



Developing Position Statements and Action Items to Influence Policy Change

Supplementary Handouts

Political Process of How a Bill Becomes Law

- 1. Bill is Drafted:** Legislatures and even outside groups can draft (write or draw up) bills.
- 2. Introduced in House:** Representative introduces the bill in the House. Only members can introduce bills.
- 3. Sent to Committee:** The Speaker of the House sends the bill to a committee.
- 4. Committee Action:** Most bills die here. The committee may pigeonhole, table, amend, or vote on the bill. If bill passes, it goes to Rules Committee.
- 5, Rules Committee:** It decides the rules for debate, and when the bill will come up for debate.
- 6. Floor Action:** House debates the bill, and may add amendments. If a majority votes in favor of the bill, it goes to the Senate.
- 7. Introduced in Senate:** A Senator introduces the bill, which is sent to a committee.
- 8. Committee Action:** Same procedure as in the House. If the committee majority votes for the bill, it goes to the whole Senate.
- 9. Bill Called Up:** Majority floor leader decides when the whole Senate will consider the bill.
- 10. Floor Action:** The Bill is debated, and amendments may be added. If a majority votes in favor of the bill, it is returned to the House.
- 11. Conference Committee:** If the House rejects any of the changes, the bill goes to a conference committee of members from both houses. It works out a compromise.
- 12. Vote on Compromise:** Both houses must approve changes made by the conference committee. If approved, the bill goes to the president.
- 13. Presidential Action:** The president may sign (approve) the bill or veto (reject) it. If approved, it becomes law.
- 14. Vote to Override:** If the president vetoes the bill, it can still become law if two thirds of both houses vote to override the veto.



Developing a Position Statement

Introduction:

Identify your organization and the policy and or problem your position addresses in clear concise language.

Background:

Discuss the current issues associated with the problem or policy. Provide statistical information, valid evidence and/or the economic impact of your organization's position.

Recommendations:

Provide recommendations for policy change that will address the problem.

Conclusion:



Sample of a position statement letter:

September 20, 2015

Members, The Florida Senate
Senate Office Building
Tallahassee, FL 32301

R/G: SB250 Family Law Position

Dear Senator:

The Florida Breastfeeding Coalition (FBC) is concerned about the long term implications of SB250 on the health and wellness of women, infants and children and opposes the mandatory time-sharing presumptions that threaten protective factors of exclusive breastfeeding.

The mission of the FBC is to improve the health of Floridians by working collaboratively to protect, promote and support breastfeeding. As a statewide coalition with clinical experts across the state of Florida in pediatrics, obstetrics and lactation we support the American Academy of Pediatrics recommendations of exclusive breastfeeding for infants up to 6 months, followed by continued breastfeeding as complementary foods are introduced for 1 year or longer. Compliance with a 50/50 timesharing premise compromises a mother's ability to meet such recommendations.

Clinically, breastfeeding provides protective factors for mothers and infants by promoting positive attachment behaviors that reduce risks of maternal post-partum depression and infant attachment disorder as well as enhance cognitive development and infant immunity to communicable diseases. It is well known that parental separation is independently associated with at-risk behaviors regarding the child's health. Mediating these implications are already considered with current Florida law that rules time-sharing based on the need of the child without the mandated 50/50 time sharing provision.

Currently no other state in the US presumes 50/50 time sharing. In Australia, where such time-sharing implications have been implemented, breastfeeding mothers experienced inconsistent advice from all facets of legal services, including opinions about the inappropriateness of breastfeeding for infants over 6 months of age. Contrary to evidence based practices, breastfeeding was considered only as nutrition, without recognition of its immunological, cognitive and security/comfort benefits. A father's role in supporting exclusive breastfeeding is equally important in protecting optimal physical, emotional and social development of the child by avoiding long term separation from the breastfeeding mother.

In keeping with these special considerations, we kindly ask you to avoid passing at risk legal regulations that may pose long term effects of women, infant and children by opposing mandatory 50/50 time-sharing presumptions that threaten protective factors of exclusive breastfeeding.

Sincerely,
Jessica M Gordon PhD, ARNP
Florida Breastfeeding Coalition Inc., President
Email - office@flbreastfeeding.org

(position was published in palmbeachpost)

Sample of a white paper (References on request):

Empirical Evidence Referencing Equal Time-sharing and the Best Interest of the Child

- Societal norms are shifting in the division of shared child care responsibilities, but they are still not equal (n = 93,733)¹
- Shared custody is the norm as only 26% of children live with only one custodial parent - 1 in 6 custodial parents are fathers²

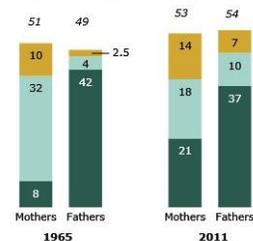
Prevalence

- The vast majority that will be affected by a change in time-sharing policy will be children **not** parents (22 million children vs 13.7 million parents)²
- Florida is the number 8th state in divorce rates and likely to impact thousands of children³

**Moms and Dads, 1965-2011:
Roles Converge, but Gaps Remain**

Average number of hours per week spent on ...

■ Paid work ■ Housework ■ Child care



Notes: Based on adults ages 18-64 with own child(ren) under age 18 living in the household. Total figures (at the top of each bar) may not add to component parts due to rounding.

Source: 1965 data from Table SA.1-2 in Bianchi, et al. (2006). 2011 data from Pew Research analysis of the American Time Use Survey.

PEW RESEARCH CENTER

The Effects on Children

- In keeping with an equal time-sharing presumption **children** will be mandated to be separated from either parent for up to 7 days whether parents are in conflict or not
- Research shows shared time arrangements work well when they are **child-focused, flexible and cooperative**⁴
- High marital conflict⁵ experienced during childhood has been linked to:
 - higher incidences of abuse and neglect
 - psychologic and adjustment problems including delinquency, depression, aggression & conduct disorders in older children & adolescence
 - anxiety & insecure attachments among infants and toddlers
- Equal timesharing disrupts the breastfeeding needs for infants & is overlooked in court⁶

AFCC & FLS Legal Experts Agree - NO time-sharing arrangement should be presumed^{7,8}

Overarching discussions on Child Support and Alimony should not motivate policy change

- We side with the courts in the case of Reed vs Reed: 50/50 was appealed to reduce child support⁹

Current Policy

- No other state in the US presumes equal time-sharing¹⁰
- States that have attempted its passage have either been over turned or vetoed^{11, 12}
- Parenting time = 9.49 nights per month or approximately a 30% - 70% distribution of overnights allows for beneficial child outcomes and ensure gender equity¹³ (n=141, M_{age}=13)

Summary & Request

The evidence supports that collaborative *shared parental responsibilities* is in the best interest of the child, not necessarily equal time-sharing. We do not oppose fathers or equal parental rights and favor that the physical, emotional and psychological wellness of children takes precedence. In light of the evidence we request: 1) substituting approximate equal time sharing (line 16) with *shared parental responsibilities* as the presumption and 2) reinstating line 24 to read: ***Shared parental responsibility with a minor child by both parents is presumed to be in the best interest of the child...Determination of the best interest of the shall be made by...***



Position Statement on Breast Pump Coverage

The Mission Statement of the Florida Breastfeeding Coalition (FBC) is to improve the health of Floridians by working collaboratively to protect, promote and support breastfeeding. Our executive board comprises of 14 clinical experts across the state of Florida in pediatrics, obstetrics and lactation with representatives from the Florida Department of Health and Healthy Start Coalition. As a statewide coalition, the FBC is registered with the Centers for Disease Control and Prevention (CDC) and the United States Breastfeeding Committee (USBC) which allows the Coalition to participate in national training seminars and meetings to assist our state in legislative advocacy, minimizing barriers to breastfeeding, and supporting breastfeeding for healthy mothers and babies.

Clinical and Economic Benefits of Breastfeeding:

The American Academy of Pediatrics (AAP) currently recommends optimal infant nutrition as exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. If 90% of US families complied with exclusive breastfeeding recommendations the US would save \$13 billion/year in healthcare cost & prevent an excess of 911 deaths - mostly in infants (Pediatrics, 2010).

Importance of Breast pumps for Sustaining Optimal Infant Nutrition

Access to breast pumps aids in meeting long term exclusive breastfeeding recommendations by providing lactating mothers the means to sustain an adequate milk supply when separated from their babies for any reason. Returning to work is the most common reasons why mothers are separated from their babies and the new norm for women of childbearing age. In 2009, half of all US mothers with children under 12 months were employed and more than 2/3 of those worked full time. Employed women are less likely to initiate breastfeeding, tend to breastfeed for a shorter length of time and overall have less support for continuing to breastfeed after returning to work.

Current National and Florida Breastfeeding rates:

<http://www.cdc.gov/breastfeeding/pdf/2014>

Breastfeeding Rates¹

State	Ever Breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding at 3 months	Exclusive breastfeeding at 6 months
U.S. National	79.2	49.4	26.7	40.7	18.8
Alabama	67.3	32.1	11.8	26.6	13.2
Alaska	87.3	64.3	42.5	51.6	27.6
Arizona	81.6	47.8	23.9	37.5	18.0
Arkansas	67.1	32.3	13.5	29.1	10.3
California	92.8	63.1	38.4	56.1	25.4
Colorado	81.0	55.2	29.3	50.3	25.8
Connecticut	83.3	51.4	27.5	36.9	19.2
Delaware	65.7	34.4	16.8	31.7	13.2
Dist of Columbia	77.6	53.1	30.0	37.6	17.3
Florida	77.0	48.7	26.9	38.9	18.3

Barriers for Sustaining Optimal Infant Nutrition Recommendations:

- Nursing has become a lost art in US culture. Historically 99% of mothers in the US breastfed in the 1900's, but rates dropped to 22% in the 1970's due to changes in hospital policies, women joining the workforce and the accessibility of formula to the general public.
- Obstacles to comply with optimal infant nutrition recommendations include returning to the workplace, indecent exposure stigma, marketing of alternative feeding sources, limited insurance coverage for breast pump supplies or resources and acculturation.
- Florida Statutes do not uphold current US Labor Laws that protect nursing mothers in the workplace
- Internationally board certified lactation consultants (IBCLC) and licensed professionals with certifications in lactation are unable to bill for consultation services
- Institutional support to provide the recommended 20 hours of lactation education for staff and medical personnel lacks funding to mediate delayed or impaired lactation with breast pump intervention
- Coverage for lactation intervention, supplies and breast pumps differ among managed care & Medicaid insurance plans across the state
- DME suppliers of breastpumps often don't cover this service for Medicaid recipients because they are erroneously told that Medicaid does not provide pumps and directly ask patients to contact WIC
- WIC, along with other government programs that provide lactation support are not available to all Medicaid recipients
- Limited access to breasts pumps triggers unsafe nutrition practices which may increase cost in hospital admissions and illness

Breast pump Coverage Position:

- All Floridians deserve equitable insurance coverage for **lactation consultations** and **breast pump supplies**.
- Manual or Double electric breast pumps should be accessible to all lactating mothers with a provision that includes hospital-grade pumps for mothers unable to directly breastfeeding due to a premature birth or any other medical indication.

Durable Medical Equipment Policy Recommendations for Breast Pumps

I. Background

- A. The American Academy of Pediatrics (AAP) currently recommends optimal infant nutrition as exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.¹
- B. Breastfeeding enhances maternal-child bonding, reduces risks of breast cancer, obesity, communicable diseases and expenditures associated with health related incidences preventable by breastfeeding.² It has been estimated that if 90% of US families complied with exclusive breastfeeding recommendations the US would save \$13 billion/year in healthcare cost & prevent an excess of 911 deaths - mostly in infants.
- C. Among premature infants, the nutritional benefits of exclusive human milk feedings support optimal growth and development with immunologic components reduce risks of necrotizing enterocolitis, sepsis and death.^{3,4}
- D. Currently 32 states include breast pumps in the Medicaid durable medical equipment fee schedule (Appendix A).

II. Policy

- A. This sample policy documents the reimbursement process related to lactation consultations and breast pumps to Medicaid recipients. Benefits of the policy will promote the maternal & neonatal health care benefits of sustained breastfeeding.

III. Equipment

- A. **E0603** - Breast pump, electric (AC and/or DC) any type
 - 1. Single user pump minimum standard recommendations⁵
 - a) *Lightweight and portable with a total weight not to exceed 10 pounds.*
 - b) *Pre-assembled with all parts necessary for pumping and double pumping collection kit.*
 - c) *Assembly includes but not limited to pump motor unit, and minimum 5 feet-long electric cord.*
 - d) *Operate on a 110-volt household current and be UL listed.*
 - e) *A mechanism that prevents backflow or moisture in the tubing, such as a filter or barrier where no milk is able to contact the internal pump-motor unit parts at any time when the product is used per manufacturer instructions⁶*
 - f) *An adjustable suction pressure between 50 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.*
 - h) *Variable/adjustable cycling not less than 30 cycles per minute*
 - I) *Single and double pumping capacity and capable of maintaining a consistent vacuum (no pressure change) as the collection container fills regardless of the container size and whether single or double pumping.*
 - j) *Double pumping capacity which is simultaneous, not alternating.*
- B. **E0604** - Hospital Grade Breast Pump, electric (AC and/or DC)
 - 1. Multiuser pump minimum standard recommendations⁵
 - a) *Must not exceed 12 pounds including carrying case.*
 - b) *Operate on a 110-volt household current and be UL listed.*

- c) *A mechanism that prevents backflow or moisture in the tubing, such as a filter or barrier where no milk is able to contact the internal pump-motor unit parts at any time when the product is used per manufacturer instructions⁶*
 - d) *An adjustable suction pressure between 30 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.*
 - e) *An automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer's instructions to prevent nipple trauma.*
 - f) *A mechanism for automatic release of suction for safety.*
 - g) *Variable/adjustable cycling not less than 30 cycles per minute*
 - h) *Double pumping capacity which is simultaneous, not alternating.*
 - i) *Include a pumping kit for each personal user including durable tubing to connect to the pump and flanges, and have single and double pumping capacities.*
- C. **A4281 – A4286** accessory items (tubing, supplies, collection containers, etc) for initial dual electric breast pumps should include all necessary supplies for single/multiuser double breast pump kits.
- 1. Minimum kit standards⁵. Each kit must:
 - a) *Include breast flanges that are adjustable/flexible*
 - b) *Be packaged pre-assembled with all accessories necessary for pumping two breasts simultaneously or only one breast.*
 - c) *Include at two collection bottles of four (4) to six (6) ounces with a spill-proof cap and standard-sized opening, and be bisphenol-A (BPA) and DHEP-free.*
 - d) *Contain collection bottle(s) and flanges made of medical grade quality to allow for repeated boiling and/or dishwasher cleaning which are scratch resistant and non-breakable.*
 - e) *Have durable tubing designed for long-term pumping use.*
- D. **Reporting of malfunctioning equipment** - Breast pumps are medical devices regulated by the FDA. Pump issues such as broken, defective, unsafe or presence of mold or mildew-like substances in a pump tubing or pump should be reported to FDA as soon as the problem is identified. ⁷.

IV. Eligibility for lactation services and breast pumps

- A. Lactation services provided in the inpatient stay or in the outpatient setting are often necessary to determine eligibility for style of pump (single user vs hospital grade) and/or accessories (ie - flange size) suitable per mother.
- 1. Lactation consultations are most often provided by licensed providers (MD, DO), Mid-level providers (ARNP, PA), licensed allied professionals (RN's, RD's, LSW) and counselors with specialized training in lactation.
 - a) Consultants board certified by the International Board of Lactation Consultant Examiners as an International Board Certified Lactation Consultant (IBCLC) are the highest level of service in lactation. ^{6,7,8}
 - b) Additional lactation counseling or education provided to lactating mothers regarding breastfeeding difficulties and pumping can be provided by trained certified lactation counselors (CLC) but are not nationally or internationally certified.
- B. **E0603** Single user double electric breast pump eligibility criteria.



1. Mothers providing breastmilk feedings to their newborn or infant aged 0-12 months should qualify for eligibility for a single user breast pump.⁹

- C. **E0604** Multiuser double electric hospital grade rental breast pump criteria
1. Mothers with a medical indication that suppresses human lactation.
 2. Mothers providing expressed breastmilk to high risk infants with feeding difficulties.
 3. Mothers unable to directly breastfeed due to a premature birth or any other medical indication.¹⁰

V. Coding & Preauthorization

- A. Preauthorization should not be required for lactation consultations or counseling
1. CPT codes **99201-99215** or **99381-99397** should be reimbursed when lactation consultations or counseling are provided at the same time of an evaluation and management (E&M) visit by a licensed provider.¹³
 2. CPT code **98960** should be separately reimbursed when filed by a licensed provider (MD, DO, ARNP) when the lactation consultation or counseling is the only service provided and provided by the IBCLC or CLC under the supervision of a licensed MD or mid-level provider. The **98960** can only be filled with a diagnosis code for a lactation disorder listed below under B # 1 & 2 (ICD-10 DIAGNOSIS CODES).
- B. Preauthorization for **E0603** or **E0604** breast pumps and accessories should require a prescription or DME order form signed by a licensed provider (MD,DO, ARNP) or consultant with IBCLC certification with one of the following ICD-10 DIAGNOSIS CODES:
1. MOTHER ICD-10 DIAGNOSIS CODES
 - a) *O92.70 Unspecified disorders of lactation*
 - b) *O92.5 Suppressed lactation*
 - c) *O92.5 Nonpurulent mastitis associated with lactation*
 - d) *N64.59 Inversion of nipple*
 2. INFANT ICD-10 DIAGNOSIS CODES
 - a) *P92.5 (difficulties feeding at breast for 28 days or younger)*
 - b) *R63.3 (difficulties feeding over 28 days of age)*
 - c) *Q38.1 Ankyloglossia (tongue-tie)*
 - d) *P07.30 Preterm newborn, unspecified weeks of gestation.*
- C. **Medically necessary claims** - With the corresponding diagnosis codes breast pumps should not be denied or require proof that they are medically necessary. The FDA states “women find it convenient, or even necessary, to use a breast pump to express and store their breast milk once they have returned to work, are traveling, or are otherwise separated from their baby. A breast pump can be used as a supplement to breastfeeding and some pumps are designed to mimic the suckling of a nursing baby”.⁷

VI. Medicaid managed care coverage

1. Lactation services should be payable through managed care plans under the mother’s Medicaid plan for maternal lactation diagnosis and/or infant diagnosis
2. Breast pumps should also be paid under the mother’s Medicaid plan
3. Uninsured mothers with infants covered under Medicaid managed care plans should have breast pumps payable under the infant’s insurance plan with an appropriate diagnoses as a feasible alternative

VII. DME Reimbursement

- A. Breast pump reimbursement should be provided to registered durable medical equipment providers for both



E0604 and E0603 breast pumps, including hospital and birthing facility DME providers
1. The date of birth of the infant(s) should be provided for preauthorization of breast pumps

B. Fee schedule

1. **E0604** - \$58.07 with 3 month maximum
 - a) *Mothers should be eligible for **E0603** after the 3 month maximum if E0603 criteria has been met*
2. **E0603** - \$124.00 per 5 years
 - a) **A4281 – A4286** *Accessory or repair parts should be considered renewable within 2 years, sooner if medically necessary*

Developing an Action Plan for Policy Change

1. Identify key stakeholders including legislatures for or against your position & why:

Pro	Rationale	Against	Rationale

2. Identify a strategy to promote cross-sector collaboration (i.e. – develop a workgroup, conference calls, facebook page, etc.).

3. Identify 3 action items cross-sector collaboration can address policy makers and assign who will do which task. (e.g.- schedule a meeting with policy maker, develop a campaign, petition, letter, host a summit, rally or nurse-in, etc)

Action item 1:

Group assigned: _____

Action item 2:

Group assigned: _____

Action item 3:

Group assigned: _____



Sample letter in response to meeting request:

February 2, 2016

400 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399-1100

R/G: SB250 Family Law Concerns

Dear Senator Simmons:

On behalf of the Florida Breastfeeding Coalition (FBC) I would like to thank you for accepting our request for a meeting to discuss our concerns about the long term implications of SB250 on the health and wellness of infants and children. Currently, the FBC opposes the mandatory time-sharing presumption because it threatens protective factors of exclusive breastfeeding and refocuses the interest of time-sharing on parental rights and not in the best interest of the child.

During open testimony at the Judiciary Committee meeting held on Tuesday, January 18th, I spoke on the behalf of the FBC to present these concerns and question the lack of evidence that has been presented in support of an equal-timesharing presumption. Due to time constraints, speakers were limited to 30 seconds. With an overpowering and highly emotional testimony focused on parental rights I regret that adequate testimony was not allowable to present evidence that speaks to the best interest of the child. The Chair of the Justice Committee had commented that the positions of the bill had likely already been decided upon because it was a long standing bill and that there would be more time to discuss the bill since it was the first committee stop. However, within 2-3 days the FBC came to find out that SB250 was bypassing all committees and sent directly to rules.

Feeling a bit oppressed the FBC chose to contact you to discuss the senate procedures and request that adequate testimony be considered to discuss the complexity and ramifications of an equal-time sharing presumption based on the empirical evidence should SB250 be calendared by the Rules Committee.

The FBC is a state wide organization of clinical experts in pediatrics, obstetrics and lactation and do not oppose the rights of fathers or equal parenting rights, but believe the physical, emotional and psychological health and wellness of infants and children take precedence. Once again I appreciate your attention to our concerns and look forward to speaking to you later today.

Kindly,
Jessica M Gordon PhD, ARNP
Florida Breastfeeding Coalition Inc., President
Email - office@flbreastfeeding.org
Cell- 813-469-3129

Sample of a [petition via change.org](https://www.change.org) (free):



Please veto any bill that includes automatic or mandatory 50/50 time-sharing schedules after divorce or separation.

The CURRENT LAW in Florida requires the time-sharing schedule to be in the CHILD'S BEST INTEREST. Unfortunately even with this law in place it is very difficult to protect children from bad and abusive parents.

Do you know parents who both lovingly took care of their children 50/50 and then go through a bitter custody battle? I don't. Those good parents come up with a schedule that is best for their children without the interference of lawyers and judges. These proposed bills give a terrible advantage only to bad parents!

This bill is detrimental to children!

50/50 ONLY works in the most ideal situations and a judge can always order it in THOSE situations.

PLEASE PROTECT CHILDREN!

https://www.change.org/p/help-protect-infants-children-veto-50-50-automatic-time-sharing?recruiter=1866432&utm_source=share_petition&utm_medium=email&utm_campaign=share_email_responsive



Developing a Call to Action Campaign

1. Identify your targeted population. (Who would you like to act)?

2. Determine what action you want your targeted audience to take (choose 1 & be clear – e.g.- call a legislature, send an email, sign a petition or letter, provide testimony, etc.)

3. Outline how the call to action will be launched?

4. Identify a plan on how to react if the call to action is positive or negative?

Positive_____

Negative_____



Sample call to action campaign via google doc to sign a letter (free):

Call to Action : Expand Florida Medicaid to Cover Breastpumps

A growing consortium with a vested interest in protecting the provision of exclusive breastmilk feedings is asking clinical experts to join the initiative by reading the following letter and supporting the action item by adding your name to the request. The final letter will compile a collection of supporters that sign this request and will be presented to the Agency for Health Care Administration in person.

Sample call to action campaign via mailchimp (free):



ASK RICK SCOTT FOR A VETO

The Family Law/Alimony Reform bill [SB668](#) with its 50/50 'premise' has passed the House and Senate

Sponsors of the bill continue to defend that feeding choices can be used to overturn 50/50 time-sharing without considering real-world circumstances for families.

We have NOT failed and are getting even STRONGER:

- 10 REPUBLICANS in the House voted against this bad bill and the backers DO NOT have enough votes in the Senate to overturn a Governor VETO.
- The Florida Bar Family Law Section is now actively OPPOSING SB668
- Even MORE esteemed Florida Judges and National and State Legal Experts are speaking out AGAINST SB668
- Awareness is rising as to the strong anti-woman/mother sentiments especially towards women of color, promoted by the bill backers.

Refocus the interest of these bills on the best interest of the child - not the parents. VETO and assign a neutral task force!!

They are counting calls and we are counting on you! Please take two minutes out of your busy schedule to call or email and OPPOSE the bill.

Governor Scott's Office: [\(850\) 488-7146](tel:8504887146)

You can press (1) to speak to his staff or you can press (2) to leave a message.
Or **Email:** Rick.scott@eog.myflorida.com

Preparing for Live Testimony and Elevator Speech

- An **elevator speech** is a clear, brief message or “commercial” about you. It communicates who you are, what you're looking for and how you can benefit a company or organization. It's typically about 30 seconds, the time it takes people to ride from the top to the bottom of a building in an **elevator**
- **Do's and Don't**
 1. **Do** write and rewrite your speech, sharpening its focus and eliminating unnecessary words and awkward constructions (80 - 90 words or less)
 2. **Don't** ramble. Familiarizing yourself as much as possible with your speech will help keep you from getting off track.
 3. **Do** be warm, friendly, confident, and enthusiastic. A smile is often the best way to show friendliness and enthusiasm, while a strong, firm voice the best way to express confidence.
 4. **Do** take it slowly.
 5. **Don't** rush through the speech, and do pause briefly between sentences.
 6. **Do** Breathe.
- To craft a great pitch, follow these steps.
 1. Explain what you do.
 2. Communicate your point of interest.
 3. Engage with an open ended question at the end.
- Try to keep a business card or other take-away item with you, which helps the other person remember you and your message. And cut out any information that doesn't absolutely need to be there.

EXAMPLE:

I am a clinician specialized in pediatrics who wants to help increase the number of infants that breastfeed in our community because it is the best for their health. As a member of the Florida Breastfeeding Coalition we think we can increase these numbers by supporting the needs of nursing mothers in public and would like to gain your support. Would you hang this decal in your business?

Practice:
