

Chapter 6

How a Bill Becomes a Law

The chief function of Congress is the making of laws. While Congress is in session, any member of Congress can draft and introduce a bill. Below are the specific steps a bill goes through to become a law.

Step 1: Bill language or legislation is drafted. An individual senator or representative may develop original legislation. The President of the United States, a private citizen, a business or trade association, or an organization like ARN may request that a bill be prepared and may even assist in drafting the proposed legislation.

Step 2: Legislation is introduced. A bill is introduced in the Senate by a sponsoring senator or in the House by a sponsoring representative and assigned a number. In the Senate, all bills start with "S" followed by a number, e.g., S 1234; all bills in the House start with "HR," e.g., HR 5678. The bill's title, sponsors and cosponsors (i.e., members who join with the sponsor in official support of the measure), and introductory remarks are published in the *Congressional Record*, an official account of the daily proceedings of the House and Senate chambers
[Congressional Record by GPO Access-Click Here.](#)

Step 3: Legislation is referred to committee and subsequently to subcommittee. The Secretary of the Senate and the Clerk of the House assign, or refer, a bill to the committee(s) with the appropriate jurisdiction. Senate and House committees have subcommittees, or smaller groups of members who focus on policy matters in particular issue areas. A bill usually is referred to the subcommittee with the most appropriate jurisdiction under the committee rules. For example, a bill that assures private health insurance coverage of colorectal cancer screening might be referred to the House Energy and Commerce Committee and subsequently referred to its Health Subcommittee.

Step 4: Subcommittee hearing and mark-up are held. Subcommittees have the option to hold hearings on a bill and invite testimony from public and private witnesses. Individuals or organizations, such as ARN, may make their views known by testifying before the subcommittee, submitting a written statement to be included in the official record of the hearing, or disseminating a press statement or other materials at the hearing. Once subcommittee hearings are completed, the subcommittee usually meets to "mark-up" a bill; that is, to consider changes and amendments to the text of the legislation. The subcommittee members literally go through the measure, line-by-line, "marking it up" with the adopted changes. The members then vote on whether to report the bill favorably to the full committee. If not favorably reported, the bill usually dies.

Step 5: Full committee hearing and mark-up are held. Once a bill is reported to the full committee, or, if the subcommittee has abdicated its jurisdiction and deferred to the full committee, the full committee may repeat any or all of the subcommittee's procedures, which include hearings, mark-up, and a vote. Advocates again have the opportunity to testify or otherwise express their views, as at the subcommittee level. If the committee votes favorably on

a bill, it is "reported" out of committee and sent, along with the committee report, to either the full Senate or full House for consideration by all of the members in the chamber. The committee report includes the origin, purpose, content, impact, and estimated cost of the legislative proposal.

Step 6: Floor consideration and full chamber vote are held. Once the bill is reported out of committee, it is placed on the calendar for consideration and additional debate. Prior to reaching the House or Senate floor, members of the leadership in the chamber discuss and determine the parameters for debate (e.g., how long the debate will last, how many amendments may be offered). Once the debate parameters have been determined, the measure is brought before the chamber for consideration by all the members. At this stage, the bill may be amended, voted up or down, referred back to committee, or tabled. Should either of the two latter options occur, the bill typically dies. A majority vote (half of all members present voting in the affirmative, plus one) is necessary for the legislation to be passed, or enacted, in a chamber.

Step 7: Legislation is considered in the other chamber. After a bill is passed by the Senate or House, it is referred to the other chamber. Each chamber considers the legislation under its respective parameters and rules. (For more information about how each chamber handles legislation, visit www.house.gov or www.senate.gov.)

Step 8: Legislation is sent to conference committee. To be sent to the President for enactment into law, a bill has to pass both the House and Senate in *identical form*. If differences exist between the Senate and House versions of a bill, an ad hoc "conference committee" usually is appointed by the President of the Senate and the Speaker of the House to resolve the differences. Conference committees usually are composed of senators and representatives on the committees that originally considered the legislation. If conferees are named, they meet to discuss and debate the differences between the two bills and develop uniform legislation. However, if the conferees are unable to reach agreement, the bill usually dies. If the President of the Senate and the Speaker of the House fail to name "conferees" to the conference committee, the bill dies.

Step 9: Uniform legislation is considered by the House and the Senate. If the conferees reach agreement on the bill, the revised bill, now a uniform measure, and a conference report are sent back to the Senate and the House for a final vote. For the measure to be sent to the President, both the Senate and House must approve the compromise conference committee bill (without any modifications) by a majority vote.

Step 10: The legislation is sent to the President. If the bill has made it this far (which is rare) the bill then goes to the President for consideration. The President has four options: (1) sign the bill, which will make it a law; (2) take no action for 10 days while Congress is in session, which also will make it a law; (3) take no action either when Congress is adjourned or at the end of the second session of a Congress, which will result in the bill being "pocket vetoed" and therefore dying; or (4) veto the bill. If the President vetoes a bill, Congress may attempt to override the veto. This requires a two-thirds vote by both the Senate and House. If either chamber fails to garner a two-thirds vote, the bill is dead. If both succeed, the bill becomes law.

Thousands of legislative proposals are introduced in the Senate and House during each session of Congress. However, typically fewer than five percent of the bills introduced in Congress are enacted into federal law. Bills not acted upon over the course of the two-year session of Congress die at the end of the session, and must be reintroduced in the next session of Congress. Any co-sponsors of the bill must be re-collected when the measure is reintroduced.

The following two charts illustrate varying ways bills may go through the legislative process.

Example 1: Nurse Reinvestment Act in the 107th Congress	
<p><i>The Nurse Reinvestment Act is an authorizing bill. It creates new programs, expands existing programs, and grants authority to the Health Resources and Services Administration within the U.S. Department of Health and Human Services regarding activities in which it can engage to address the nursing shortage. The legislation does not contain any funding, so separate appropriations are necessary to support the programs and activities contained in the new law.</i></p>	
House	Senate
HR 3487, the "Nurse Reinvestment Act," was introduced in the House of Representatives.	S 1864 was introduced in the Senate.
The House passed HR 3487 by voice vote on December 20, 2001 at the close of the first session of the 107th Congress.	The Senate passed S 1864, the "Nurse Corps Recruitment Act," by unanimous consent on December 20, 2001 at the close of the first session of the 107th Congress.
<p>The two versions of the legislation differed in many aspects. A formal conference committee never was convened, but Members and staff of House and Senate Republicans and Democrats met for approximately six months in the beginning of the second session of the 107th Congress to craft a single, consensus measure on which all Members could agree. In late July 2002, a revised, consensus version of the "Nurse Reinvestment Act" (HR 3487) was developed and sent to both chambers for consideration.</p>	
Upon receipt of HR 3487 from the Senate, the House agreed to the measure by voice vote on July 22, 2002.	The Senate passed the consensus version of HR 3487 by unanimous consent on July 22, 2002. The measure then was sent immediately to the House for consideration.
<p>HR 3487, the "Nurse Reinvestment Act," was sent to the White House on July 30 for presentation to the President. The President signed the measure into law on August 1, 2002, and it became Public Law No: 107-205. Subsequently, funding has been included in each of the Labor, Health and Human Services-Education Appropriations (LHHS) bills from FY 2003-FY 2007 to support federal nursing development programs.</p>	

Example 2: Patients' Bill of Rights in the 107th Congress

"Patients' Bill of Rights" legislation seeks to ensure patients - particularly those in Health Maintenance Organizations (HMOs) - access to and coverage of certain types of care and health care providers. Examples of such guarantees or "rights" include: direct access to specialists; continuity of care protections so that patients will not have to change doctors in the middle of their treatment; and access to a fair, unbiased, and timely internal and independent external appeals process to address health plan grievances.

House	Senate
The House passed HR 2563, the "Bipartisan Patient Protection Act," by a vote of 226-203 on August 2, 2001 (during the first session of the 107th Congress).	The Senate passed S 1052, the "Patients' Bill of Rights/ Bipartisan Patient Protection Act," by a vote of 59-36 on June 29, 2001 (during the first session of the 107th Congress).

Although identical in many aspects, the House bill contained provisions regarding patients' right to sue their health maintenance organizations (HMOs) that differed from those in the Senate-passed bill. Therefore, the bills needed to be sent to conference committee so a single, uniform measure could be crafted. For the legislation to be sent to the President for enactment or veto, both the House and Senate must pass an identical version of the "Patients' Bill of Rights" legislation.

The House named conferees, members of the House who serve on committees with jurisdiction over the legislation. These conferees were to be the House's Democratic and Republican representatives to the conference committee.	The Senate did not name conferees. Unless conferees are named by both chambers, a conference committee cannot be convened.
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Therefore, because a conference committee never was convened, both versions of the "Patients' Bill of Rights/Bipartisan Patient Protection Act" died at the close of the 107th Congress, which ended in November 2002. If consensus had developed, the new uniform bill would have been sent back to both the House and Senate for a final up-or-down yes/no vote, with no amendments allowed. If passed by both chambers, the measure would then have been sent to the President for his signature or veto.