

Welcome to the Association of Rehabilitation Nurses (ARN) Health Policy Tool Kit! The purpose of this tool kit is to educate, inform, and encourage people interested in healthcare issues to become knowledgeable about the legislative process and become involved in health policy advocacy. Please use this information to take action to support rehabilitation nurses to improve the nation's healthcare system.

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Introduction

Dear Colleague:

Welcome to the Association of Rehabilitation Nurses (ARN) Health Policy Tool Kit. The purpose of this tool kit is to educate and inform nurses, other healthcare professionals, and people interested in healthcare issues about the public policy and legislative process; encourage involvement in our government at all levels; and affect positive change in health policy for rehabilitation nurses and people with rehabilitation needs and their families.

This tool kit has been developed as an introductory guidebook that outlines the role of rehabilitation nurses in health policy advocacy, explains the public policy and legislative process, and provides tips and resources regarding how you can help bring about change.

Getting involved in the public policy process may seem intimidating, confusing, or just outside the realm of what you do. However, we believe that you will find—through the information provided in these pages—that having an impact on our nation's policymaking process can be easy, fun, and effective!

We hope you find this tool kit useful and will share it with your family, friends, and colleagues. Can one person help bring about change? Just think of the woman who started Mothers Against Drunk Driving (MADD) or the family that brought about Megan's Law. The creator of MADD lost a child to a drunk driver. She developed a grassroots movement that changed how the United States addresses drinking and driving. Megan's Law, which requires sex offenders to register and notify communities where they live, is another example of how one family turned tragedy into triumph. The family members' efforts after they tragically lost their daughter resulted in changes in both state and federal policies on public notification and potential risk. Elizabeth Smart's father decided that no family should experience what his family did when she was abducted, so he took his idea for a nationwide Amber Alert system straight to the White House and President Bush took action. Can one person bring about a result in one law? Absolutely!

To be responsive to changes in ARN's advocacy activities and ensure that rehabilitation nurses have the latest and best resources, this tool kit will be updated annually and appended with additional information. We would like to acknowledge and thank both the original project team that developed this resource as well as the reviewers who contributed to its most recent revision.

We appreciate your interest and thank you in advance for becoming involved in advocacy and health policy issues.

Sincerely,

Linda L. Pierce, PhD RN CNS CRRN FAHA
ARN President

Chapter 1

Advocacy Is Essential to Supporting and Advancing Rehabilitation Nursing Priority Policies and Programs

During the past 20 years, health and consumer-based organizations have incorporated public policy and advocacy into their missions and principal activities. They have seen the gains that can be attained through such initiatives. For example, the HIV/AIDS activism of the 1980s and the breast cancer movement of the 1990s are well-known, tangible examples of what organizations and communities can achieve if they choose to allocate human and financial resources to affect public policies. Both causes have benefited from increases in research and programmatic funding for efforts to reduce and prevent the incidence, morbidity, and mortality of breast cancer and HIV/AIDS. For rehabilitation nursing and broader rehabilitation health issues to begin to receive the attention, public policy response, and funding they deserve, rehabilitation nurses must engage in proactive and aggressive advocacy efforts to help drive the national agenda toward ARN's concerns.

- Increasingly, much of what rehabilitation nurses do and experience daily while caring for their patients is influenced directly by laws, regulations, and other policies.
- Policymakers and elected officials can positively and negatively influence issues that affect people with disabilities.
- Lawmakers regularly make decisions that have an impact on patients, physicians, nurses, healthcare insurers, hospital administrators, and researchers - these decisions may be made with limited substantive knowledge and understanding of the people and systems they are affecting.
- More and more rehabilitation nurses are taking action and making a difference. Your voice matters, and we need your help.

Members of Congress are most responsive to people from their own states and communities, and they must hear from rehabilitation nurses about their priorities and concerns. Without hearing directly from rehabilitation nurses about priority problems and recommended solutions, policymakers either will fail to address such concerns or use information and expertise provided to them by others. Some of their sources may not share the views of the rehabilitation nursing community. Policymakers must have your input, so they are aware of the needs in their communities and the ramifications of changes in policy. **A well-informed, articulate, passionate rehabilitation nurse can be a valued resource to elected officials and their staff, can raise issues of importance, and can help craft and implement necessary solutions.**

Chapter 2

What Is Health Policy Advocacy?

Advocacy is defined as the support or defense of a cause and the act of pleading on behalf of another person. Rehabilitation nurses engage in advocacy everyday on behalf of their patients.

Turning Outrage into Action

Every day, people have experiences that are frustrating, unbelievable, or so outrageous that they think, "How can this be? There ought to be a law!" Rehabilitation nurses often experience this frustration in their day-to-day practice—fighting with managed care companies, facing inadequate Medicare reimbursement, and cobbling together adequate care for uninsured patients.

- Health policy advocacy means channeling this sense of outrage about inadequately conceived laws, policies, and regulations or about the absence of a law when the need for one is clear.
- Advocates let policymakers know what they, as citizens and constituents, believe elected officials should do.

Despite its simple definition, advocacy is multifaceted, and the types of advocacy activities in which ARN and its leaders, members, and supporters engage are many and diverse. Through health policy advocacy efforts, ARN seeks to influence the outcomes of local, state, and national policies, laws, and regulations to reduce and prevent suffering for people with disabilities. Specifically, ARN seeks to:

1. Bolster and expand the nursing workforce to safeguard public health;
2. Support increased funding for rehabilitation and nursing research and education;
3. Support the funding for treatment and prevention of Traumatic Brain Injury; and
4. Promote passage of the Prosthetic and Custom Orthotic Parity Act.

The good news is that **health policy advocacy doesn't require any new skills, it just involves applying existing ones in a new context.**

Nurses are professional advocates. They regularly represent and work on behalf of patients, as well as their family members, physicians, and, sometimes, healthcare insurers. In addition, rehabilitation nurses lead busy lives, have competing responsibilities and priorities, and every day give themselves to their jobs. Understandably, ARN tries to choose activities that provide the most "bang for the buck." When short on time and resources, not engaging in activities that could be futile or will require new, additional, or specialized knowledge and understanding is a rational decision.

Recognizing this, ARN makes it easy for rehabilitation nurses to get involved in health policy advocacy. The ARN website provides template letters and e-mail messages, which can be personalized, and offers suggested talking points for phone calls to elected official's offices.

So, now that we have convinced you that advocacy can be easy and make a difference in the outcome of our nation's policy discussions, we will move forward into the nuts and bolts of the policymaking process and discuss how you, as an individual rehabilitation nurse, can get involved.

Advocacy is a Right and a Responsibility

The McCormick Tribune Freedom Museum poll found that Americans' knowledge of television shows such as "The Simpsons" and "American Idol" far surpasses their familiarity with the First Amendment.

Only one of the 1,000 adults polled in the telephone survey could name all five freedoms granted under the First Amendment. Yet more than one in five (22 percent) could identify all five major characters in Matt Groening's cartoon family.

*The First Amendment of the Constitution guarantees freedom of speech, the press, and religion, as well as the rights to peacefully assemble and **to petition the government for a redress of grievances.***

- The Washington Post Survey

Think about it – the U.S. Constitution grants us the right to tell our elected officials our concerns and request them to take action to address them!"¹ If we took the time to think about it, we all could come up with a list of grievances we would like our public officials to address.

Remember: Policymakers work for the citizens. Your tax dollars pay their salaries and for their health insurance, retirement benefits, and travel (they even get to keep the frequent flyer miles!). After all, you are held accountable by your employers. Therefore, you have every right to hold them accountable for their actions, tell them what you want them to do, and give them feedback on how you think they are doing at their jobs. Entire systems are in place in Congress for the recording of your opinions. The ultimate job review you can give your public officials is by voting – either returning them to office or ending their service.

In the United States we have a participatory democracy and representative government. **Becoming involved is not only a right but also a responsibility.**

¹ United States Constitution, 1st Amendment, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances."

Chapter 3

Advocacy Is Easy and Effective – Debunking the Myths

Numerous "myths" of advocacy exist that preclude people from becoming involved in the policymaking process, including the misperceptions that it takes a lot of time, doesn't make a difference, and requires great expertise. You clearly have an interest in advocacy or you wouldn't be reading this tool kit; however, you may have questions, concerns, or preconceived notions about advocacy and health policy. To that end, we have compiled the 10 most pervasive advocacy myths and debunked them one-by-one.

<p>1. I am too busy – there is not enough time in the day.</p>	<p>ARN makes it easy and fast – just visit www.rehabnurse.org. Sending an e-mail takes less than five minutes and only involves just a few clicks. We provide you with a template letter for you to your Member of Congress – which makes it even easier. Remember, if you do not get involved, no one else will on your or your patients' behalf. Bring your voice forward for rehabilitation nursing and people with disabilities!</p>
<p>2. I am a rehabilitation nurse, not a lobbyist.</p>	<p>Perfect! Members of Congress are more likely to listen to you – you are an expert in what rehabilitation services people with physical disability or chronic illness need. You can provide the Member and staffers with substantive and valid information, as you know first hand what occurs in today's healthcare system and what is needed to improve it. You are a "legitimate voice" – not a hired gun.</p>
<p>3. The process is intimidating. I don't understand what a substitute amendment is, am unclear on how conference committee works, and cannot remember what a pocket veto means.</p>	<p>The details and nuances of the federal policymaking process are difficult to follow but you do not need to know them all. ARN's action alerts tell you what you need to know in terms of bill status and context, and the template letters include all the relevant details. Do not worry if you cannot remember 4th grade civics – no one can, not even Members of Congress. Just know who represents you in Congress – two Senators (www.senate.gov) and a Representative in the House (www.house.gov).</p>
<p>4. Why should I bother? It doesn't seem to make a difference. I have written before and not received a response. When I have received a response, the letter didn't address the issue I</p>	<p>It absolutely makes a difference. Offices count the calls, e-mails, faxes, and mail. Staffers log in the opinions that are expressed and have to provide a regular report on all constituent communications to the Member of Congress. If you have written and not received a response, write or call and let the office</p>

<p>wrote about, or I totally disagreed with the views expressed.</p>	<p>know. Sometimes, with the volume of mail, letters can get lost. Also, if you disagree with the views expressed in a response letter, write again and politely repeat your request and rationale, and indicate you are disappointed in the Member's position on the issue. Usually if you bring it to their attention, you get a prompt response. Think about Mothers Against Drunk Driving, "Megan's Law," or Amber Alert – persistence and one person/family can result in one law.</p>
<p>5. My Member is a lost cause, doesn't sit on the relevant committee, or doesn't care about health care.</p>	<p>It is essential to weigh-in and go on record with your Member(s) of Congress. You never know when an issue will resonate with him/her, or the staffers. The number of individuals affected by physical disability or chronic illness is growing. Members who historically were not interested or supportive of nursing or rehabilitation issues, once touched by the disease often become our biggest advocates.</p>
<p>6. My concerns or issues of priority are not being discussed in Congress.</p>	<p>Maybe that is because no one is writing/calling about it. You, your colleagues, and your patients can help elevate an issue to the national agenda by communicating to your policymakers about it. Sometimes it takes a grassroots movement to garner Congressional attention. People writing about their HMO horror stories stimulated the development of the "Patients' Bill of Rights."</p>
<p>7. I am not an expert in the issue you are asking me to write or call about. I know outpatient care, not genetic testing, or clinical trials.</p>	<p>You are an expert in the delivery of patient care and understand first-hand what people with physical disability or chronic illness face. Just be honest about how you know personally of the effects rehabilitation services can have on people and their families.</p>
<p>8. I cannot make it to Washington to meet with my Member.</p>	<p>Members and staffers will tell you that developing a relationship with your policymakers and their staffers "back-at-home" is more effective, since you can see them in your own community. Coming to Washington is effective, but communicating from and at "home" is even better. Visit the district office, or attend a town hall meeting. It may seem intimidating at first, but Members and staff are very accessible and expect constituents to visit and voice their concerns/priorities – they will welcome your comments.</p>

<p>9. I am a Republican, and my Member is a Democrat. I am a Democrat, and my Member is a Republican.</p>	<p>Physical disability or chronic illness – both Democrats and Republicans may need rehabilitative services at some point. Do not worry about your party affiliation; just identify yourself as a constituent and a rehabilitation nurse – these are suitable qualifications for your views to be treated with respect.</p>
<p>10. I've written and called in before for Nurse Reinvestment Act funding and rehabilitation research and requested my Members' support – I've done my part to support the cause. I don't need to write/call/e-mail or meet with them again.</p>	<p>Congress makes decisions that affect you, nurses, and people with physical disability or chronic illness. Writing, calling, e-mailing, or meeting with your policymakers regularly is essential. Each year Congress determines funding levels for the coming year, so each year rehabilitation nurses must contact their Members about the need to support programs to address the nursing shortage, rehabilitation research, and other programs. Nowhere is the adage – “the squeaky wheel gets the grease” – more true than Washington D.C. Policymakers often claim that the reason for their inaction on matters is that they aren't “hearing (enough) from home” on the issue. Don't give them an excuse!</p>

Chapter 4

A Quick and Simple Refresher on United States Civics

For most of us, the last time we really needed to understand the process of how a bill becomes a law was in our elementary school civics lessons. In fact, most Members of Congress and their staffers don't have much more formal education about the process than that. You need not have a PhD in political science to become involved and bring about change in the public policy process. You only need to understand the basics. Although the information contained here uses the U.S. Congress as the example, most state legislatures are structured and function similarly. For more specifics on state public policy processes, visit the National Conference of State Legislatures at www.ncsl.org.

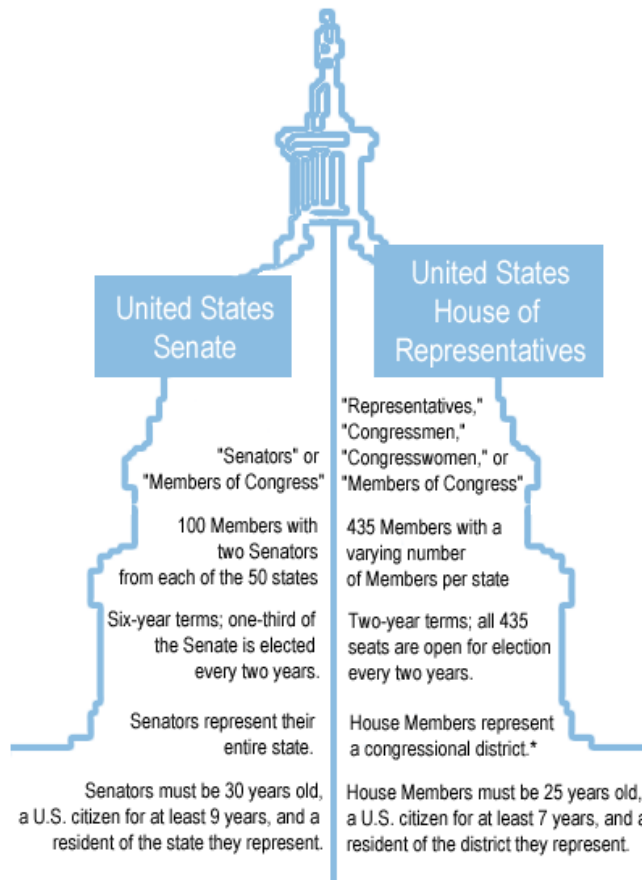
The United States Congress

The U.S. Congress consists of two bodies, called chambers or houses: the Senate and the House of Representatives.

- National elections are held every two years on the first Tuesday of November in even numbered years (2010, 2012, 2014 etc.).
- The next national election will be held in November 2010.
- Every national election, 33 Senate seats whose six-year terms are expiring and all 435 seats in the House of Representatives are open for election.²
- Elections held in non-presidential election years (e.g., 2010, 2014) are known as "mid-term elections" because they are held in the middle of a President's four-year term.
- The next Presidential election year is in 2012..

Congressional districts for each state are circumscribed by the state legislature and based on population density. Districts may be parts of a city, multiple cities or towns, or entire counties. The number of House members is set at 435 by the U.S. Constitution. The total number of House members per state is determined by the Federal Census and is reviewed and changed every 10 years when the new census results are available. The calculation to determine the number of representatives per state is made by dividing 435 into the total U.S. population. Alaska, Delaware, Montana, North Dakota, South Dakota, Vermont, and Wyoming do not have enough people to qualify for one representative; the Constitution addresses this by stating the every state must have at least one. Representatives from these states are referred to "At-Large."

² Every six years, 34 Senate seats are up for re-election.



Every person in America (except residents of the District of Columbia) is represented in the U.S. Congress by two Senators and one Member in the House of Representatives. In other words, everyone has a "Congressional delegation" consisting of three members: two Senators and one Representative.

Timing and Schedule

A "new Congress" begins the January following a November election, lasts two years, and has two sessions. For example, the first session of the 111th Congress began in 2009, and the second session of the 111th Congress began in 2010. When policymakers are working in Washington, D.C. Congress is referred to as being "in session." When policymakers are in their home states and districts meeting with their constituents and conducting business locally, Congress is referred to as being "in or on recess." Although the Congressional schedule is different each year, some regularly scheduled breaks, or recesses, occur each year. These usually coincide with special weekends, holidays, and the election cycle. Typical Congressional recesses fall during the weeks containing Martin Luther King's Birthday, President's Day, Easter, Passover, Memorial Day, the Fourth of July, Labor Day, and Thanksgiving. Additionally, Congress is usually out for recess the week before and after Easter, as well as the entire month of August.

Leadership

Because the United States principally has a two-party system consisting of Democrats and Republicans, each chamber has two groups: a majority party and a minority party. The party

with the greatest number of members in a chamber is considered the "majority" party and the party with the smaller number of members is called the "minority" party. The few members of Congress who are not affiliated with a national political party and identify themselves as "Independents," typically choose a party to affiliate with for organizational purposes.

111th Congressional Make Up	
United States Senate	United States House of Representatives
57 Democrats 41 Republicans 2 Independents who caucus With the Democrats	255 Democrats 178 Republicans 2 Vacancies
Senate Leadership	House Leadership
Senate Majority Leader Harry Reid (D-NV) Senate Majority Whip Richard Durbin (D-IL) Senate Minority Leader Mitch McConnell (R-KY) Senate Minority Whip Jon Kyl (R-AZ)	Speaker of the House Nancy Pelosi (D-CA) House Majority Leader Steny Hoyer (D-MD) House Majority Whip James Clyburn (D-SC) House Minority Leader – John Boehner (R-OH) House Minority Whip – Eric Cantor (R-VA)

Like most large organizations, Congress does much of its work by committee. Most Members of Congress are assigned to one or more committees. Typically, committee assignments, leadership positions, and party ratios remain the same throughout the two-year session of Congress. However, occasionally, Members retire, die, or are indicted, which then requires changes to be made. For more about Congressional committees, see Chapter 7.

Chapter 5

Key Types of Legislation

In general, two main types of legislation exist: authorizing legislation and appropriations legislation.

An **authorizing bill or authorizing legislation** provides a federal agency with the general authority to conduct programs and obligate funds. This type of bill does not guarantee funding; rather, Congress needs to appropriate funds as part of the annual appropriations process. For example, Congress enacted the Nurse Reinvestment Act in August 2002 to support loan repayment, scholarship, and other Nursing Development Workforce programs. This legislation “authorizes” the Health Resources and Services Administration (HRSA) within the U.S. Department of Health & Human Services (HHS) to operate such initiatives. In other words, by enacting this legislation Congress authorized – or permitted – funding to be allocated by Congress over the course of five subsequent fiscal years to support this effort.

However, unless Congress provides a specific allocation each year for the Nurse Reinvestment Act in the **appropriations bill** that contains funding for HHS and HRSA, the nursing workforce development programs do not receive any resources for the coming year. Just because the funding has been authorized does not mean it will be appropriated. There are numerous programs that have been created by an Act of Congress but have failed to secure appropriations for their implementation and support. In these cases, in particular, it is critical for advocates to take action to help secure much-needed funding to have important programs enacted and implemented.³

An analogy: an authorizing measure is like being approved to utilize the services at your bank but not actually being given any checks to draw funds out of your checking account. An appropriations measure is the actual check being written to draw funding out of the U.S. Treasury and allocated to particular agencies and programs.

The information in Chapter 6, “How a Bill Becomes a Law,” applies generally to both authorizing and appropriations legislation.

³ For a more in-depth discussion regarding how the Congress considers and allocates federal funding to various programs, such as the National Institutes of Health (NIH) and the Nurse Reinvestment Act, check out the ARN Budget and Appropriations Primer.

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.

Chapter 7

Key Congressional Committees for Nurses, Research and Other Healthcare Issues

Like most large organizations, Congress does much of its work by committee. Both the Senate and House have numerous standing committees; members receive committee assignments at the start of each "new Congress." Unless something unusual happens (such as the death or midterm retirement of a member), committee assignments for members last an entire Congress (two years). Committee assignments are made by the leadership of each respective party and the committee ratios (i.e., number of Majority Members to Minority Members) are determined by the overall make up of Majority to Minority Members in the chamber as a whole. Each committee has two key leaders: a "chairperson," who is a member of the Majority party, and a "ranking member," who is the most senior member of the Minority party on the committee.

Key Committees for Nurses and Healthcare Issues	
Senate	House of Representatives
Appropriations Committee: the committee that controls the federal purse strings and determines federal funding for all government functions, from defense to biomedical research	Appropriations Committee: the committee that controls the federal purse strings and determines federal funding for all government functions, from defense to biomedical research
Labor, Health and Human Services-Education Appropriations Subcommittee (LHHS): the specialized subcommittee that determines federal funding for federal agencies, including the Departments of Health and Human Services, Labor, and Education and all of their subagencies (e.g., National Institutes of Health, Centers for Disease Control and Prevention, and the Health Resources and Services Administration, which administers the Nursing Workforce Development Programs)	Labor, Health and Human Services-Education Appropriations Subcommittee (LHHS): the specialized subcommittee that determines federal funding for several federal agencies, including the Departments of Health and Human Services, Labor, and Education and all of their subagencies (e.g., National Institutes of Health, Centers for Disease Control and Prevention, and the Health Resources and Services Administration, which administers the Nursing Workforce Development Programs)
Health, Education, Labor, and Pensions: the authorizing committee with jurisdiction over all non-Medicare and non-Medicaid healthcare policy issues.	Energy and Commerce Committee and its Health Subcommittee: the authorizing committee with policy jurisdiction over the Medicaid program, Part B (outpatient services) of the Medicare program, and all non-Medicare and non-Medicaid healthcare issues.
Finance Committee and its Health Subcommittee: the authorizing committee and subcommittee with policy jurisdiction over the Medicare and Medicaid programs	Ways and Means Committee and its Health Subcommittee: the authorizing committee with policy jurisdiction over the Medicare program (shares jurisdiction over certain parts of Medicare with the House Energy and Commerce Committee)

If your representative or either of your senators sits on one of these key committees, your participation in advocacy is even more important because these members play a key role in crafting, advancing, or defeating legislative proposals of concern to ARN. To learn which committees your Members of Congress serve on, visit the Congress websites (thomas.loc.gov), www.senate.gov, or www.house.gov.

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Chapter 8

How to Get Involved in Health Policy Advocacy

If you can write a letter, send an e-mail or leave a brief phone message - just like you do for your patients, friends or family - you can "do" health policy advocacy. It's that easy. Being involved in advocacy is important - if elected officials do not hear from rehabilitation nurses - they and their staff will not be aware of our issues or concerns. With a brief phone call, e-mail note, or letter, rehabilitation nurses can educate Congress about the issues impacting the nursing community and people with disabilities that have rehabilitation needs.

The first step to get connected to ARN's health policy activities is to find out who represents you in Congress as well as to familiarize yourself with ARN's Health Policy Agenda, which can be found at www.rehabnurse.org. While there, you have the opportunity to click on links that connect you to the latest health policy information, electronic newsletters, e-mail action alerts, and helpful advocacy tips.

Also, the ARN website links you to important Action Alerts, which can help you become engaged in ARN health policy advocacy efforts. For additional health policy resources, visit www.rehabnurse.org.

If you are not registered to vote, the League of Women Voters Web site allows men or women to register online at [Online Voter Registration-Click Here](#) or check out the Health Policy Tool Kit Resources www.rehabnurse.org for additional links.

Chapter 9

How to Communicate With Members of Congress

Many ways to communicate with policymakers exist: letters, postcards, e-mail, phone calls, faxes, and face-to-face meetings. Advocates often wonder which method is most effective and whether all are counted equally. Each Congressional office has its own calculus and system for handling and “counting” different communications. Generally, each policymaker gets a regular report from staff regarding how many letters, postcards, e-mails, phone calls, and faxes have been received on various issues and what positions constituents are advocating. No matter what method you use, the most important thing is to ensure your voice is heard.

All offices handle constituent communication differently. Therefore, you might want to call each of your Members' offices and inquire on their preferred method of constituent input.

For the most part, the information below and the tips and guidelines found in the next chapter apply to all forms of written communication, including faxes, e-mails, and regular letters.

Proper Forms of Address for Members of Congress

Members of the United States House of Representatives

The Honorable [First Name Last Name of Member of Congress]
 United States House of Representatives
 Washington, DC 20515

Dear Representative [Last Name of Member]:

United States Senators

The Honorable [First Name Last Name of Member of Congress]
 United States Senate
 Washington, DC 20510

Dear Senator [Last Name of Member]:

Also, you can reach your Members of Congress in the following ways:

- Phone through the U.S. Capitol Switchboard at 202/224-3121.
- E-mail your U.S. Representative through: [Click Here to Write Your Rep.](#);
- E-mail your two U.S. Senators through: <http://www.senate.gov>
- Visit www.rehabnurse.org for alerts on priority issues, template letters to send federal policymakers, and links and information about how to contact your Congressional delegation.
- Look in the “Blue” pages of your phone book, which have local, state, and federal government contact information.

Chapter 10

Top Ten Tips for Writing a Letter, Fax, or E-mail

Writing to Members of Congress is one of the easiest and most effective ways for rehabilitation nurses and patients to communicate with policymakers on issues of interest and priority. Written communication can be done by e-mail or by sending a letter to the Congressional office by fax. Such written correspondence, if done correctly, can result in garnering support for ARN's public policy priorities.

When writing to policymakers, be sure to use personal stationery or your personal e-mail account, as your employer might not share your views on the topic. For all forms of communication, be sure to include your full name, return mailing address, e-mail address, and phone number. If you are a federal or state employee, you must use personal e-mail and your personal computer.

Be sure to keep a hard copy of what you send, as sometimes faxes, e-mails, or letters are lost and you may need to send a second copy to ensure a response.

1. **Always be polite.** When addressing correspondence to any government official, be sure to use the proper forms of address (see the end of this document). Even if you are angry, frustrated or disappointed, be sure to use a polite tone and appropriate language; be sure not to be threatening, confrontational, or rude. The most effective way to communicate with your Members of Congress is the way you communicate with your colleagues, neighbors, family, and friends – clearly, concisely, and with respect and honesty.
2. **Be clear about who you are and why you are writing.** In the opening sentence, make your request clear and identify yourself as a registered voter, constituent, and a nurse. If you know the member or staff aide, say so at the beginning of your message; this may alert the staffer to give your message special attention. If you are in a leadership position and have clearance to write in that capacity, be sure to use your title and indicate how many people you represent.
3. **Be concise and informed.** If possible, try to keep your letter to a single page. You do not need to be an expert on the issue, but you should be familiar with the basic facts (e.g., name of the legislation and the associated bill number, and why it should be supported or opposed). If you are requesting that the policymaker cosponsor a particular measure or are writing to express disappointment at a particular vote, check the list of cosponsors and the vote record first at <http://thomas.loc.gov/> to ensure that your information is up-to-date and accurate.
4. **Personalize your message.** Remember, you are an expert in what rehabilitation services people with physical disability or chronic illness need; and, as such, you have many experiences to share. Tell your own story, and explain the relevance to the issue at hand. Although form letters and postcards are “counted,” they often do not elicit a response from a Congressional office. Personal stories and illustrations of local impact are more easily

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remembered by policymakers and their staff than statistics and generic examples. Moreover, personal stories are often what spur policymakers into action—not statistics. The reality is that our policymakers often legislate by anecdote. Your own words are best and can influence the legislator’s response or vote. If you are using a template letter (like those provided at www.rehabnurse.org), please take a few moments to personalize it with your own experience. Also, if you can, include relevant state or local information to explain how the issue affects your community and/or practice.

5. **Be honest, accurate and clear.** If you are including statistics or other scientific information, be sure to verify your sources and have them handy in case the Congressional offices follow up and request additional information. Also, be sure not to exaggerate the situation you are discussing; do not oversell the policy solution you are advocating, or overstate the consequences if the policymaker does not do what you request. Make sure you do not use any “lingo” or “slang” (e.g. do not use acronyms in your letter like “HRSA,” unless you first write out what it means – the Health Resources and Services Administration).
 6. **Be modest in your request.** Although you may wish to address multiple issues, be sure not to “kitchen-sink” in your communication. It is best to focus on only one or two issues that are of top priority to you. Your communication will be clearer, and policymakers or staffers will be more receptive, because you have not bombarded them with too many requests.
 7. **Be of assistance and serve as a resource.** Policymakers and their staffers are overworked and overwhelmed, so offer them your assistance; they will appreciate your input and help. If you have an article of interest or relevance, be sure to include it with your correspondence, or refer to it, and indicate that you would be happy to provide it, should they be interested.
 8. **Express appreciation.** Too many times we forget to say thank you. If in response to earlier correspondence you receive a letter informing you that the member shares your views or took the action you requested, write back expressing your thanks for the response and support. Or, if you learn that the policymaker recently cosponsored a bill you support or voted the way you hoped, send a letter expressing your pleasure at his/her action. At the close of your correspondence, be sure to acknowledge and thank the member for his or her attention to your concerns.
 9. **Ask for a response.** Because policymakers and their staffers work for you, you have every right to (politely) ask for a response, and hold them accountable if your communication goes unanswered. In fact, entire systems, processes, and staff exist in Congressional offices to respond to constituent input. It is important to note, however, that because of the volume of constituent input, it could be weeks or month before you receive a response. Make clear at the close of your correspondence that you are requesting a written response regarding the policymaker’s views on the issue or legislation you addressed.
 10. **Be sure to follow up.** If you do not receive a response in a timely fashion (in excess of a month for most offices, a little bit longer for senators from large states like California and
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Texas), be sure to follow up. Contact the office by phone or with another letter (fax is best) with your original attached, and indicate you have not received a response, and you are requesting one. If you receive an unsatisfactory response to your correspondence, you should write or call again to express appreciation for the response and politely, yet firmly, communicate that the response was not what you anticipated or requested. Reiterate your concerns and address any points the policymaker has made on the issue in the correspondence.

Other Tips

Keep in touch with the offices of your Members of Congress to establish a relationship and make yourself available as a local resource on nursing and physical rehabilitation issues. There are times when you and an elected official will have to “agree to disagree” but over time, you also may find that the policymaker may be supportive and helpful on other matters.

Specific Tips About “Snail Mail”

As a result of anthrax attacks in fall 2001, the U.S. Postal Service mail is handled differently by Congress. Most incoming mail is irradiated to ensure it is safe for handling. This process takes quite a while and often damages the contents. Therefore, for time sensitive communication, sending written correspondence by e-mail or fax is advised – or make a quick phone call (see Chapter 11). Also, enclosing items such as photographs, originals of articles, or other documents is not recommended; it is best to save these items for hand delivery when you have a meeting in the office – either in the local office or in Washington, D.C.

Specific Tips About E-mail

Each Congressional office maintains a different policy about how e-mail from constituents is handled. Most Members of Congress have a public e-mail address. To access the e-mail addresses, visit the individual Member’s Web page (www.house.gov or www.senate.gov). Many Congressional offices provide a generic, automatic acknowledgement that your e-mail has been received but then will follow-up with either a specific e-mail response to your issue or a letter via regular U.S. Postal Service. A handful of offices still do not respond individually to e-mail but count the input and inform the policymaker how many people have written about the particular topic and what position they are advocating. Some Congressional offices have instituted computer-based “algorithms” to ensure that e-mail messages they receive are from legitimate constituents. Typically, all this entails is a requirement that the constituent answer an easy math equation (e.g., what is two plus two?), or to copy a word or phrase from one place on the screen to another. This helps them weed out any computer-generated or “spam” messages, and allows constituent communications to get through. It is best to contact your Members’ offices to learn about their individual policies about constituent correspondence. You can call the Capitol Switch Board at 202/224-3121 to be transferred to your Members’ offices, or look in the “blue pages” of your local phone book, and your Members of Congress should be listed under the Government section.

Chapter 11

Top Ten Tips for Calling Your Members of Congress and Their Staff

Calling the offices of Members of Congress is one of the easiest and most effective ways for rehabilitation nurses and supporters to communicate with policymakers on issues of interest and priority. Such a phone call, if done correctly, can result in garnering support for ARN's public policy priorities.

When calling policymakers, be sure to do so on your own time and with your own phone, as your employer might not share your views on the topic. While calling the local offices of your Members of Congress does not involve a long-distance call, it is best to contact their Washington, DC offices as they are better equipped to handle a greater volume of constituent calls and most policy staff are located in the Capitol Hill office, not in the district.

To reach the offices of your two senators and your representative in the House, just call the U.S. Capitol Switchboard at 202/224-3121 and ask to be transferred to their offices. If you are not sure who represents you, just visit www.senate.gov and www.house.gov to learn your policymakers' names, or ask the Capitol Hill Operator to assist you

Be sure to keep a record of the date and time of your call(s), and the person with whom you spoke or for whom you left a message. Sometimes the phone logs are lost and you may need to follow-up with the office to ensure a response.

1. **Once connected to your elected official's office, identify yourself as a constituent to the receptionist.** Clearly state your first and last name, your hometown, and why you are calling. If you know the health legislative assistant (HLA), be sure to ask for that staffer by name. If not, ask for the staffer's name, and request to be transferred. Sometimes, the receptionist will indicate that you will need to leave your comments with him/her. If that is the case, you still should ask for the name of the HLA, so that you have that information, and record it for future reference.
2. **If transferred to the HLA personally,** or if you are put into the staffer's voicemail, reintroduce yourself and immediately identify the topic you are calling to discuss. If you are instructed to leave a message with the receptionist, repeat your name and continue with your message that you wish to deliver.
3. **Make a few brief points** as to why the issue is of concern to you, your community, and the nation, and why the Member should take action. You may want to use written notes to help you stay on topic and remain clear, while articulating your case.
4. **Be clear as to what you are asking the Member to do** (e.g., cosponsor a particular bill, vote for or against a specific measure, or sign a "Dear Colleague" letter).

5. **Be polite in your tone and language.** The staffer on the other end of the phone is overworked, overwhelmed, underpaid, and receives dozens – if not hundreds – of calls a day. In fact, in some offices, you may be speaking with a junior staffer or a college intern, so be sure to be patient and forgiving. Also, be sure not to use any “lingo” or “slang”. You should not assume the person on the other end of the phone is familiar with the issue you are discussing, so be as clear and concise as possible.
6. **Keep it brief.** Limit your call to no more than five minutes, unless the staffer asks you questions and seems engaged in the discussion. Offer to send additional or follow-up information to the staffer, and request their preferred mode of communication (e.g. e-mail, fax).
7. **Specifically request a written response** from the office on the Member’s position or action on the issue you addressed.
8. **Provide your full name**, mailing address, e-mail address, and telephone number.
9. **Thank the staffer** for his/her time, and indicate that you appreciate his/her willingness to listen and record your comments. Be sure to record the name of the staffer and the day and time you spoke, so you can have it for future use and in case you need to follow up.
10. **If you do not receive a response within a reasonable timeframe** (approximately a month), either call or write to follow-up and request a response. Reference your phone call, and mention with whom you spoke and the topic to help facilitate a meaningful reply.

Other Tips

If you receive the voicemail for a staffer or the office, be sure to leave a brief, clear message for the staffer (noting his/her name down for future reference) – providing your full name, contact information, and the nature of your call and specific request; be clear that you would like a return call and/or a letter from the Member on the topic about which you are calling.

Be sure to keep in touch with the offices of your Members of Congress to establish a relationship, and make yourself available as a local resource on nursing and rehabilitation related issues. There are times when you and an elected official will have to “agree to disagree,” but over time, you also may find that the policymaker may be supportive and helpful on other matters.

Also, you can reach your Members of Congress in the following ways:

- E-mail your U.S. representative through: [Write Your Representative.-Click Here](#);
- E-mail your two U.S. senators through: <http://www.senate.gov>
- For tips about writing to your Members of Congress, see Chapter 10.

Chapter 12

Top Ten Tips for Meeting With Your Members of Congress and Their Staff

Meetings with Members of Congress and/or their staff are terrific ways for rehabilitation nurses and supporters to communicate with policymakers on issues of interest and priority. Such meetings can be conducted at Congressional offices in Washington, DC or “at-home” in district offices and if done correctly, can result in garnering support for ARN’s public policy priorities. Visiting with them enables you to educate them about your concerns, offer yourselves as a resource, and establish a relationship that can prove mutually beneficial over time. It is best to build a relationship before you need it.

Prior to arriving in Washington, DC or at the district office, be sure to schedule a meeting with the staffer or through the appointment secretary/scheduler for a visit with the Member of Congress. Be clear who will be attending and what issue(s) will be discussed. The day before, confirm the appointment as the Congressional schedule changes very often – and such changes often are beyond their control.

In advance of the meeting, be sure to put together some “leave-behind” materials that you will provide to the Member/staffers at the end of your discussion. Spend some time on the ARN website to familiarize yourself with ARN’s health policy agenda and/or contact ARN’s Health Policy Associates for assistance.

If you have arranged for a Member of Congress to attend your chapter meeting/conference, inform your colleagues and make all the appropriate logistical arrangements. Be sure to have someone present who can take pictures and make certain to give copies of the photos to the Member and his staff as well as to ARN Headquarters for possible posting on the website.

1. **Prepare and be on time.** Members of Congress and their staff are very busy. Be respectful of their time. Give yourself plenty of time to go through security, find your way to the office, and announce yourself to the receptionist. If you will be in a group, discuss with your colleagues in advance what you will be covering in the meeting. Be sure to select a primary spokesperson and determine who in the group will raise which points and requests.

Open the meeting by thanking the Member/staffers for his or her time. Be sure that everyone in the group identifies him/herself – first and last name and the fact that you are a rehabilitation nurse – and remember to mention where you live/work in the district/state, so they are clear you are a constituent. If the policymaker/staffers has been helpful in the past, or has taken action that you appreciate, be sure to say thank you and acknowledge this up front. Prior to your meeting with the Member/staffers, it is best to get a sense of what issues currently are pending before Congress and the committee(s) on which the Member sits. This type of information can be found at <http://thomas.loc.gov>.

2. **Be brief and clear**, as you typically will have only 10–25 minutes for the entire meeting. Cover only a few (one to three) topics. You will have talking points in advance to ensure that you and your colleagues “stay on message.” Anticipate the kinds of questions you may be asked from both supporters and opponents, and be prepared to answer such questions in the meeting. If asked a question to which you do not know the answer, acknowledge that the question is a good one, and indicate you will follow up later with the answer. Do not assume that the Member/staffer is knowledgeable about the issue you are discussing; be sure to provide some background information. Explain that you want to provide your perspective on an issue of importance to you, your practice, and/or your community. Be sure not to use any “lingo” or “slang” (e.g. do not use acronyms in your speech like “HRSA” when you mean the Health Resources and Services Administration) – unless you have first explained what it means.
3. **Be sure to provide a personal story or real-life illustration**, since personal stories are more easily remembered than statistics. As necessary, briefly cite evidence or statistics to support your position, particularly any local, regional, or state data. You will have this information in your packet, and a copy will be in the packet you will leave behind with the office, as well. However, be careful not to overwhelm the policymaker/staffer with too many statistics or references to studies (this kind of information will be in the materials you leave behind, or can be sent with your thank-you note). Also, keep your personal story brief. Discuss how the policy change (e.g., increased funding for the Nursing Workforce and Development Programs) will have an impact on your community. Be concise and honest about the issue(s) and the solution(s), and make clear the relevance of the issue(s) to their constituents.
4. **Be polite and listen carefully** to the policymaker’s/staffer’s views and comments. Even if you disagree, it is very important to be courteous. Be flexible, consider the opposing view, and avoid being argumentative or threatening. You may agree to disagree on an issue now and find that you can agree and work together on another matter in the future. Much of advocacy is about building and maintaining relationships over time. Being respectful, providing reliable information, and making a compelling case has helped us win over some terrific champions.
5. **Be sure to get a response – respectfully.** Ask directly, and politely, for the policymaker’s views and position on the issue and what he/she plans to do about it. The policymaker/staffer may distract you with other issues, such as by making a broad statement like, “I voted in the past to double the funding of the National Institutes of Health.” Stay on message and on topic as politely as possible, and be sure to make your “ask.” It is your constitutional right to meet with your Congressional representatives, so take this opportunity to do what you can to get a commitment from the Member of Congress to take action on your request(s). However, if the Member truly is undecided, or the staffer is not familiar with the Member’s position on the issue, do not force the issue. Reiterate your interest, offer to answer any questions or provide additional information, and request a written follow-up letter from the Member, once a decision has been made.

6. **Bring a short set of materials with you to leave behind.** However, do not give the materials to the Member/staffer until the close of the meeting, or he/she may be distracted by the material and only listen to you with one ear. Early in the meeting indicate that you have materials to leave behind. Be sure to follow up, and follow through on any promises of additional information.
7. **Leave your contact information.** If you leave a business card, make it clear that you are visiting on your own time and not representing your employer, unless you have received such clearance. If you do not have a business card to leave, make sure you give your home/personal contact information, so the office can follow-up. Be sure to get a business card from the Member of Congress/staffer, so that you know how to reach them. Be sure to ask the Member/staffer their preferred mode of communication (e.g., e-mail, fax, and voice-mail/phone).
8. **Summarize your requests of the Member of Congress** and any responses the Member or staffer has provided to ensure that you are clear on where they stand on the issues. Summarize the Member's/staffer's requests, and indicate how you plan to respond. Express thanks and appreciation for their time, interest, and courtesy.
9. **Report back to the Association of Rehabilitation Nurses any meeting with your Members of Congress.** This information is essential for ARN to have, so that others can follow up with the office to provide additional information, if needed, and reinforce the message you delivered.
10. **Follow up with a thank you note.** This letter should be addressed to the Member of Congress whose office(s) you visited with a cc: to the staffer with whom you met, referencing the date of your meeting, who was in attendance, and the issues you discussed. Your follow-up letter should express appreciation for the time and consideration extended to you during your meeting. Reiterate your request(s), and ask for a written response from the office. Be sure to call/e-mail/write with answers or information the Member/staffer requested. Keep in touch with the Member/staffer to maintain and strengthen your relationship. Great ways to keep in touch include sending an article of interest from the local paper, mailing a copy of the latest *ARN Network*, or inviting the Member/staffer to visit your facility at home, when they next are visiting. *If your initial meeting is in Washington, D.C., be sure to schedule a similar meeting with the staff in the district or state office. Check in with your policymaker when she or he is at home to reinforce the relationship, and follow up on your issues of priority.*

Other Tips

When visiting Capitol Hill or a federal building in which your Member of Congress maintains an office, you could encounter long lines to get through security (bags and all contents from your pockets must be put through the X-ray machines and you must step through a metal detector). Be sure to allow yourself plenty of time to get through security.

If your initial meeting is in Washington, DC, be sure to schedule a similar meeting with the staff in the district or state office and check in with your policymaker when s/he is at home visiting to reinforce the relationship and follow up on your issues of priority.

The Congressional schedule is very fluid and Members and staffers often are pulled away for various events and activities that are not known in advance (e.g. last minute press conference, meeting with the Chairman of a committee the Member sits on, etc.) and, as such, your meeting could be delayed or bumped (the Member may not be available and you instead may meet with staff). Also, space on Capitol Hill is at a premium so your meeting could occur in the reception area in the office, in the hallway, or downstairs in the coffee shop. Do not take any last minute meeting changes personally and make sure you always are gracious and flexible.

Chapter 13

Being an Effective Advocate at a Congressional Town Hall Meeting

One of the most effective – and underutilized – ways to communicate directly with Members of Congress is to attend their town hall meetings. Almost every Member holds these events during “District Work Periods” (the time when they are at-home) to elicit input and learn the priorities and concerns of their constituents.

A *Town Hall Meeting* is a concept that originated in New England when everyone in the town showed up to speak their opinion and then vote on a particular issue. Today, with large heterogeneous communities, town hall meetings are held so people can influence elected officials in their decision making. Town hall meetings hosted by Members of Congress can be held in a variety of locations such as a community center, a veterans’ hospital, a local college, or a church or synagogue.

Because Members pay particular attention to attendees at these meetings, participating allows you to bring forward ARN’s concerns in a public forum and amplify your voice with Members of Congress. Legislative and political professionals in Washington anxiously await reports from advocates who attend these meetings. In fact, one of the best results from a series of the town hall meetings is for Members of Congress to return to Washington telling their staff, “those rehabilitation nurses” were everywhere.

Members of Congress take to heart what they hear directly from constituents who make the effort to show up at a town hall meeting. Attendance shows both commitment and organizational ability. From the other side of the podium, Members see attendees first and foremost as concerned voters. In addition, members of the media often attend these meetings providing another opportunity to spread the message. The most successful grassroots organizations, like AARP, effectively utilize town hall meetings.

Many of the tips for attending a town hall meeting are similar to tips for successful Congressional Meetings (see Chapter 12). While many of the protocols are similar, the format is quite different. Some town hall meetings might be focused on a specific issue (e.g. Social Security, Medicare prescription drugs, etc.); however, most meetings tend to be more free-form and offer an opportunity for general comments/questions at the end.

American citizens have the right to petition government for redress of grievances and town hall meetings are a terrific forum to call upon elected officials to take action on the issues we care most about. The more often you attend and ask a question or praise a Member for doing something you support, the stronger and more meaningful your relationship will be with the Member and their staff.

Top Ten Tips for Congressional Town Hall Meetings

While some of the steps outlined below may seem quite obvious, when combined, they will guarantee your attendance at a congressional town hall meeting will have long-term benefits and be fun and effective!

1. **Sign-up for the alert list for your Members' meetings.** Most Members will announce their schedule via mailings or e-mails to the district and often through the media. However, offices will directly contact constituents who have expressed an interest in knowing the information. In fact, many offices only will provide the actual information on meeting times and locations directly to constituents. For example, Representative Elijah Cummings (D-MD) offers constituents the opportunity to subscribe to his constituent newsletter (which lists local events and appearances). *Remember: if you provide an e-mail or mailing address, be sure to use your home/personal information, and not that of your employer.*
2. **Learn the Established Procedures.** Upon arriving at the town hall meeting, check to see whether there is an established procedure for the meeting. For example, most offices will provide a place for constituents to sign in. Often there is a separate sign up sheet for individuals who would like to ask questions. *Remember: check with the staff when you arrive about the proper procedure, and be sure to comply.*
3. **Be prepared in advance with your specific question.** Bring supporting materials that you can provide to the staffer, who will be traveling with/accompanying the Member. Also, be sure to avoid long, drawn out questions, and do not use jargon or acronyms that people may not know – you do not want to annoy or alienate the Member, staff, audience, or media. *Remember: visit the ARN Legislative Action Center in advance to download any materials or background you may need.*
4. **Clearly identify yourself and your affiliation with ARN.** Let them know whom you are representing. Unlike meetings on Capitol Hill where the Member and staff know with whom they are meeting, anyone can show up at a town hall meeting. Consider your introduction to be an integral part of your question.
5. **Be polite and professional.** It goes without saying, but be polite and professional. Keep in mind that the media is probably attending, as well as other potential allies in your efforts. *Remember: even if the Member does not agree with you or evades your question and it is frustrating, you are most effective by being polite, calm, and persistent.*
6. **Ask for a response to your question.** If she/he cannot give you a response, let the Member know you will be arranging another opportunity for further discussion and that you look forward to a response at that time. The point is not to embarrass the Member, but to engage him/her and seem reasonable. *Remember: you can always follow-up from your question at the town hall meeting with a formal letter. You should reference your attendance at the meeting, giving the date and location, and ask for follow-up from your inquiry.*
7. **Use your judgment.** The dynamics of town hall meetings can be shaped by factors beyond your control. If the audience is riled up over an issue unrelated to the concerns of ARN, and Materials and information for the ARN Health Policy Tool Kit kindly provided by the Oncology Nursing Society and is available online at www.rehabnurse.org. (Updated February 2010)

you get the feeling that participating would be counter-productive, it might be best to stay silent or take a pass when given the opportunity to ask a question. *Remember: you will have future opportunities to attend another town hall meeting and/or visit with the Member in a different setting. You can always follow-up with your question via a formal letter.*

8. **Introduce Yourself to the Member.** Depending on the setting and the number of people attending, make an effort to say hello and introduce yourself to the Member and the staffer before or after the meeting. Be sure to give them any materials you brought along with your personal/home contact information. *Remember: ask for the staffer's name and request a business card, so you know with whom you should follow-up.*
9. **Report back to ARN on the results of the meeting.** Identify any outstanding issues and information that the Member needs. Your report-back allows ARN to echo/follow-up on the message you delivered "at-home" to your Member in Washington and capitalize on your good work at the town hall meeting. *Remember: ARN needs to hear from you about what you are doing back at home to ensure that we have a coordinated "book-end" approach to our advocacy program.*
10. **Follow-up.** Send (by fax or e-mail, whichever is the office/staffers' preferred mode of communication) a letter to the Member and staff person. Remind them that you were at the town hall meeting, giving the date and location, and reiterate the issue you discussed. Even if you did not get to ask a specific question publicly, send a follow-up letter about your presence at the meeting. If there was anything that the Member or staff requested, be sure to provide that in your follow-up correspondence.

Chapter 14

Top Ten Tips for Media Advocacy

Just as all politics is local, all politicians read their local papers and pay attention to their local news. Congressional staffers in each Member's office are dedicated to monitoring local media coverage of their bosses, issues of interest and priority to constituents, and other related items. Anytime the Member's name appears in print or on broadcast media, s/he knows about it. When you are the person who has mentioned their name or is responsible for getting their name in print, you have usually elevated your standing with that Member and his or her office.

Likewise, when your name appears in print, it gives you additional third-party credibility. Every media mention of you or ARN should be sent by e-mail or fax (whichever is the staffer's preferred mode of communication) to the Congressional staffer with whom you work in each Congressional office with whom you are responsible for maintaining a relationship. Staffers maintain files on all major issues and when the time comes to reach out or seek consultation from a constituent expert, you want to be the person who has made both the personal contacts and done the media outreach.

In addition to utilizing the media for positive and proactive reasons, there may be times during your advocacy efforts when you have exhausted most of the traditional means of communicating with elected officials directly. Appropriate use of media tools can provide another vehicle for getting your point across, delivering a clear message, and holding your elected officials accountable.

Important note: Enormous attention is paid by Members and their staff to the local media outlets back home such as the town newspaper. As a health policy advocate, this is where you should focus your media advocacy efforts instead of large national papers.

Most of us are media consumers. To utilize the media for health policy purposes, you need to change your perspective from a consumer to an influencer and a participant in the media. Dealing with the media can be daunting. There are many types of media with different rules and protocols for engaging them. The following tips focus on methods to reach the media to bolster your ability to influence elected officials.

1. **View the media as an opportunity.** All newspapers, radio stations, television stations, and online news services need content. There will be times that you can provide relevant, important information to the media that will benefit ARN. Local media are always on the lookout for local stories. You can be a resource for them.
2. **Look Beyond the Headlines.** You do not need front page articles or a segment on the local news to have an impact. Letters to the Editor are read by Members of Congress and their staff. Be sure not to overlook this important opportunity. Letters must be concise and specific and should include a local angle (e.g. include local/state statistics on the nursing shortage or state specific rehabilitation incidence and mortality data). Each local paper has different rules for submission of Letters to the Editor – typically these guidelines can be

found in the front section of the newspaper on the editorial page or on the online version of the newspaper. Also, some papers have different letters sections in print and online. For most publications, timeliness is a key factor. Time your letter to make it relevant to a recent article or current event if possible.

3. **Use Your Issues as a News Angle.** Legislative activity often will not engender media coverage, but it provides an excellent opportunity to inject your perspective in a letter to the Editor. Some examples include, the introduction of legislation at the federal or state level, when the legislative body considers or takes action on relevant legislation, thanking or asking for co-sponsors or when an elected official has spoken out on an issue of concern. These activities will not necessarily show up in the news, but make great subjects for Letters to the Editor. Members appreciate and enjoy being thanked publicly for taking action that pleases their constituents. The corollary also is true – when a member is publicly “called out” for lack of support or a position contrary to a vocal constituent, it often elicits a response and attention from the office that the constituent might not have been otherwise able to generate through traditional advocacy tactics. Again, timeliness is a key factor.
4. **In any interaction with the media, remember, you are the expert.** You have the facts and the expertise about rehabilitation nursing and know what it takes to provide quality rehabilitation care. Tell your story in a clear, concise, and honest way – just the way you speak with your patients and their family members. Be respectful of their profession as well. Be aware of their deadlines. Understand that you may need to educate members of the media about basic facts, too. Be patient.
5. **When initiating contact with the media, determine the appropriate spokesperson.** Sometimes you will be the appropriate spokesperson but other issues may need to be referred to another professional. Sometimes, it will help to have the national perspective and you may wish to reach out to ARN’s headquarters or the ARN’s Health Policy Associates.
6. **Be professional, concise and prepared.** Many of the same standards you use for contacting legislators also apply to the media. In any interaction with the media, the most important rule is to tell the truth and provide facts. It is okay to say “I don’t know, but I will find out.” Then, be sure to follow-up in a timely fashion.
7. **Monitor your Member’s media appearances and respond appropriately.** If s/he is doing a call in show or an online interview, call or send questions. If you like something you heard during an interview, voicing your pleasure in a letter to the Editor is a perfect way to follow-up and express support.
8. **Create media opportunities,** like press conferences, when appropriate. Take advantage of situations (such as a Member’s Town Hall Meeting) where the media is present to introduce yourself. Consider whether events you are organizing or attending (e.g. ARN Chapter Annual Meeting, Town Hall Meeting) warrant media coverage.*

* For more information about how to utilize Town Hall Meetings, see Chapter 13 in this tool kit. Materials and information for the ARN Health Policy Tool Kit kindly provided by the Oncology Nursing Society and is available online at www.rehabnurse.org. (Updated February 2010)

9. **Create a local media directory.** Get to know the reporters who cover ARN-related issues (health care beat, political). Make yourself a source for them.
10. **Use Professional Materials.** Contact the ARN Communications Department at the national office for talking points, messaging and other questions about interacting with the media.

ARN National Office

4700 West Lake Avenue, Glenview, IL 60025-1485

800/229-7530

847/375-4710

Fax: 847/375/6435

info@rehabnurse.org

Chapter 15

Congressional Offices: The Real Deal and Who's Who

Because legislators spend a great deal of time out of the office, their staff may well be considered the invisible force in U.S. lawmaking. In fact, most people do not realize that most of the work on Capitol Hill is done by 20 - and 30 - year - olds who are bright, hard-working, and devoting their time and energy to the public policy process. They advance the interests and priorities of the Members of Congress for whom they work and the states and districts they represent.

All Members of Congress have staff to assist them during their term in office. The legislator's staff, often referred to as "personal staff" (as opposed to "committee staff," as discussed below), includes both the district (at home) and non-district (Washington, DC) offices. The personal staff handles constituent needs and drafts legislation, works with the media, coordinates scheduling, and meets with advocates, constituents, and lobbyists. There is quite a bit of turnover in Congressional offices among the staff, especially at lower levels, which contributes to the challenge of staffers maintaining expertise in a particular issue area and advocates developing and sustaining relationships with staff. To be most effective in communicating with Congress, knowing the titles and principal functions of key staff is helpful.

Administrative Assistant (AA) or Chief of Staff (CoS): The AA/CoS reports directly to the Member of Congress. She or he usually has the overall responsibility of evaluating the political outcome of various legislative proposals and constituent requests. The AA/CoS usually is the person in charge of overall office operations, including the assignment of work and the hiring and supervision of staff.

Legislative Director (LD): The LD usually is the staff person who monitors the legislative schedule and makes recommendations regarding the pros and cons of particular issues and proposals. The LD works with the Member of Congress and the CoS to determine legislative priorities, oversee the development of legislative proposals, and direct the work of legislative staff.

Legislative Assistant (LA): Most Congressional offices have multiple LAs who are responsible for a portfolio of issues. For example, depending on the responsibilities and interests of the Member, an office may have a different LA for health issues, environmental matters, homeland security, or taxes. **The majority of your interactions with most Congressional offices will be with LAs. It is important to note that the average Health LA is a woman in her mid-to-late twenties with a bachelor's degree in Political Science and little, if any, formal knowledge or education about healthcare concerns.**

Legislative Correspondent (LC): More common in the Senate than in the House as a result of the volume of mail received in Senate offices, LCs work closely with a particular LA focused on a portfolio of issues. LCs principally are responsible for sorting, reviewing, and responding to constituent correspondence and monitoring and reporting on the issues of importance to constituents. LCs also do research and some writing for the LAs (e.g., background issue memos,

talking points for the Member of Congress) with whom they work and also conduct meetings with constituents, usually when the LA is unavailable.

Press Secretary or Communications Director: The Press Secretary's responsibility is to build and maintain open and effective lines of communication between the Member, the constituents, the media, and the general public. The Press Secretary serves as the Member's spokesperson and works to promote the Member's profile, inform the public of the Member's views on specific issues, and help advance the Member's legislative agenda.

Scheduler, Appointment Secretary, or Personal Secretary: A Scheduler, with counsel from the CoS, maintains the primary responsibility for allocating a Member's time among the many demands that arise from Congressional responsibilities, staff requirements, and constituent requests. Schedulers also are responsible for making travel arrangements and arranging speaking dates and visits to the district. Some Members have one scheduler in DC who maintains their entire schedule, whereas others have one scheduler in DC and one "at home" in the district or state who keeps the calendar for all local events.

State or District Director: State or District Directors are the highest-ranking staffers in the Member's state or district. In essence, this person serves as a CoS for all the activities and staffers in the local office(s). District Directors work closely with the CoS in DC to ensure coordination of activities, priorities, and awareness of what is going on locally of relevance to the Member.

Caseworker: Caseworkers are the staff members in a district office assigned to help with constituent requests. Caseworkers' responsibilities may include helping resolve problems constituents present in relation to federal agencies (e.g., Social Security and Medicare issues, veteran's benefits, immigration concerns, passports). A Congressional office may have several caseworkers. **Caseworkers are terrific resources for rehabilitation nurses. These staffers are well versed in the challenges of Medicare reimbursement, private insurance, veteran's benefits, and related issues. If you are experiencing a problem of your own or on behalf of a patient with which you are having difficulty attaining resolution, do not hesitate to enlist the help of a caseworker in your Representative's or Senator's office. Oftentimes, just one phone call made or letter or sent on behalf of the Member of Congress, can get a complex matter resolved quickly and painlessly.**

In addition to staff who work in individual members' offices, Congressional committees and subcommittees all have their own staff. The committee and subcommittee staffs are broken down into majority staffers and minority staffers, with the ratio usually reflecting the ratio of the committee and subcommittee membership. These staffers typically have expertise in the issues for which the committee or subcommittee has jurisdiction and often have law or other advanced degrees. These staff members draft legislation, investigate issues of importance to the committee chairman and ranking member, organize hearings and mark-ups, and develop policy. Committee and subcommittee staffers are principal players in the development of legislation. Much less turnover occurs among committee and subcommittee staff, and these staffs have a greater depth of expertise than personal staff. Therefore, establishing and

maintaining relationships with key committee staffers is a worthwhile investment of time and energy.

Chairpeople and Ranking Members typically have staff in their personal offices as well as on the committees and subcommittees on which they sit. For example, Senate Health, Education, Labor and Pensions Chairman Tom Harkin (D-Iowa) has a significant set of staffers who work for the committee as well as personal staffers who also may work on healthcare matters. When contacting Congressional offices of Members who are part of committee leadership, finding out whether the staffer responsible for your issue of concern is a member of personal or committee staff is important.

For your members' Washington, DC, and local office information, visit www.house.gov or www.senate.gov.

Chapter 16

How to Work With Congressional Staff

When working with Congressional staffers, please keep the following points in mind:

- (1) **Remember who they are.** Staff members will be key figures in developing policy that can have an impact on you and others in your state and district.
- (2) **Do not overestimate what they know.** Staff members often require outside expertise. Yet, it is important not to be condescending or use jargon. It is smart to ask staff how familiar they are with a particular subject so you can tailor your remarks to their knowledge level.
- (3) **Do not underestimate their influence.** Legislators trust them, depend on them, and act on their suggestions. These 25-year-old staffers have direct access to Members of Congress and will make recommendations and help direct their positions and actions. Junior staffers often are promoted to more senior positions, so it is important to treat all staffers with respect.
- (4) **Be honest.** Provide accurate, complete information to maintain your credibility. Be reliable; do not over-promise or under-deliver. If you do not know an answer, that is fine, but be sure to indicate that you will follow up. Always follow-up if you have promised additional information.
- (5) **Provide summarized, useful information.** Information should be concise, brief, focused, and have references, as appropriate. More information always can be requested/provided.
- (6) **Visit them before asking for a favor.** If possible, introduce yourself and get acquainted before you request something from a staffer or Member.
- (7) **Do not attack ideas.** Oftentimes staffers reach out to stakeholders for input on a draft proposal. This is an honor and should be handled as such. Even if you disagree, be respectful in your constructive criticism and be prepared to offer an alternative idea or proposal. Express your appreciation for their interest in the issue and thank them for asking for your viewpoint.
- (8) **Follow Up.** Be a tenacious advocate. Congressional staff are overworked and could easily forget your issue unless you follow up. Be persistent and polite – it will pay off.
- (9) **Be a Resource and Stay Connected.** Maintaining regular contact is important; be a local resource on whom the staffer can rely. You should make sure that the staffers for your Members receive newsletters, updates, or articles you think may be of interest and assistance to keep them up to speed on key issues in your

community. Be sure not to inundate or overwhelm them, though, as they receive a lot of information and are very busy.

- (10) **Express thanks to the Member of Congress and staff.** Sometimes, we forget to thank Members of Congress and their staff. Express your appreciation whenever appropriate.

Getting to know staff members can be very beneficial; they have access to the power structure and have the capacity to influence the decision-making process. Even if you cannot travel to Washington, DC, you can develop relationships with the local district staff and get to know the DC staff via phone and e-mail. DC staffers often make special trips to the district or state to meet with constituents, so be sure to check occasionally with the Health LAs to see when they might be visiting your area –let them know you would like a few minutes to see them on their next visit.

Conclusion

Advocacy and health policy are integral parts of ARN's mission and have an important impact on what rehabilitation nurses do every day. Unless rehabilitation nurses communicate with policymakers about key issues of concern, legislative and regulatory proposals will be crafted and enacted without the benefit of rehabilitation nurses' expertise and perspective. Rehabilitation nurses are a powerful and well-respected constituency, and their active involvement in health policy advocacy helps policymakers take action on key issues, including the nursing shortage and funding for rehabilitation research and education. Policymakers and their staff expect, welcome, and appreciate input from constituents.

ARN recognizes that engaging rehabilitation nurses in health policy advocacy is essential to ensuring that our views and priorities are received and addressed by policymakers.

Rehabilitation nurses can and should become involved in health policy advocacy. Using ARN's resources, such as this Health Policy Tool Kit, rehabilitation nurses have the tools necessary to be effective health policy advocates at the national, state, and local level. We thank you for taking the time to review and use this tool kit and encourage you to involve your colleagues and others in the nursing and rehabilitation care communities in your efforts. To support your efforts, please use all the resources on the ARN's website at : www.rehabnurse.org

We wish you the best of luck in your advocacy endeavors, and most of all, we encourage you to have fun!

Contact Information

For more information on how you can become involved in health policy advocacy, please contact:

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GLOSSARY & TERMS

A

Advocacy	Advocacy is defined as the support or defense of a cause and the act of pleading on behalf of another person.
Amendment	A proposal to change or an actual change to a piece of legislation.
Appropriations Bill	Provides the legal authority needed to spend or obligate U.S. Treasury funds. There are up to 12 annual appropriations bills, which together fund the entire federal government, and must all be enacted prior to the start of a new fiscal year, designated as October 1. Failure to meet this deadline results in the need for temporary short-term funding measure (known as a "continuing resolution") or there will be a shut-down of governmental agencies and offices.
At-Large Representative	Representatives from states with a population size qualifying for one or less House seat (e.g., Wyoming).
Authorization Bill	Provides the authority for a program or agency to exist and determines its policy. It also can recommend spending levels to carry out the defined policy, but these levels are not binding. Authorizations may be annual, multi-year, or permanent. Expiring programs require re-authorizations. House and Senate rules require that authorization be in place before final funding decisions are made.

B

The Beltway	An interstate highway encircling Washington, DC and passing through Maryland and Virginia suburbs. "Inside The Beltway" asserts that an issue only is of interest or relevant to Washington, DC residents and workers.
Bill	A legislative proposal that becomes law if it passes both the House and Senate in identical fashion and receives Presidential approval. Bills are introduced as "HR" in the House, and "S" in the Senate with consecutive numbering in each respective chamber. Besides bills, joint resolutions are the only other type of legislation which become law [HJRes. or SJ Res.].
Budget Resolution	The annual decision made by Congress to set spending and revenue levels, providing a voluntary framework

within which Congress agrees to limit subsequent funding bills. It may also instruct committees to change current law in order to save money.

C

Capitol Hill	The area encompassing the U.S. Capitol, and the House and Senate office buildings.
Casework	Intermediary work performed by Members of Congress for constituents who may have problems, or "cases," with the federal government (e.g., Medicare, Social Security).
Caucus	An informal group of members sharing an interest in the same policy issues. (e.g. the House Rehabilitation Caucus)
Chairman	The Presiding Officer of a committee and/or a subcommittee - a member of the majority party in the chamber.
Cloture	The formal procedure used to end a filibuster. It can take up to three days and requires 60 votes. If cloture wins, 30 additional hours of debate are allowed prior to voting, but they are rarely used. If cloture fails, debate would continue without limits. Instead, the bill is usually set aside.
Colloquy	A pre-scripted floor dialogue between the chairman of a committee and another Member of Congress.
Committee of the Whole	The entire House meeting in the form of a committee.
Committee Report	A formal report prepared by a House or Senate Committee to explain the content of a bill being reported. Committee Reports are optional in the Senate, but mandatory in the House. They contain views of Committee members, a cost impact analysis, and compare the bill to current law.
Companion Bill	A companion bill is similar or may be identical to one introduced in the other house of Congress.
Concurrent Resolution	Used to take action or express opinion on behalf of both the House and Senate, it does not make or become law. It fixes Congressional adjournment dates and sets the annual Congressional budget.
Conferee	A Member of Congress named to represent his/her chamber in negotiations with the other house. Formally known as "managers," the conferees meet in conference

committee to negotiate a compromise between the House and Senate versions of a bill.

Conference	A formal meeting, or series of meetings, between House and Senate Members to reconcile differences between House and Senate passed measures. A Conference is held by a Conference Committee consisting of both Democrats and Republicans (referred to as “conferees” or “managers”) who sit on the committees with jurisdiction over the legislation that needs to be reconciled into a single uniform measure.
Conference Committee	A temporary panel of House and Senate negotiators. A conference committee is created to resolve differences between versions of similar House and Senate bills.
Conference Report	Refers to the final compromise version of a bill proposed by House and Senate conferees. It also contains the "statement of managers," a section-by-section explanation of the final agreement.
Congressional Budget Office (CBO)	The agency that, at the request of Congress, conducts non-partisan economic analysis and research and evaluates proposed bills and amendments, assessing their potential cost.
Congressional District	A geographical area within a state from which a member of the House of Representatives is elected and s/he represents in Congress. There are 435 Congressional districts. Each district has approximately 600,000 people.
Congressional Record	A daily account of House and Senate floor debate, votes and members' remarks. It's available for free online at http://www.gpoaccess.gov/crecord/
Congressional Research Service (CRS)	The Congressional Research Service of the Library of Congress. CRS responds to requests for general information and issue analysis only from Members, Committees, or Congressional staff.
Consideration	The process by which the Senate or House explores the legislation including debate, amendment, and voting.
Cosponsor	A member who formally adds his/her name as a supporter to another member's bill. An “original” or “initial” cosponsor is one who was listed at the time of the bill's introduction, not added on later.
Constituent Service	The assistance given constituents by Members of Congress in non-legislative areas. Most requests are for help in obtaining action from federal agencies on individual problems and cases (e.g., Medicare, Social

Security). Other services include obtaining government agency tours, commendation letters information and publications, flags flown over the capitol, and military academy appointments.

Constituents

The people who live in the Member's Congressional district or state.

Continuing Resolution

A short-term or long-term funding bill that funds the federal government after September 30 until a permanent appropriations measure is passed.

D**Dear Colleague**

A letter sent by one or more members to all fellow members. "Dear Colleague" letters can describe a new bill and ask for cosponsors, may ask for a member's vote for or against a particular issue, or request fellow Members' support for another priority such as increasing funding for a specific rehabilitation program. Appropriations "Dear Colleague" letters usually request Members to show support by signing onto to a joint letter to Appropriations Committee leaders asking for a particular funding amount for a specific program of interest.

Delegate

A member of the House from Samoa, Guam, Puerto Rico, Virgin Islands, or Washington, D.C. The Constitution prohibits delegates from voting on the House floor, but permits them to vote in Committee.

Demonstration Project

A project funded by the federal government in order to test new technology or policies.

Discharge Petition

A petition that starts a process to force a bill out of committee. A successful petition requires the signatures of 218 members, which is a majority of the House.

Discretionary Spending

Refers to spending set by the annual appropriation levels and decided by Congress. This spending is optional, and in contrast to entitlement programs (e.g. Medicare and Medicaid) for which funding is mandatory. Funding for the National Institutes of Health and the Centers for Disease Control and Prevention is considered discretionary spending and annual funding is determined in each appropriations cycle.

District Work Period	The time set for Members to work at-home away from Washington, D.C. during which the House is not in session.
E	
Earmarks	Specific provisions detailing - or setting aside - funding for a specific program or purpose. Expenditures are earmarked in appropriations bills or the accompanying reports.
Entitlement Spending	Funds for programs like Medicare, Medicaid, Social Security, and veterans' benefits. Funding levels are automatically set by the number of eligible recipients, not at the discretion of Congress.
Executive Order	A Presidential directive with the force of law that does not need Congressional approval.
F	
Filibuster	The term used for an extended debate in the Senate which has the effect of preventing a vote. Senate rules contain no motion to force a vote. A vote occurs only once debate ends.
Fiscal Year	The federal government's budget year begins on October 1st and ends on September 30th. For example, fiscal year 2006 began on October 1st, 2005 and ended on September 30th, 2006.
Free-Standing Bill	Refers to a coherent bill, dealing with a single issue.
G	
GAO	The Government Accountability Office, which audits federal agencies and programs for Congress.
Germane	The technical term for "relevant." Amendments are said to be germane or non-germane to a bill.
GOP	Stands for "Grand Old Party," used to refer to the Republican party.
GPO	The Government Printing Office, which prints laws, bills, committee reports, etc. GPO sells these documents to the public and distributes an allotted number of them free to members.

H**Hearing**

A formal meeting of a committee or subcommittee to review legislation or explore a topic. Hearings also may be called to investigate a matter or conduct oversight of existing programs. Witnesses are called to deliver testimony and answer questions in all three types of hearings.

J**Joint Resolutions**

Measures used to appropriate funding, pose constitutional amendments, or fix technical errors. Joint resolutions become public law if adopted by both the House and Senate and, where relevant, approved by the president. In terms of Constitutional amendments, they must be approved by three-fourths of the states.

L**Lame Ducks**

Members who will not return in the next Congress but who are finishing out their current term.

Lame Duck Session

The period of time, but before Congress adjourns, that Congress meets after an election, in which Members of Congress who have not been re-elected still cast votes

Lay on the Table

To lay a bill, resolution, amendment, appeal, or motion on the table is to dispose of it permanently and adversely. Under congressional rules of procedure, tabling kills the underlying matter.

Legislative Day

Any day on which the House or Senate meets. It runs until the next recess or adjournment.

M**Majority Leader**

The Majority Leader is elected by his/her party members in the House or Senate to lead them, to promote passage of the party's issue priorities, and to coordinate legislative efforts with the Minority Leader, the other chamber, and the White House.

Manager's Amendment

A package of numerous individual amendments agreed to by both sides in advance.

Mandatory Spending

Such required funding that accounts for two-thirds of the federal budget. These funds are not controlled by annual decision of Congress but are automatically

obliged by virtue of previously-enacted laws. For example, as Medicare, Medicaid, food stamps, and social security are entitlement programs, funding for them all falls under mandatory spending.

Mark-up

Refers to the meeting of a Committee held to review the text of a bill before reporting it out to the full chamber for consideration. Committee members offer and vote on proposed changes (amendments) to the bill's language. Most mark-ups end with a vote to send the revised version of the bill forward to the floor (full Chamber) for final consideration and approval.

Minority Leader

The Minority Leader is elected by his/her party members in the House or Senate to lead them, to promote passage of the party's issue priorities, and to coordinate legislative efforts with the Majority Leader, the other chamber, and the White House.

Motion to Instruct Conferees

A motion to instruct conferees, if adopted, asks House or Senate conferees to take a certain negotiating position.

Motion to Proceed

A motion to proceed seeks to bring a bill to the Senate floor for debate and amendment.

Motion to Recommit

A motion to recommit returns a bill to committee, in effect killing it. However, a motion to recommit with instructions is a last opportunity to amend the bill.

Motion to Reconsider

A motion to reconsider, if adopted within two days of a vote in the House [or three days in the Senate], requires the original vote be held again.

Motion to Strike

A motion to strike is a type of amendment which seeks to delete language from a bill.

Motion to Table

A motion to table, if adopted, permanently kills the pending matter. It also ends any further debate.

Motion to Waive the Budget Act

If adopted, this motion temporarily sets aside a specific provision of the Congressional Budget Act. Without a waiver, the provision would cause the pending amendment to fall on a point of order (defined below). With a waiver, the amendment may be considered even though it violates the Congressional Budget Act. A minimum of 60 votes are required for adoption.

O**Off-Budget**

Describes programs not counted toward budget limits due to provisions in current law. For example, Social Security trust funds and the United States Postal Service are off-budget programs.

OMB

The Office of Management and Budget is the federal agency that prepares the President's budget submission to Congress and develops associated economic forecasts.

Omnibus Bill

A large measure that packages together several bills into one or combines diverse subjects into a single bill. Examples are reconciliation bills and combined appropriations bills.

Override

The vote taken to pass a bill again, after it has been vetoed by the President. It takes a two-thirds vote in each chamber, or 290 in the House and 67 in the Senate, if all are present and voting. If the veto is overridden in both chambers, the bill becomes law despite the objection of the President.

Outlays

The actual payments made out of the federal treasury to fulfill obligations incurred earlier.

Oversight

The term used for Congressional review of federal agencies, government programs and performance.

P**Paygo**

The pay-as-you-go rule compels new spending or tax changes to not add to the federal deficit.

Pocket Veto

A veto when the President fails to sign a bill within the 10 days allowed by the Constitution. Congress must be in adjournment in order for a pocket veto to take effect.

Point of Order

A point of order is made during floor proceedings to assert that the rules of procedure are being violated. A point of order halts proceedings while the presiding officer rules on whether or not it is valid. In the Senate, the chair's ruling may be appealed by any Senator. The Senate votes on the appeal and the chair has been frequently overturned. In the House tradition, appeals are also possible, but rarely entered and almost never succeed.

Pork Barrel Legislation

When used to describe a bill, it implies the legislation is loaded with special projects (earmarks) for Members of Congress to distribute to their constituents back home.

The term intones that the project funding is act of largesse, courtesy of the federal taxpayer.

Power of the Purse

Refers to the constitutional power given Congress to raise and spend money.

President's Budget

The document sent to Congress each year by the Administration, usually the first week of February. It estimates the receipts and spending, and recommends appropriation levels and Administrative priorities for the upcoming fiscal year.

Pro Forma Session

A daily meeting of the House or Senate during which no votes are held and no legislative business is conducted.

Q

Question of Final Passage

Occurs when the chair puts the question to the chamber for a final vote in favor or opposition to the measure under consideration.

Quorum - House

The number of House (218) members who must be present before business may be conducted.

Quorum - Senate

The number of Senators (51) who must be present before business may be conducted.

Quorum Call - House

A quorum call in the House seeks to bring a majority of members to the floor to record their presence.

Quorum Call - Senate

A quorum call in the Senate may have more than one purpose. It is most often used to delay proceedings.

R**Ranking Member**

The member of the minority party on a committee and/or subcommittee next in seniority after the chairman (highest ranking member of the minority party).

Ranking Minority Member

The member with the highest rank on a Committee on the minority side.

Recess

A temporary break in the session for a short period of time within the same day. Recess also refers to longer breaks over several days, such as holiday periods, which are approved by vote. Senators and Representatives usually travel home during recess to conduct business with local constituents.

Recorded Vote

A recorded vote is a specific type of vote held on the record. It links the name of each Member with his/her voting position.

Reconciliation Bill

Makes the changes in law required to meet pre-set spending and revenue levels. The bill comes forward when a prior budget resolution passed by the House and Senate calls for it. The budget committee packages the bills produced by all the other committees into one omnibus bill.

Refer

To send a bill just introduced to the appropriate committee for initial examination.

Regular Order

Regular order refers to the regular rules of procedure in the chamber. In the Senate, the term may also refer to the daily order of business.

Report

A written document by a Committee to accompany the legislation that they have voted out.

Reporting Out

The vote of a committee to send a bill to the full House or Senate for review.

Rider

An amendment attached to a bill, usually unrelated to the subject of the underlying bill.

Roll Call Vote

A vote held on the record. The name of the Member and his/her voting position are noted together.

S**Second Degree**

An amendment offered to change the text of another amendment – in other words, an amendment to an amendment.

Secretary of the Senate	A non-partisan employee who serves as the Chief Administrative Officer.
Sense of the House	Legislative language which offers the opinion of the House, but does not make law.
Sense of the Senate	Legislative language which offers the opinion of the Senate, but does not make law.
Sine Die Adjournment	The end of a Congressional session or an entire Congress.
Special Interest	Any group of people organized around a specific shared interest, e.g. rehabilitation nursing advocates, senior citizens, environmentalists, a specific industry such as oil or tobacco, an ethnic community, an individual corporation, or a professional trade association, like trial lawyers or insurance agents.
Sponsor	Member or Members who propose and support legislation.
Senior Senator/Junior Senator	Senior Senator/Junior Senator describes the seniority relationship between two senators from the same state, with the senior senator serving in the Senate longer than the junior senator.
Standing Committee	A Standing Committee of the House or Senate has permanent status, whereas a Select Committee is temporary.
State of the Union	The president's State of the Union Speech defines his view of national priorities and needed legislation. The Constitution requires that the president report to Congress on the State of the Union "from time to time."
Suspension of the Rules	A special procedure used in the House to speed up action by setting aside the regular rules. Bills brought up under this process are debated for 40 minutes, may not be amended and require a two-thirds vote for approval.
T	
Tie Vote	A tie vote means the question loses. In the Senate, a tie may be broken by vote of the Vice President of the United States.
Time Agreement	A voluntary pact among senators to limit debate time on a bill or on an amendment.

U

Unanimous Consent	Unanimous consent means that all members on the floor agree, or consent, to a pending request.
Unfunded Mandate	A requirement imposed by Congress on state or local governments without the provision of associated funding to pay for it.
Up or Down Vote	A direct vote on the substance of an amendment or bill, sometimes referred to as a "clean vote" or "straight up or down." Members simply vote "yea" or "nay" on it.
V	
Veto-Proof	Votes with a margin sufficient to override a Presidential veto, should it occur. Since a two-thirds vote is required to override, a veto-proof majority is 290 votes in the House and 67 votes in the Senate.
Voice Vote	During a voice vote members say "aye" aloud as a group, followed by the group saying "no." No names are recorded.
W	
Whip	A member elected by his/her party to count potential votes and promote party unity in voting. The House Majority Whip is the third ranking leadership position in his/her party and the House Minority Whip ranks second. The Senate Majority and Minority Whip are the second ranking leadership position in their respective party.
Y	
Yeas & Nays - House	A specific type of recorded vote. It requires a seconding of the Motion of one-fifth of those present to take place. The vote, if ordered, places members' positions on record. It is usually held by electronic device.
Yeas & Nays - Senate	The term for a roll-call vote. Members call out "yea" or "nay" when their name is called, or signal the clerk with a "thumbs" up or down.
Z	