	**509-353-2374**	Mobile offices available by appointment across the district. Contact the district office to schedule.
Rep. Riley Moore (R-WV-02)	**304-350-6987**	Contact the district office to request a meeting or ask about upcoming events.
Rep. Kimberlyn King-Hinds (R-CNMI-AL)	**670-323-2647**	Contact the district office to request a meeting or ask about upcoming events.

House Energy & Commerce — Subcommittee on Health

District Office Contacts · Chair, Vice Chair, and Lead Democrat noted

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Member	District Office(s)
Majority Members	
Morgan Griffith (R-VA-09) — Chair	**Christiansburg: 540-381-5671** **Abingdon: 267-525-1405**
Diana Harshbarger (R-TN-01) — Vice Chair	**Kingsport: 423-398-5186** **Morristown: 423-254-1400**
Gus Bilirakis (R-FL-12)	**New Port Richey: 727-232-2921** **Brooksville: 352-691-1231**
Buddy Carter (R-GA-01)	**Savannah: 912-352-0101** **Brunswick: 912-256-9010**
Neal Dunn, M.D. (R-FL-02)	**Panama City: 850-785-0812** **Tallahassee: 850-891-8610**
Dan Crenshaw (R-TX-02)	**Kingwood: 713-860-1330** **The Woodlands: 281-640-7720**
John Joyce (R-PA-13)	**Altoona: 814-656-6081** **Chambersburg: 717-753-6344**
Troy Balderson (R-OH-12)	**Pickerington: 614-523-2555**
Mariannette Miller-Meeks (R-IA-01)	**Davenport: 563-232-0930** **Indianola: 515-808-6040**
Kat Cammack (R-FL-03)	**Gainesville: 352-505-0838** **Ocala: 352-421-9052**
Jay Obernolte (R-CA-23)	**Hesperia: 760-247-1815**
John James (R-MI-10)	**Warren: 586-498-7122**
Cliff Bentz (R-OR-02)	**Medford: 541-776-4646** **Ontario: 541-709-2040**
Erin Houchin (R-IN-09)	**Salem: 812-288-3999**
Nick Langworthy (R-NY-23)	**Clarence/Williamsville: 716-547-6844** **Jamestown: 716-488-8111**
Tom Kean (R-NJ-07)	**Lebanon Borough: 908-547-3307**
Michael Rulli (R-OH-06)	**Canfield: 330-967-7312** **St. Clairsville: 740-338-3738**
Brett Guthrie (R-KY-02)	**Bowling Green: 270-842-9896**
Minority Members	
Diana DeGette (D-CO-01) — Lead Democrat	**Denver: 303-844-4988**
Raul Ruiz (D-CA-25)	**Palm Desert: 760-424-8888** **Beaumont: 951-492-3575**
Debbie Dingell (D-MI-06)	**Ann Arbor: 734-481-1100** **Woodhaven: 313-278-2936**
Robin Kelly (D-IL-02)	**Chicago: 773-321-2001** **Matteson: 708-679-0078**
Nanette Diaz Barragán (D-CA-44)	**Carson City Hall: 310-831-1799** **Long Beach: 310-831-1799**
Kim Schrier (D-WA-08)	**Issaquah: 425-657-1001** **Wenatchee: 509-850-5340**
Lori Trahan (D-MA-03)	**Lowell: 978-459-0101**
Marc Veasey (D-TX-33)	**Fort Worth: 817-920-9086** **Dallas: 214-741-1387**
Lizzie Fletcher (D-TX-07)	**Houston: 713-353-8680**
Alexandria Ocasio-Cortez (D-NY-14)	Call the Washington office for scheduling
Jake Auchincloss (D-MA-04)	**Newton: 617-332-3333** **Attleboro: 508-431-1110**
Troy Carter (D-LA-02)	**New Orleans (Poydras St): 504-288-3777** **Algiers: 504-381-3970**
Greg Landsman (D-OH-01)	**Cincinnati: 513-810-7988** **Lebanon: 513-409-6188**
Frank Pallone (D-NJ-06)	**New Brunswick: 732-249-8892** **Long Branch: 732-571-1140**

House Ways & Means — Subcommittee on Health

District Office Contacts · Chair and Lead Democrat noted

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Member	District Office(s)
Majority Members	
Vern Buchanan (R-FL-16) — Chair	Bradenton: 941-951-6643 Brandon: 813-657-1013
Adrian Smith (R-NE-03)	Grand Island: 308-384-3900 Nebraska City: 402-874-6050
Mike Kelly (R-PA-16)	Erie: 814-545-8190 Hermitage: 724-342-7170
Greg Murphy (R-NC-03)	Greenville: 252-931-1003 New Bern: 252-636-6612
Kevin Hern (R-OK-01)	Tulsa: 918-935-3222
Carol Miller (R-WV-01)	Charleston: 681-945-6556 Huntington: 304-522-2201
Brian Fitzpatrick (R-PA-01)	Langhorne: 215-579-8102
Claudia Tenney (R-NY-24)	Lockport: 716-514-5130 Canandaigua: 585-869-2060
Blake Moore (R-UT-01)	Ogden: 801-625-0107
David Kustoff (R-TN-08)	Memphis: 901-682-4422 Jackson: 731-423-4848
Greg Steube (R-FL-17)	Sarasota: 941-499-3214 Punta Gorda: 941-499-3214
Minority Members	
Lloyd Doggett (D-TX-37) — Lead Democrat	Austin: 512-916-5921
Mike Thompson (D-CA-04)	Santa Rosa: 707-542-7182 Napa: 707-226-9898
Judy Chu (D-CA-28)	Pasadena: 626-304-0110 Claremont: 909-625-5394
Dwight Evans (D-PA-03)	Philadelphia (Ogontz): 215-276-0340 Philadelphia (Point Breeze): 215-254-3400
Danny Davis (D-IL-07)	Chicago: 773-533-7520
Steven Horsford (D-NV-04)	North Las Vegas: 702-963-9360
Brendan Boyle (D-PA-02)	Bustleton: 215-335-3355 Girard: 215-982-1156
Linda Sánchez (D-CA-38)	Whittier: 562-860-5050

U.S. Senate — Committee on Finance

State Office Contacts · Chair and Lead Democrat noted

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Member	State Office(s)
Majority Members	
Mike Crapo (R-ID) — Chair	Boise: 208-334-1776 Idaho Falls: 208-522-9779
Chuck Grassley (R-IA)	Des Moines: 515-288-1145 Cedar Rapids: 319-363-6832
John Cornyn (R-TX)	Houston: 713-572-3337 Dallas: 972-239-1310
John Thune (R-SD)	Sioux Falls: 605-334-9596 Rapid City: 605-348-7551
Tim Scott (R-SC)	Columbia: 803-771-6112 Greenville: 864-233-5366
Bill Cassidy (R-LA)	Baton Rouge: 225-929-7711 Metairie: 504-838-0130
James Lankford (R-OK)	Oklahoma City: 405-231-4941 Tulsa: 918-581-7651
Steve Daines (R-MT)	Billings: 406-245-6822 Bozeman: 406-587-3446
Todd Young (R-IN)	Indianapolis: 317-226-6700 Fort Wayne: 317-226-6700
John Barrasso (R-WY)	Casper: 307-261-6413 Cheyenne: 307-772-2451
Ron Johnson (R-WI)	Milwaukee: 414-276-7282 Madison: 608-240-9629
Thom Tillis (R-NC)	Charlotte: 704-509-9087 Raleigh: 919-856-4630
Marsha Blackburn (R-TN)	Nashville: 629-800-6600 Memphis: 901-527-9199
Roger Marshall (R-KS)	Wichita: 316-803-6120 Overland Park: 913-879-7070
Minority Members	
Ron Wyden (D-OR) — Lead Democrat	Portland: 503-326-7525 Eugene: 541-431-0229
Maria Cantwell (D-WA)	Seattle: 206-220-6400 Vancouver: 360-696-7838
Michael F. Bennet (D-CO)	Denver: 303-455-7600 Southwest: 970-259-1710
Mark R. Warner (D-VA)	Richmond: 804-775-2314 Norfolk: 757-441-3079
Sheldon Whitehouse (D-RI)	Providence: 401-453-5294
Maggie Hassan (D-NH)	Manchester: 603-622-2204 Portsmouth: 603-433-4445
Catherine Cortez Masto (D-NV)	Las Vegas: 702-388-5020 Reno: 775-686-5750
Elizabeth Warren (D-MA)	Boston: 617-565-3170 Springfield: 413-788-2690
Bernard Sanders (I-VT)	Burlington: 802-862-0697 Toll-free: 800-339-9834
Tina Smith (D-MN)	Saint Paul: 651-221-1016 Duluth: 218-722-2390
Ben Ray Luján (D-NM)	Albuquerque: 505-337-7023 Santa Fe: 505-230-7040
Raphael G. Warnock (D-GA)	Atlanta: 770-694-7828
Peter Welch (D-VT)	Burlington: 802-863-2525 Toll-free: 800-642-3193

III. Requesting a Meeting with Your Elected Officials

Meeting with a Member of Congress — or with a congressional staff member — is one of the most effective things any advocate can do. **You do not need to be a policy expert.** You are there to explain, in your own words, how this Medicare decision will affect you, your family, your patients, or your business.

Step 1: Decide Who to Contact

Request meetings with all three of your federal offices: your U.S. Representative and both U.S. Senators. For an in-district meeting during recess, focus on the local district office (for your Representative) and the nearest state office (for each Senator) — not the Washington, D.C. office.

Step 2: Call First

Calling the local office is usually the best first step. When someone answers, use a script like this:

> *Hello. My name is [NAME], and I live in [CITY OR TOWN]. I am a constituent of Representative/Senator [NAME]. I would like to request a timely meeting during recess to discuss the Medicare competitive bidding program for ostomy and urological supplies and how it will affect [patients/consumers, clinicians, small businesses] in [DISTRICT/STATE]. Can you help me schedule a timely meeting?*

The staff member may take your information over the phone, give you the Member of Congress's scheduler's email address, transfer you, or direct you to an online meeting-request form. Follow the office's instructions carefully.

Step 3: Submit a Written Request

Be prepared to provide: your full name, home address, email, and phone number; the names of anyone attending with you; the issue you want to discuss; several possible dates/times; whether you want an in-person or virtual meeting; and any accessibility accommodations you need. Your home address matters — it is how the office confirms you are a constituent.

Sample Written Meeting Request

> Dear [SCHEDULER OR OFFICE NAME],
>
> My name is [NAME], and I live in [CITY], [STATE]. I am a constituent of Representative/Senator [NAME].

I am requesting a meeting with the Representative/Senator, or an appropriate staff member, to discuss the Trump Administration's decision to include ostomy and urological supplies in the Medicare Competitive Bidding Program, which is starting now. I am connected to this issue as a [PATIENT, CAREGIVER, FAMILY MEMBER, CLINICIAN, LOCAL SUPPLIER/SMALL BUSINESS OWNER, OR OTHER CONNECTION].

I would appreciate the opportunity to explain how this decision will affect patient access, health, and independence and our community. This issue is one I am taking into the voting booth in November. I need to ask the Representative/Senator to urge the Administration to stop this policy and protect patients/consumers and our local businesses.

I am available on the following dates and times:

[DATE AND TIME]

[DATE AND TIME]

[DATE AND TIME]

I would be glad to meet at the [district/state] office, or to participate in a virtual meeting. Please let me know what additional information you need.

Thank you for your timely consideration.

Sincerely,

[NAME]

[HOME ADDRESS]

[EMAIL ADDRESS]

[PHONE NUMBER]

Step 4: Follow Up

Congressional offices receive many requests, so following up is normal and expected. If you have not heard back within about five business days: call the office, explain that you previously submitted a request, provide your name and the date you sent it, and politely ask when you might expect a response. You may need to follow up more than once — be polite, persistent, and flexible.

If the Member Isn't Available, Meet With Staff

Members of Congress rely on staff to study policy issues, meet with constituents, and advise the Member. A meeting with the staffer who handles health care — or a district director or constituent services representative — can be just as valuable, since that person relays your concerns directly to the Member and to Washington policy staff.

Preparing for the Meeting

- Review this toolkit's talking points (Section I) and know the one specific request you will make.
- Practice telling your story in two to three minutes (see Section V for story-crafting tips).
- Confirm the date, time, location, and format, and ask about parking, security, or accessibility needs.
- Bring a one-page leave-behind (see the sample one-pagers referenced throughout this toolkit) — one or two strong documents are more likely to be read than a thick packet.
- Consider bringing a sample of your ostomy or catheter supplies — preferably a couple of different brands — for a quick "show and tell" that makes the individualized-fit issue tangible.
- Dress business casual and avoid partisan slogans — stay focused on the ask.

During the Meeting: A Simple Approach

1. **Thank them** for their time.
2. **Introduce yourself:** name, city, and that you are a constituent.
3. **Explain your connection** to the issue (patient, caregiver, clinician, local business owner).
4. **State the issue:** Medicare is moving forward with competitive bidding for ostomy and urological supplies in a process that starts this year and goes into effect January 1, 2028.
5. **Tell your story:** one clear, concrete example of how this will affect health, independence, work, or your business.
6. **Make the request:** ask the Member to contact the Trump Administration, especially Medicare leadership and to stop implementation.
7. **Ask for a response:** "Is this something the Representative/Senator would be willing to do?"

Handling Tough Moments

- **If you get emotional:** that's okay — this is personal. Pause, breathe, and continue when ready.
- **If you don't know an answer:** say, "That's a great question — let me get back to you," then follow up afterward (see Section X on reporting).
- **If the office disagrees:** stay calm and respectful. You might say, "I understand there may be different views on this program. I hope the Representative/Senator will consider the effect on people who depend on these supplies here at home every day."

After the Meeting

- Send a thank-you email within 24–48 hours that restates your request and provides any information the office asked for.
- Confirm the names of all you meet with and their titles and email addresses before you leave.
- Report the outcome (see Section X) so the broader coalition can track support and coordinate follow-up.
- Stay in touch — thank the office if it takes supportive action, and keep building the relationship over the months ahead.

IV. Attending Local Town Hall Meetings and Other At-Home Elected Official Campaign-Related Events

Congressional recess is when Members of Congress are home in their districts and states — which means it is the best time all year to reach them face-to-face outside a scheduled office meeting.

Finding Events

- Check your Representative's and Senators' official websites and social media pages for posted town halls, tele-town halls, and other public and campaign-related political events.
- Sign up for each office's e-newsletter — public events are usually announced there first.
- Watch local news and community calendars, which often list town halls, candidate forums, and community events your Member is attending.
- 2026 is a midterm election year, and 19 states are holding primaries during this recess window — primary and candidate events are valuable advocacy opportunities.

Primary Date	State(s)
Aug. 1, 2026	Guam, U.S. Virgin Islands
Aug. 4, 2026	Kansas, Michigan, Missouri, Virginia, Washington
Aug. 6, 2026	Tennessee
Aug. 8, 2026	Hawaii
Aug. 11, 2026	Connecticut, Mississippi, Vermont, Wisconsin
Aug. 18, 2026	Alaska, Florida, Wyoming
Sept. 1, 2026	Massachusetts
Sept. 8, 2026	New Hampshire
Sept. 15, 2026	Delaware

- If no town hall is scheduled, ask district/state office staff when the Member's next public event will be, or attend mobile office hours and other local events where the Member is expected.

At the Event

- Arrive early, sign in if asked, and try to sit near the front so you are more likely to be called on.
- Prepare a concise, 30-second question in advance — don't wing it.
- Bring a one-pager to hand to their staff even if you don't get to ask your question live.

- Be respectful and courteous, even if you disagree with the answer.
- Document the Member's response (see Section X) so the coalition can track it.

Sample Town Hall Question

Thank you, Representative/Senator [NAME]. The Trump Administration recently decided that they are going to limit Medicare beneficiary access to just a handful of urological suppliers and ostomy suppliers. These are individualized, clinically prescribed products — not interchangeable commodities — and my own [health/patients/business] will be directly affected. Will you commit to contacting the Administration and Medicare leadership and ask that they stop this effort and work with you on a solution that protects your constituents?

V. Promoting Advocacy with Other Patient and Consumer Advocates

This effort is stronger with more voices. A single meeting or letter matters — dozens of coordinated meetings and letters from across a district or state are how policy decisions actually change.

Who to Recruit

- Local UOAA-affiliated ostomy support groups and chapters.
- Spina Bifida Association chapters and other disability advocacy networks.
- Fellow patients you know through your clinician's office, infusion center, or online patient communities.
- Family members and caregivers, who often have their own strong stories to tell.
- Your doctors, nurses and clinical support teams.
- Local ostomy/urological supplier businesses.

How to Recruit and Organize

- Host a short info session using the campaign's flyers to explain the issue and the ask.
- Ask your care team or supplier if they are willing to share toolkit materials with other patients they serve.
- Help new advocates put together their two-to-three-minute story.
- Bring a couple of different product brands to meetings and events for a quick "show and tell" — it's one of the fastest ways to make the individualized-fit point land.
- Coordinate joint sign-on letters or group office visits — a room of five or six constituents makes a stronger impression than a single visitor.
- Cross-promote the highcostoflowbids.org action page in every group you're part of — it takes less than five minutes to send a letter.

Building a Local Coalition

1. Identify three to five other advocates in your district/state.
2. Assign simple roles: one person tracks meetings, one drafts talking points for the group, one manages social media posts.
3. Keep a shared log of meetings held, asks made, and responses received (see the reporting template in Section X).

VI. Promoting Advocacy with Clinicians

Physicians, wound-ostomy-continence (WOC) nurses, urologists, and other clinicians prescribe and fit these products — their voice carries unique credibility with Members of Congress and with CMS.

Why Clinician Voices Matter

Under a lowest-bid contracting model, a clinician's prescription risks becoming a mere suggestion — the winning supplier, not the prescribing clinician, effectively decides what product is available. Clinicians can speak directly to the clinical risk of forced substitution in a way that resonates strongly with policymakers.

How to Engage Clinicians

- Share the campaign's "Keep Them O.U.T." flyer in waiting rooms, clinics, and on professional listservs.
- Ask clinicians to co-sign advocacy letters, join or conduct their own district/state congressional meetings, or write directly to Members on office letterhead.
- Encourage clinicians to call the U.S. Capitol Switchboard at (202) 224-3121 and ask to be connected to their Representative's or Senators' offices.

Sample Clinician Call Script

My name is [NAME] and I'm calling from [CITY, STATE]. I'm a [clinician/caregiver] concerned about CMS's decision to include ostomy and urological supplies in the Medicare competitive bidding program. These are prosthetic supplies that replace lost organ function. They require clinical fitting and cannot be treated like commodity equipment. I urge [Senator/Representative NAME] to support efforts to halt this policy and keep all prosthetic supplies OUT of competitive bidding. Lives back home in the [district/state] depend on it.

Talking Points for Clinicians

- A prescription becomes only a suggestion once a single low-bid contract determines what is stocked and shipped.
- There is no mechanism for clinical input into forced product substitutions under a national mail-order bidder contract.
- Any delay in a patient accessing the prescribed supply can create an infection risk within hours for patients who depend on consistent, sterile access to catheters and ostomy supplies.
- The wrong product for a patient's anatomy is not an inconvenience — it can be an immediate medical emergency and life threatening.

VII. Promoting Advocacy with Small Ostomy and Urological Businesses

Today's ostomy and urological supplier base includes thousands of main street community-based small businesses that fit products, educate patients, and troubleshoot problems in real time. A national mail-order competitive bidding model built around just seven or eight contracted suppliers cannot replicate that support. Many of these businesses are multi-generational family-owned businesses that have served their communities for decades.

Why Small Suppliers Are Central to This Fight

- Small suppliers provide individualized fitting, hands-on education, and ongoing troubleshooting that a national call center cannot match.
- National contracts favor large suppliers with the scale to bid on — and service — an entire country's worth of Medicare beneficiaries.
- Rural and underserved patients, who already have the fewest supplier choices, will be hit hardest when local suppliers are forced out of the Medicare market.

Telling Your Business's Story

One helpful model is a small, family-owned Arkansas supplier now in its third generation of ownership — 40 years in business, serving more than 1,300 Medicare patients today and over 35,000 patients across four decades. Numbers like these make the local economic and patient-care stakes concrete for a Member of Congress.

> *We are a [NUMBER]-generation, family-owned business that has served [CITY/REGION] for [NUMBER] years. Today we serve [NUMBER] Medicare patients, and over our history we have served more than [NUMBER] patients across [STATE/REGION]. If this rule takes effect, we could lose the ability to serve the Medicare patients who depend on us — and our community could lose [NUMBER] jobs.*

How to Get Involved

- Share your business's story in congressional meetings, written testimony, and local press.
- Invite congressional district/state staff to tour your facility and meet your team.
- Join sign-on letters through trade associations such as the American Association for Homecare (AAHomecare) and your state or regional DME/HME association.
- Quantify your local impact — jobs supported, taxes paid, patients served, and years in business — to make the economic case alongside the patient-care case.

VIII. Writing and Submitting an Op-Ed or Letter to the Editor

Local media coverage puts pressure on elected officials and educates the broader public. Both op-eds and letters to the editor are effective, but they serve different purposes.

Op-Ed vs. Letter to the Editor

	Op-Ed	Letter to the Editor
Length	600–800 words	150–250 words
Timing	Best tied to a news hook or upcoming vote; allow lead time for editor review	Fast turnaround; ideally submitted within 1–2 days of a related article
Submission	Pitch directly to the outlet's opinion editor with a short cover note	Most papers have a simple online submission form
Best for	Making a detailed policy argument, often naming a specific Member or committee	Responding quickly to a specific recent article and adding a local voice

How to Submit an Op-Ed

- Find the outlet's opinion/op-ed editor and review their submission guidelines (word count, format, exclusivity requirements).
- Localize the piece — name your own Representative or Senator, their relevant committee assignment, and any local news hook.
- Keep it to roughly 600–800 words, and include your full name, title/affiliation, city, and contact information.
- Most outlets want a single point of contact and will not run a piece already published elsewhere — confirm exclusivity before submitting to multiple outlets.

Sample Op-Ed (Customizable Template)

This sample was originally written for House Ways and Means Committee Chairman Jason Smith (R-MO). Swap in the name, title, and committee of your own Representative or Senator, and adjust local references, before submitting to your outlet of choice.

Medicare's Competitive Bidding Program Should Not Come at the Expense of America's Most Vulnerable Patients

As Congress searches for ways to strengthen Medicare and ensure taxpayer dollars are spent wisely, policymakers should distinguish between reforms that genuinely improve efficiency and

those that merely shift costs onto America's sickest and most vulnerable patients. Excluding ostomy and urological supplies from Medicare's competitive bidding program is one such distinction that deserves bipartisan support.

[REPRESENTATIVE/SENATOR NAME] has consistently championed fiscal responsibility, government accountability, and policies that improve health care while protecting taxpayers. Those same principles point toward a simple conclusion: ostomy and urological supplies should remain outside Medicare's competitive bidding system.

Unlike many categories of durable medical equipment, ostomy and urological products are not interchangeable commodities. They are individualized medical necessities prescribed based on a patient's anatomy, medical condition, and long-term clinical needs. An ostomy pouch that works well for one patient may cause severe skin breakdown, leakage, infection, or hospitalization for another. Catheter users often require specific products based on physician recommendations, dexterity, anatomy, or underlying neurological conditions.

Competitive bidding works best when products are largely standardized and suppliers can compete primarily on price. That is not the case here.

Patients living with bladder cancer, spinal cord injuries, Crohn's disease, ulcerative colitis, birth defects, or other chronic conditions depend on consistent access to products that fit properly and function reliably. Forcing beneficiaries into narrower product selections based primarily on contract pricing risks disrupting care that has often been carefully tailored over years.

The irony is that reducing access to the right supplies frequently increases Medicare spending elsewhere. When patients cannot obtain the products that best meet their medical needs, complications follow. Skin infections, urinary tract infections, dehydration, emergency department visits, hospitalizations, and preventable physician visits all carry costs that far exceed the modest savings generated by lower supply prices.

This is not merely a patient advocacy argument — it is a sound fiscal argument. Congress has long recognized that some medical products require individualized clinical decision-making rather than one-size-fits-all purchasing policies. Maintaining the exclusion for ostomy and urological supplies reflects that recognition.

The issue also affects rural America. Rural beneficiaries often have fewer supplier options to begin with. Adding competitive bidding restrictions could further reduce access, increase delivery delays,

and eliminate smaller suppliers that provide specialized education and customer support — services that help patients use their products correctly and avoid costly complications.

The goal should not simply be purchasing the least expensive medical product. The goal should be purchasing the right product the first time.

[REPRESENTATIVE/SENATOR NAME] has an opportunity to demonstrate that fiscal stewardship and compassionate health policy are not competing priorities. By supporting continued protections for these medically necessary products, [he/she/they] can protect patient health, reduce avoidable health care costs, and ensure Medicare continues serving beneficiaries in the way Congress intended. I am asking that [REPRESENTATIVE/SENATOR NAME] engage the Trump Administration and Medicare leadership and stop this trainwreck before it proceeds. I am certainly taking this issue into the voting booth this election.

Sometimes the smartest way to save Medicare money is not by purchasing the cheapest product — but by ensuring patients receive the product that keeps them healthy in the first place.

How to Submit a Letter to the Editor

LTEs are much shorter than op-eds and typically respond to a specific recent article. Most newspapers accept LTEs through a simple online form, and turnaround from submission to publication can be just a few days.

Sample Letter to the Editor (Customizable Template)

To the Editor:

Your recent coverage of rising Medicare costs left out an important story developing in our own backyard. A decision made by the Trump Administration will soon limit the entire country to few suppliers of urological catheters and ostomy supplies through a new national competitive bidding program.

These are not interchangeable products. As someone who [has relied on ostomy/catheter supplies for years / has a family member who depends on these supplies / works with a local supplier], I've seen firsthand how much fit, materials, and individualized support matter — the wrong product isn't a minor inconvenience, it can mean a trip to the emergency room.

Our own community's small suppliers offer exactly the kind of hands-on fitting and support that a national mail-order contract cannot replace. If this decision moves forward as planned, our neighbors on Medicare could lose access to the trusted local providers who know their needs best.

I urge readers to contact Representative/Senator [NAME] and ask them to press the Trump Administration to do the right thing and halt this decision and protect patients. You can find your representatives' contact information at congress.gov, and you can send a letter directly through the website www.highcostoflowbids.org.

[NAME]

[CITY, STATE]

IX. Social Media Advocacy

Social media puts pressure on decision makers in public view and helps the campaign reach people this toolkit can't reach directly. Every post should do three things: use the campaign hashtags, tag the Centers for Medicare and Medicaid Services (CMS) that is responsible for the Medicare program, and tag your own Representative and Senators.

Hashtags

#HighCostOfLowBids #AccessMatters

Who to Tag

- **Dr. Mehmet Oz / CMS Administrator:** X and Instagram — @DrOzCMS; Facebook — "CMS Administrator Dr. Oz"; LinkedIn — CMS Administrator showcase page.
- **CMS agency accounts:** @CMSGov on X and other platforms.
- **Your own Representative and Senators:** find their official handles on their websites or congress.gov, and tag them alongside Dr. Oz/CMS on every post.

Sample Posts

X / Twitter

Ostomy and urological supplies are not one-size-fits-all. @DrOzCMS — don't let a national bidding scheme cut off the individualized supplies patients need. @[YourRepHandle] @[YourSenatorHandle] please protect your constituents. Voters are watching. highcostoflowbids.org #HighCostOfLowBids #AccessMatters

Medicare plans to limit the ENTIRE country to just 7 urological and 8 ostomy suppliers. That's not efficiency — it's rationing and threatens lives. Voters are watching. @DrOzCMS @CMSGov @[YourRepHandle] @[YourSenatorHandle] #HighCostOfLowBids #AccessMatters highcostoflowbids.org

Facebook / Instagram

My ostomy/catheter supplies aren't interchangeable — they're prescribed specifically for me. A new Medicare decision could force me onto products that don't fit, don't work, and put my health at risk. I'm asking the Trump Administration and my members of Congress, [Rep./Sen. NAME], to stop this policy before it takes effect. Learn more and take action at highcostoflowbids.org. #HighCostOfLowBids #AccessMatters

LinkedIn

As a [patient advocate/clinician/small business owner] in the ostomy and urological supply space, I'm urging the Trump Administration and Congress to reconsider a new decision that will limit the entire country to just a few Medicare suppliers. These are individualized, clinically prescribed products — not commodities. Learn more at highcostoflowbids.org. #HighCostOfLowBids #AccessMatters

Visual Assets

Use campaign graphics such as "No two bodies are alike. "Ostomy and urological supplies are not one-size-fits-all," available through highcostoflowbids.org to make posts more shareable.

Tips

- Post photos from meetings and events, tagging the Member you met with — visual proof of engagement is highly shareable.
- Share your personal story with a photo; personal stories consistently outperform generic policy posts.
- Always link back to highcostoflowbids.org so readers can immediately take action.

X. Reporting What You Learn Through Advocacy

Every meeting, call, town hall question, and letter response is valuable intelligence for the broader coalition. Reporting back — even briefly — helps track which offices are supportive, which need more outreach, and where the campaign should focus next.

What to Report

- Which office you contacted, and the date.
- Whether you met with the Member directly or with staff (include names and titles).
- What questions were asked, and how the office responded.
- Whether the office seemed supportive, opposed, or undecided.
- Whether the office agreed to a specific action (e.g., contacting the Trump Administration).
- Any follow-up you promised to send, and any concerns the office raised that the coalition should be ready to address.

Where to Report

- **HighCostofLowBids@gmail.com**

Simple Reporting Template

Date	Office	Member or Staff	Name(s)/Title(s)	Topics/Questions Raised	Level of Support and Follow Up Needed
[DATE]	[REP/SEN NAME]	[Member/Staff]	[NAME, TITLE]	[NOTES]	[Supportive/Undecided/Opposed]

XI. Appendix: Key Resources and Sources

Take Action

- Campaign action center: highcostoflowbids.org
- Find your U.S. Representative by ZIP code: house.gov/representatives/find-your-representative
- Find your U.S. Senators: senate.gov
- U.S. Capitol Switchboard: (202) 224-3121

Sources to Use to Support Your Efforts

- United Ostomy Associations of America (UOAA), "Understanding the Medicare Competitive Bidding Proposal": ostomy.org/understanding-the-medicare-competitive-bidding-proposal
- PR Newswire, "Patient Advocacy Movement Launches ‘High Cost of Low Bids’ Campaign to Protect Access to Ostomy and Urological Supplies" (May 20, 2026): prnewswire.com
- One-page Handouts customized for patient/consumer and clinician audiences (see following page documents for use)

TIME IS RUNNING OUT – ACT NOW

CONTACT YOUR U.S. REPRESENTATIVE & SENATORS

"My name is [NAME] and I'm calling from [CITY, STATE]. I'm a [patient/clinician] concerned about the Trump. To include ostomy and urological supplies in competitive bidding.

URGENT ELECTION ALERT -
PROTECT CONSTITUENT ACCESS & AMERICAN BUSINESSES

Exclude Ostomy and Urological Supplies from the Medicare Competitive Bidding Program

URGENT: *CMS is taking action in 2026 to include ostomy and urological prosthetic devices for the first time into the Medicare Competitive Bidding Program (CBP) under a new, never tested Remote Item Delivery (RID) model — Bidding expected to open in 2026.* ***Members of Congress must act NOW and engage the Trump Administration and Medicare Leadership****.*

ISSUE 1: THESE ARE PROSTHETICS — NOT COMMODITIES

Clinically prescribed, patient-specific devices. Ostomy systems and urological catheters are individually fitted prosthetics — not interchangeable commodities like walkers or oxygen tanks. Fit, material, and compatibility are medically critical to daily health and function for over one million Medicare beneficiaries.

Maintain program integrity without sacrificing patient access. CMS cites a $10 billion catheter fraud scheme to justify competitive bidding — but that scheme used stolen identities and phantom suppliers. The solution is relentlessly doubling down on current oversight tactics with AI solutions and law enforcement, not eliminating access to prosthetics for the 1 million+ Medicare patients who depend on these products every single day.

ISSUE 2: COMPETITIVE BIDDING WILL HARM PATIENTS AND INCREASE MEDICARE COSTS

Only 7–8 suppliers for the entire nation. The new Competitive Bidding model would limit ALL Medicare beneficiaries to few ostomy and urological suppliers nationwide — eliminating patient choice and overriding clinician-prescribed care for individuals living with colorectal cancer, bladder cancer, spinal cord injury, spina bifida, multiple sclerosis and other conditions.

Lowest price will produce the highest downstream cost. Forcing patients into ill-fitting or inappropriate products increases skin breakdown, serious dermatologic infections, urinary tract infections, kidney infections, emergency department visits, and preventable hospitalizations — all of which cost Medicare far more than any supply savings.

Rural and underserved communities hardest hit. Local, specialized suppliers who provide patient education, individual fitting support, and same-day emergency access will be replaced by distant national mail-order distributors, removing personalized care and guaranteed access to all specialized products without delay that harms patient health and well-being.

ISSUE 3: THIS IS AN AMERICA FIRST SUPPLY CHAIN ISSUE

Lowest-bid competition opens the door to foreign manufacturers/suppliers. Price compression under competitive bidding will drive out domestic American companies who cannot match the pricing of foreign manufacturers — who face no obligation to meet U.S. quality, safety, or supply chain transparency standards.

Medical supply chain dependence on foreign countries is a national security risk. Ceding the ostomy/urological supply market to other countries creates the same dangerous vulnerability for patients who need these devices every single day to survive.

This directly contradicts the Administration's America First agenda. President Trump signed Executive Orders to expand senior access to innovative medical devices and protect American manufacturing. This CMS rule does the opposite — eliminating specialized American suppliers and creating the conditions for foreign market capture of a critical domestic healthcare supply chain.

ISSUE 4: CONSOLIDATION DESTROYS INNOVATION AND SUPPLY CHAIN RESILIENCE

Price compression kills research and development. Companies operating under compressed, lowest-bid reimbursement will be forced to cut investment in product development, quality improvements, and new technologies designed to prevent complications such as leakage, skin breakdown, and infection.

Single-point-of-failure supply chain. Limiting the entire national market to few suppliers creates catastrophic supply fragility — vulnerable to shipping disruptions, natural disasters, and demand surges. Even a single day's delay in catheter or ostomy supply delivery can cause a life-threatening medical emergency.

Experienced specialized suppliers will exit the Medicare market. Suppliers who invest in trained clinical staff, patient education, inventory breadth, and rapid response cannot compete on price alone against low-service mail-order models. Their exit reduces quality and responsiveness — particularly for the most medically complex patients.

WE NEED YOU TO TAKE ACTION TODAY

Contact the Trump Administration and their Medicare Leadership today to urge reconsideration and a halt of CMS's decision to include ostomy and urologicals in the competitive bidding program. Ask that any effort to include these products into the new RID model be immediately halted and reconsidered to address serious constituent clinical, supply chain, and U.S. business concerns.

This toolkit is a resource for grassroots advocacy and is intended to be freely shared, adapted, and reprinted. All [BRACKETED] fields should be customized with your own information before use.

IMPORTANT
ANNOUNCEMENT

The Government is poised to restrict access to prosthetic supplies that you rely on for high-quality, safe, customized care.

Medicare will soon restrict access to ostomy and urological prosthetics, prioritizing price over clinical appropriateness and patient safety.

URGENT: KEEP THEM OUT!

WHAT THE NEW MEDICARE CHANGE MEANS FOR YOU

- **A clinician's prescription becomes a suggestion.** A winning supply bidder decides what prosthetics are "available" — not your doctor, not your WOC nurse, not you.
- **The prosthetics that work for a patient may disappear.** Patients can lose access to the specific prosthetic supplies they depend on if a supplier doesn't stock the right fit and type.
- **No backup plan**. If the contract supplier runs out, delays shipments, or discontinues your product, there's no alternative. You wait and risk infection or hospitalization.
- **Product substitutions without clinical input.** Low-bid suppliers push cheaper alternatives with improper fits, leading to leaks, skin breakdown, UTIs, kidney infections, and ER visits.

THIS ISN'T ABOUT SAVING MONEY. IT'S ABOUT RATIONING CARE.