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The Importance of Grassroots Advocacy

In the simplest terms, legislative advocacy is working with lawmakers and lawmaking bodies to gain support for causes or initiatives, for the needs of specific populations, for an organization, or for specific services.

Why should you get involved?

Advocating for your patients or to improve the support for care delivered in your emergency department is vitally important to the specialty. With so many voices in Washington, D.C., competing for the attention of lawmakers, your actions, in concert with the ACEP leadership and the ACEP Public Affairs Division, to educate Members of Congress about the nuances of emergency medicine can make the difference between victory and defeat!

Often, legislative action – creating or modifying a law – is the most effective way to bolster your cause or to make gains. Sometimes, legislative action is the only way to accomplish this goal.

When should you get involved?

Now! Start by joining ACEP’s 911 Legislative Grassroots Network on ACEP’s grassroots website: www.ACEPAdvoctacy.org. By doing so, you will receive regular updates from the Public Affairs staff detailing important legislative and regulatory actions. The 911 Network also the vehicle that allows us to mobilize our membership quickly when action is necessary on important legislation.

The times when advocacy efforts have proven particularly helpful include:

- When lawmakers are about to consider something critical. If someone has filed, or is about to file, a bill that's particularly favorable or unfavorable to emergency medicine, it's definitely time for action.
- When our issues are drawing attention. If news stories about overcrowded EDs are being published and are being widely read, it's a perfect time to add your voice as an "expert" to the discussion. It's important that lawmakers understand how their policies affect the availability of emergency care.
- When a vote on a crucial bill is approaching.
- When a bill that could hurt emergency medicine is being considered, it is a time for ACEP members to act quickly and decisively. Producing a flood of e-mails, phone calls and/or visits with lawmakers, all with the same message greatly improves our chances of accomplishing our objective to kill or modify the bill.
- When it's important to make legislators aware of your issues. Many areas that are now regularly discussed or funded by Congress were previously unmentioned – often unheard of until concerted efforts by advocates brought them to lawmakers' attention.
Where the Politics Are: ACEP Staff, Washington, D.C.

ACEP’s Public Affairs Division is located in Washington, D.C., and advocacy and public relations staff work for the organization and its members. The Public Affairs Division advocates for emergency physicians and their patients on a daily basis. Many members might be surprised to know how active this office is, doing full-time legislative, regulatory and advocacy activities throughout the various divisions of the federal government. Additionally, the office coordinates the public relations activities and media relations of the organization. The departments within this division include:

- Congressional Affairs (Legislation),
- Federal Affairs (Regulations),
- NEMPAC and Grassroots Advocacy,
- Public Relations, and
- Quality and Health Information Technology.

The general mission of the Washington office is to assist the Board of Directors, committees of the College, and membership in the development of an annual legislative and regulatory agenda (see Appendix I). After approval by ACEP leadership, the office works to advocate for that agenda. While each of the office’s functions may appear separate, they are in fact, strategically integrated to provide a visible and multi-faceted presence in our nation’s capital.

Federal Government Affairs

Recognizing the profound influence that government policies have on emergency medicine, ACEP devotes significant resources to government affairs activities in Washington. The Federal Government Affairs Committee and the Government Affairs staff (Director of Congressional Affairs and the Director of Federal Affairs) are dedicated to providing superior government representation for ACEP members.

The office represents members of the College on a broad range of issues before Congress, the White House and regulatory agencies. Past successes include establishment of the "prudent layperson" standard for coverage of emergency services as part of the "Balanced Budget Act of 1997,” "Patient Protection and Affordable Care Act of 2010" and the repeal of the sustainable growth rate (SGR) as part of the “Medicare Access & CHIP Reauthorization Act 2015.” The Affordable Care Act also deemed emergency services as an essential service that must be covered by every health insurance plan, expanded emergency medicine research and created grants to improve emergency and trauma care, in addition to other key wins.

Other issues on ACEP’s legislative and regulatory agenda include:
- Medicare reimbursement, such as the SGR, physician fee schedule and hospital outpatient payment;
- Medicaid expansion;
- Health Insurance Exchange implementation;
- Health care delivery system reform;
- Medical liability reform;
- Drug shortages, prescription drug addiction and synthetic drug problems;
- Violence and injury prevention;
- Funding for trauma systems and planning;
- Coordination of federal emergency care programs;
- Identification of federal funding sources for emergency medicine research;
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- Increased federal support for Graduate Medical Education;
- Improved access to emergency services in rural communities;
- Expanded services for mental health patients; and
- Improve the safety of our nation’s highways and emergency medical response.

The Government Affairs staff actively seeks opportunities to have ACEP members represent emergency medicine before the U.S. Congress and federal agencies by participating in congressional hearings, on federal advisory panels and in meetings with Members of Congress and federal regulators.

Emergency physicians will find the Government Affairs staff an excellent source of information on legislative and regulatory issues of importance to their practice. Members may call to learn more about ACEP positions on particular bills or regulations and how these policies may affect them. Information is available on a wide range of topics and you will receive a personal response to your inquiries. Members may also contact the office to learn more about their congressional representatives and their positions on issues of importance.

NEMPAC and Grassroots Advocacy
The ACEP Public Affairs Division directs the activities of the College’s political action committee, known as the National Emergency Medicine Political Action Committee (NEMPAC). Established in 1980, NEMPAC is currently one of the top five medical specialty PACs in the nation. In the 2014 elections, NEMPAC raised more than $2 million from ACEP members that was donated to pre-emergency medicine candidates for the U.S. Congress and national political committees. The NEMPAC Board of Trustees, comprised of 15 ACEP members, approves a candidate budget for each election cycle. Evaluation criteria are based on the candidate’s or Member of Congress’ support of ACEP’s legislative priorities. Other factors considered include the Member of Congress’ committee assignment, leadership position and competitiveness of his/her election campaign. The NEMPAC Board relies on the input of ACEP state chapter leadership, individual 911 Network members and NEMPAC supporters when evaluating candidates.

One of the priorities of ACEP’s political education efforts is to work with emergency physicians and the state chapters to build and enhance our political grassroots organization, known as the "911 Legislative Grassroots Network." ACEP established the 911 Network in 1998 to encourage emergency physicians to cultivate long-term relationships with federal legislators, convey ACEP’s legislative and regulatory priorities in an effective manner, and affect the final outcomes of federal legislation important to the specialty of emergency medicine. Today, more than 2,000 ACEP and EMRA members participate in the 911 Legislative Network to act as resources and health care issue experts for federal legislators in order to maximize the voice of emergency medicine in the federal legislative process. All 911 Network members receive regular legislative, regulatory and political updates via e-mail from the Washington, D.C., office.

911 Network Members also attend local meetings and fundraising events, host ED visits for legislators and recruit new advocates on behalf of ACEP. Most importantly, they respond to time-sensitive "Action Alerts" by contacting their legislators on important issues being considered by Congress. A full summary of NEMPAC actives is available on the NEMPAC website: [www.acep.org/NEMPAC](http://www.acep.org/NEMPAC).

Quality and Health Information Technology
In the years following enactment of the 1997 Balanced Budget Act, policymakers focused increasingly on ways to improve the delivery of quality care to patients in a cost-effective manner. The emphasis on outcomes and evidence-based clinical practice has intensified across the government, especially with the enactment of the Patient Protection and Affordable Care Act in 2010. In recognition of these initiatives that have been growing in interest and importance to policymakers, ACEP formed a Quality Improvement Committee and added staff in
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the Washington office to focus on quality and health information technology.

The Quality/HIT Director, working in conjunction with ACEP members, advances the development of quality and performance measures for emergency medicine. As part of this process, ACEP interacts with organizations recognized as leaders in the development and approval of consensus-based national standards. These standards are used for measurement and public reporting of health care performance data and to provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient.

Public Relations
The Washington office develops national public education programs and coordinates the external communications activities of ACEP. These activities include advocacy campaigns, media training for ACEP members and focus group research to develop ACEP’s key messages. The Public Relations staff use a variety of communication tools, such as press releases, audio news releases, as well as advertising, to support ACEP’s advocacy and regulatory agendas. They track and analyze daily news coverage of emergency care issues, seeking opportunities to promote ACEP’s messages through print media, radio, TV and the Internet.

Additionally, the Public Relations staff develops public education materials and manages ACEP’s health and safety website, www.EmergencyCareforYou.org, for public audiences. They promote ACEP’s official journal, Annals of Emergency Medicine, and maintain an official "Spokesperson’s Network" of more than 500 media-trained emergency physicians appointed by ACEP’s President to speak on behalf of ACEP.

ACEP Public Affairs Division
2121 K Street, NW
Suite 325
Washington, D.C. 20037
(202) 728-0610 or (800) 320-0610

Gordon Wheeler, Associate Executive Director ........................................... 3016
Lupe Gonzales, Senior Manager, D.C. Operations ........................................ 3011
Pamela Jay, Administrative Assistant ......................................................... 3001
Brad Gruehn, Congressional Affairs Director ............................................. 3015
Jill Openshaw, Congressional Affairs Manager .......................................... 3014
Jeannie Slade, Director, NEMPAC & Grassroots Advocacy .......................... 3013
Gabrielle Szlenkier, Congressional & Political Affairs Assistant ............... 3020
Barbara Tomar, Federal Affairs Director .................................................. 3017
Stacie Jones, Quality Measures & HIT Director ......................................... 3040
Victoria Purcell, Quality Project Manager ................................................. 3041
Alexis Amankwanor, Quality Measures & HIT Manager ......................... 3042
Heather Hussey, Data Registry Manager .................................................. 3036
Dainsworth Chambers, Quality & Federal Affairs Assistant ...................... 3012
Laura Gore, Public Relations Director ..................................................... 3008
Julie Lloyd, Public Relations Manager ...................................................... 3010
Michael Baldyga, Public Relations Manager ............................................. 3005
Elaine Salter, Public Relations Coordinator .............................................. 3007
ACEP Federal Government Affairs Committee

L. Anthony Cirillo, MD, FACEP (RI), Chairman
TBD – ACEP President elect
Bruce S. Auerbach, MD, FACEP (MA)
Andrew Bern, MD, FACEP (FL)
Ashley Booth-Norse, MD, FACEP (FL)
Beth Brunner, CAE Florida College of Emergency Physicians (FL)
Michael Carius, MD, FACEP (CT)
John Casey, DO, FACEP (MA)
Thomas Chambers, PA-C, MBA, SEMPAC (CA)
Justin Coomes, MD (TN)
Elizabeth Davlantes, MD, EMRA (GA)
Erick Eiting, MD (CA)
Stephen Epstein, MD, MPP, FACEP (MA)
William B. Felegi, DO, FACEP (NJ)
Wes Fields, MD, FACEP (CA)
Angela Gardner, MD, FACEP (TX)
Alison Haddock, MD (WA)
Carlton Heine, MD, PhD, FACEP (AK)
Sarah Hoper, MD, JD (TN)
Terry Kowalenko, MD, FACEP (MI)
David Lee, MD, FACEP (NY)
Ricardo Martinez, MD, FACEP (GA)
Mark Mitchell, DO, FACP (IL)
Kay Moody, DO, MPH (TN)
John Moorhead, MD, FACEP (OR)
Susan Nedza, MD, MBA, FACEP (IL)
Randy Pilgrim, MD, FACEP (LA)
Laura Pimentel, MD, FACEP (MD)
John Proctor, MD, MBA, FACEP (TN)
Alex Rosenau, DO, FACEP (PA)
Peter Sawchuk, MD, JD, MBA (AZ)
Nathaniel Schlicher, MD, JD, FACEP (WA)
Stephen Sherick, MD, FACEP (CO)
Robert Suter, DO, MHA, FACEP (TX)
Vivek Tayal, MD, FACEP (NC)
Bradley Uren, MD, FACEP (MI)
Gregory Volturo, MD, FACEP (MA)
David Wilcox, MD, FACEP (CT)
Karen Wiley, MSN, RN, CEN, ENA (NE)
Cheyenne Wiseman, MD (WI)
Stanley Wu, MD (TX)
Charlotte Yeh, MD, FACEP (MA)

Gordon Wheeler, Staff Liaison
Lupe Gonzales Jr., Staff Liaison
Congressional Political Divisions

<table>
<thead>
<tr>
<th>House</th>
<th>Senate</th>
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<tr>
<td>247 Republicans</td>
<td>44 Democrats</td>
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<tr>
<td>188 Democrats</td>
<td>54 Republicans</td>
</tr>
<tr>
<td>0 Independents</td>
<td>2 Independents</td>
</tr>
<tr>
<td>2 Vacancies</td>
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</table>

Congressional Leadership

House of Representatives

Speaker of the House ...................................................... John Boehner (R-OH)
Majority Leader ............................................................. Kevin McCarthy (R-CA)
Majority Whip ............................................................... Steve Scalise (R-LA)
Republican Policy Committee ............................................. Luke Messer (R-IN)
Republican Conference Chair ............................................. Cathy McMorris Rodgers (R-WA)

Minority Leader ............................................................. Nancy Pelosi (D-CA)
Minority Whip ............................................................... Steny Hoyer (D-MD)
Assistant Democratic Leader ............................................ Jim Clyburn (D-SC)
Democratic Caucus Chair ................................................. Xavier Becerra (D-CA)

Senate

President ................................................................. Vice President Joe Biden (D)
President Pro Tempore .................................................... Patrick Leahy (D-VT)

Majority Leader ............................................................. Mitch McConnell (R-KY)
Majority Whip ............................................................... John Cornyn (R-TX)
Republican Policy Committee Chair ................................... John Barrasso (R-WY)
Republican Conference Chair ............................................ John Thune (R-SD)

Minority Leader ............................................................. Harry Reid (D-NV)
Minority Whip ............................................................... Richard Durbin (D-IL)
Democratic Policy Committee Chair ................................. Charles Schumer (D-NY)
Democratic Conference Chair ............................................. Harry Reid (D-NV)
Key Congressional Committees

House of Representatives

Energy & Commerce Committee

Fred Upton (R-MI), Chairman
Joe Barton (R-TX)
Ed Whitfield (R-KY)
John Shimkus (R-IL)
Joe Pitts (R-PA)
Greg Walden (R-OR)
Tim Murphy (R-PA)
Mike Burgess (R-TX)
Marsha Blackburn (R-TN), Vice Chairman
Steve Scalise (R-LA)
Bob Latta (R-OH)
Cathy McMorris Rodgers (R-WA)
Gregg Harper (R-MS)
Leonard Lance (R-NJ)
Brett Guthrie (R-KY)
Pete Olson (R-TX)
David McKinley (R-WV)
Mike Pompeo (R-KS)
Adam Kinzinger (R-IL)
Morgan Griffith (R-VA)
Gus Bilirakis (R-FL)
Bill Johnson (R-OH)
Billy Long (R-MO)
Renee Ellmers (R-NC)
Larry Buschon (R-IN)
Bill Flores (R-TX)
Susan Broosk (R-IN)
Markwayne Mullin (R-OK)
Richard Hudson (R-NC)
Chris Collins (R-NY)
Kevin Cramer (R-ND)

Frank Pallone (D-NJ), Ranking Member
Bobby Rush (D-IL)
Anna Eshoo (D-CA)
Eliot Engel (D-NY)
Gene Green (D-TX)
Diana DeGette (D-CO)
Lois Capps (D-CA)
Mike Doyle (D-PA)
Jan Schakowsky (D-IL)
G.K. Butterfield (D-NC)
Doris Matsui (D-CA)
Kathy Castor (D-FL)
John Sarbanes (D-MD)
Jerry McNerney (D-CA)
Peter Welch (D-VT)
Ben Ray Lujan (D-NM)
Paul Tonko (D-NY)
John Yarmuth (D-KY)
Yvette Clark (D-NY)
David Loeb (D-IA)
Kurt Schrader (D-OR)
Joseph Kennedy III (D-MA)
Tony Cardenas (D-CA)

Ways & Means Committee

Paul Ryan (R-WI), Chairman
Kevin Brady (R-TX)
Sam Johnson (R-TX)
Devin Nunes (R-CA)
Pat Tiberi (R-OH)

Sander Levin (D-MI), Ranking Member
Charlie Rangel (D-NY)
Jim McDermott (D-WA)
John Lewis (D-GA)
Richard Neal (D-MA)
2015 ACEP Advocacy Handbook

Dave Reichert (R-WA)  Xavier Beccerra (D-CA)
Charles Boustany (R-LA)  Lloyd Doggett (D-TX)
Pete Roskam (R-IL)  Mike Thompson (D-CA)
Tom Price (R-GA)  John Larson (D-CT)
Vern Buchanan (R-FL)  Earl Blumenauer (D-OR)
Adrian Smith (R-NE)  Ron Kind (D-WI)
Lynn Jenkins (R-KS)  Bill Pascrell (D-NJ)
Erik Paulsen (R-MN)  Joe Crowley (D-NY)
Kenny Marchant (R-TX)  Danny Davis (D-IL)
Diane Black (R-TN)  Linda Sanchez (D-CA)
Tom Reed (R-NY)  
Todd Young (R-IN)  
Mike Kelly (R-PA)  
Jim Renacci (R-OH)  
Pat Meehan (R-PA)  
Kristi Noem (R-SD)  
George Holding (R-NC)  
Jason Smith (R-MO)  
Bob Dold (R-IL)  

Education & Workforce Committee

John Kline (R-MN), Chairman  Bobby Scott (D-VA)
Joe Wilson (R-SC)  Ruben Hinojosa (D-TX)
Virginia Foxx (R-NC)  Susan Davis (D-CA)
Duncan Hunter (R-CA)  Raul Grijalva (D-AZ)
Phil Roe (R-TN)  Joe Courtney (D-CT)
Glenn Thompson (R-PA)  Marcia Fudge (D-OH)
Tim Walberg (R-MI)  Jared Polis (D-CO)
Matt Salmon (R-AZ)  Gregorio Sablan (D-No. Mariana Islands)
Brett Guthrie (R-KY)  Frederica Wilson (D-FL)
Todd Rokita (R-IN)  Suzanne Bonamici (D-OR)
Lou Barletta (R-PA)  Mike Pocan (D-WI)
Joe Heck (R-NV)  Mark Takano (D-CA)
Luke Messer (R-IN)  Hakeem Jeffries (D-NY)
Bradley Byrne (R-AL)  Katherine Clark (D-MA)
Dave Brat (R-VA)  Alma Adams (D-NC)
Buddy Carter (R-GA)  Mark DeSaulnier (D-CA)
Mike Bishop (R-MI)  
Glenn Grothman (R-WI)  
Steve Russell (R-OK)  
Carlos Curbelo (R-FL)  
Elise Stefanik (R-NY)  
Rick Allen (R-GA)  

October 15, 2015
### Senate

#### Finance Committee

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<tr>
<th>Democrats</th>
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<tbody>
<tr>
<td>Ron Wyden (D-OR), Ranking Member</td>
<td>Orrin Hatch (R-UT), Chairman</td>
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<tr>
<td>Charles Schumer (R-NY)</td>
<td>Chuck Grassley (R-IA)</td>
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<tr>
<td>Debbie Stabenow (R-MI)</td>
<td>Mike Crapo (R-ID)</td>
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<tr>
<td>Maria Cantwell (R-WA)</td>
<td>Pat Roberts (R-KS)</td>
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<td>Bill Nelson (R-FL)</td>
<td>Mike Enzi (R-WY)</td>
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<tr>
<td>Bob Menendez (D-NJ)</td>
<td>John Cornyn (R-TX)</td>
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<td>John Thune (R-SD)</td>
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<td>Sherrod Brown (D-OH)</td>
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<td>Mark Warner (D-VA)</td>
<td>Dan Coats (R-IN)</td>
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#### Health, Education, Labor & Pensions (HELP) Committee

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<th>Democrats</th>
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<tr>
<td>Patty Murray (D-WA), Ranking Member</td>
<td>Lamar Alexander (R-TN), Chairman</td>
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<tr>
<td>Barbara Mikulski (D-MD)</td>
<td>Mike Enzi (R-WY)</td>
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<tr>
<td>Bernie Sanders (I-VT)</td>
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<td>Michael Bennet (D-CO)</td>
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<td>Mark Kirk (R-IL)</td>
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<tr>
<td>Tammy Baldwin (D-WI)</td>
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<tr>
<td>Elizabeth Warren (D-MA)</td>
<td>Pat Roberts (R-KS)</td>
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<tr>
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<td>Bill Cassidy (R-LA)</td>
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## Senate Re-Election Schedule

### Up for Re-Election in 2016

<table>
<thead>
<tr>
<th>Republican</th>
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<tr>
<td>Kelly Ayotte (R-NH)</td>
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<tr>
<td>Michael Bennett (D-CO)</td>
<td>John McCain (R-AZ)</td>
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<tr>
<td>Richard Blumenthal (D-CT)</td>
<td>Barbara Mikulski (D-MD)</td>
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<tr>
<td>Roy Blunt (R-MO)</td>
<td>Jerry Moran (R-KS)</td>
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<td>John Thune (R-SD)</td>
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<tr>
<td>Mark Kirk (R-IL)</td>
<td>Pat Toomey (R-PA)</td>
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<tr>
<td>Patrick Leahy (D-VT)</td>
<td>David Vitter (R-LA)</td>
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<td></td>
<td>Ron Wyden (D-OR)</td>
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### Up for Re-Election in 2018

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<th>Democratic</th>
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<tr>
<td>Tammy Baldwin (D-WI)</td>
<td>Christopher Murphy (D-CT)</td>
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<tr>
<td>Sherrod Brown (D-OH)</td>
<td>Bill Nelson (D-FL)</td>
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<td>Maria Cantwell (D-WA)</td>
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<td>Benjamin Cardin (D-MD)</td>
<td>Jon Tester (D-MT)</td>
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<td>Thomas Carper (D-DE)</td>
<td>Elizabeth Warren (D-MA)</td>
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<tr>
<td>Bob Casey (D-PA)</td>
<td>Sheldon Whitehouse (D-RI)</td>
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<tr>
<td>Joe Donnelly (D-IN)</td>
<td>Angus King (I-ME)</td>
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<tr>
<td>Diane Feinstein (D-CA)</td>
<td>Bernie Sanders (I-VT)</td>
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<tr>
<td>Kirsten Gillibrand (D-NY)</td>
<td>John Barrasso (R-WY)</td>
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<tr>
<td>Martin Heinrich (D-NM)</td>
<td>Bob Corker (R-TN)</td>
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<tr>
<td>Heidi Heitkamp (D-ND)</td>
<td>Ted Cruz (R-TX)</td>
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<td>Deb Fischer (D-NE)</td>
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<tr>
<td>Joe Manchin (D-WV)</td>
<td>Dean Heller (R-NV)</td>
</tr>
<tr>
<td>Claire McCaskill (D-MO)</td>
<td>Roger Wicker (R-MS)</td>
</tr>
</tbody>
</table>

* = Special Election
Strikethrough = Not seeking re-election
*Italics* = Running for President
How a Bill Becomes a Law

Introduction: Anyone may draft a bill; however, only members of Congress can introduce legislation, and by doing so become the sponsor(s). There are four basic types of legislation: bills, joint resolutions, concurrent resolutions, and simple resolutions. The official legislative process begins when a bill or resolution is numbered (H.R. signifies a House bill and S. a Senate bill), referred to a committee and printed by the Government Printing Office (GPO).

Step 1. Referral to Committee: Bills are usually referred to standing committees in the House or Senate according to carefully delineated rules of procedure.

Step 2. Committee Action: When a bill reaches a committee, it is placed on the committee’s calendar. A bill can be referred to a subcommittee or considered by the committee as a whole. It is at this point that a bill is examined carefully and its chances for passage are determined. If the committee does not act on a bill, it is the equivalent of killing it.

Step 3. Subcommittee Review: Often, bills are referred to a subcommittee for study and hearings. Hearings provide the opportunity to put on the record the views of the executive branch, experts, other public officials, supporters and opponents. Testimony can be in person or submitted in writing.

Step 4. Mark-up: When the hearings are completed, the subcommittee may meet to “mark-up” the bill, that is, make changes and amendments prior to recommending the bill to the full committee. If a subcommittee votes not to report legislation to the full committee, the bill dies.

Step 5. Committee Action to Report a Bill: After receiving a subcommittee’s report on a bill, the full committee can conduct further study and hearings, or it can vote on the subcommittee’s recommendations and any proposed amendments. The full committee then votes on its recommendation to the House or Senate. This procedure is called “ordering a bill reported.”

Step 6. Publication of a Written Report: After a committee votes to have a bill reported, the chairman instructs staff to prepare a report on the bill. This report describes the intent and scope of the legislation, impact on existing laws and programs, position of the executive branch, and views of dissenting members.

Step 7. Scheduling Floor Action: After a bill is reported back to the chamber where it originated, it is placed in chronological order on the calendar. In the House, there are several different legislative calendars, and the Speaker and Majority Leader largely determine if, when and in what order bills come up. In the Senate, there is only one legislative calendar.

Step 8. Debate: When a bill reaches the floor of the House or Senate, there are rules or procedures governing the debate. These rules determine the conditions and amount of time allocated for debate.

Step 9. Voting: After the debate and the approval of any amendments, the bill is passed or defeated by the members voting.

Step 10. Referral to Other Chamber: When a bill is passed by the House or the Senate, it is referred to the other chamber where it usually follows the same route through committee and floor action. This chamber may approve the bill as received, reject it, ignore it or change it.
Step 11. Conference Committee Action: If only minor changes are made to a bill by the other chamber, it is common for the legislation to go back to the first chamber for concurrence. However, when the actions of the other chamber significantly alter the bill, a conference committee is formed to reconcile the differences. If the conferees are unable to reach agreement, the legislation dies. If agreement is reached, a conference report is prepared describing the committee members’ recommendations for changes. Both the House and the Senate must approve of the conference report.

Step 12. Final Actions: After a bill has been approved by the House and Senate in identical form, it is sent to the President. If the President approves of the legislation, he signs it and it becomes law. Or, the President can take no action for 10 days, while Congress is in session, and it automatically becomes law. If the President opposes the bill he can veto it; or if he takes no action after the Congress has adjourned its second session, it is considered a "pocket veto" and the legislation dies.

Step 13. Overriding a Veto: If the President vetoes a bill, Congress may attempt to "override the veto." This requires a two-thirds roll call vote of the members who are present in sufficient numbers for a quorum.
**Commonly Used Titles and Job Functions of Congressional Staff**

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Assistant (AA)</strong> or Chief of Staff</td>
<td>The AA reports directly to the senator or representative, and usually is responsible for evaluating the political outcomes of legislative proposals and constituent requests. The AA or Chief of Staff usually handles the overall office operations, including assignment of work and supervision of key staff.</td>
</tr>
<tr>
<td><strong>Legislative Director (LD)</strong></td>
<td>The legislative director is usually the staff person who oversees the work of the legislative assistants, monitors the legislative schedule and makes recommendations regarding the pros and cons of particular issues.</td>
</tr>
<tr>
<td><strong>Legislative Assistant (LA)</strong></td>
<td>In most congressional offices, there are several legislative assistants, and responsibilities are assigned to staff with particular expertise in specific areas. For example, depending on the responsibilities and interests of the lawmaker, an office may include a different LA for health issues, environmental matters, taxes, etc.</td>
</tr>
<tr>
<td><strong>Legislative Correspondent (LC)</strong></td>
<td>The legislative correspondent reads, logs and tallies letters and other written correspondence from constituents and usually drafts replies on the legislator’s behalf.</td>
</tr>
<tr>
<td><strong>Press Secretary or Communications Director</strong></td>
<td>The press secretary’s responsibility is to build and maintain open and effective lines of communication between the member, his/her constituency, and the general public. The press secretary is expected to know the benefits, demands, and special requirements of both print and electronic media and how to most effectively promote the legislators' views on specific issues.</td>
</tr>
<tr>
<td><strong>Scheduler, Appointments Secretary or Personal Secretary</strong></td>
<td>The scheduler is usually responsible for allocating a legislator’s time among the many demands that arise from congressional responsibilities, staff requirements, and constituent requests. The appointment secretary may also be responsible for making necessary travel arrangements, arranging speaking dates, visits to the district, etc.</td>
</tr>
<tr>
<td><strong>State/District Director</strong></td>
<td>This person is the staff member closest to constituents, and as a result, is particularly sensitive to their concerns. Though principally concerned with local matters, the state/District director can be an excellent conduit for conveying your views on national issues to the legislator. Getting to know the District or state director can be important to establishing a relationship with the legislator.</td>
</tr>
</tbody>
</table>
Caseworker

Caseworkers are responsible for responding to non-legislative constituent concerns. Their responsibilities typically include helping resolve problems constituents present in relation to federal agencies (Social Security and Medicare issues, veteran's benefits, passports, etc.). There are often several caseworkers in a District congressional office and many more located throughout the state in a senator's field office.
Become an Advocate for Emergency Medicine

Join the ACEP 911 Legislative Grassroots Network

The more than 2,000 ACEP and EMRA members participating in the 911 Legislative Grassroots Network act as resources and health care issue experts for federal legislators to maximize the voice of emergency medicine in the federal legislative process. ACEP established the Network in 1998 to encourage our members to cultivate long-term relationships with federal legislators, convey ACEP’s legislative and regulatory priorities in an effective manner, and affect the final outcome of federal legislation important to the specialty of emergency medicine. To view past 911 Network Updated and sign up, visit www.ACEPAdvocacy.org

The Network is comprised of Team Captains and Team Members.

Team Member Activities

We know that emergency physicians are very busy, so we try to make it as easy as possible to participate in the Network. There are several ways that we communicate with 911 Network Team Members and various activities for participation:

- **Weekly Update**: Sent by email to inform you of the latest legislative, political and regulatory issues and activities.
- **Action Alerts**: Sent by email requesting that you contact your Representative or Senators about a specific issue or vote. A link to the ACEP website is provided where you will find sample letters and talking points that can be sent directly to your legislators with a click of a button.
- **Call Alerts**: A toll-free number provided to you so you can call your Representative's or Senators' offices. Often the message is as simple as, "I live in Representative X's district and would like him or her to support bill # xxx".
- **Delivery of NEMPAC Contributions**: Some NEMPAC political contributions are delivered directly by 911 Network members who reside in the legislators districts. This helps reinforce the presence of a local contact and resource on emergency medicine issues and provides the Network member with another opportunity to interact with legislators.
- **ED visits**: We encourage 911 Network members to invite their legislators to tour their emergency departments. This provides the legislator and staff the opportunity to witness, first-hand, the operations of an ED and to meet their constituents. We provide assistance in setting up the visit through our consulting company, SOAPBOX.

Team Captain Activities

The 911 Network Team Captains are the cornerstone of ACEP’s grassroots advocacy program. They receive focused training and communications, increased resources and special recognition for their efforts. In addition to participating in Team Member activities, they may have additional responsibilities including:

- Responding to ACEP alerts in a timely fashion;
- Attendance at one or more Team Captain training sessions, either by teleconference, during the Leadership and Advocacy Conference in Washington, D.C., or at Scientific Assembly;
- Participating in monthly/bi-monthly conference calls for legislative updates;
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✓ Monitoring and guiding the activities and recruitment efforts for a specific region of the country, section of ACEP membership, or within residencies programs;
✓ Coordinating emergency department visits for Representatives in specific regions or congressional districts;
✓ Serving as media spokesperson on ACEP Legislative Issues;
✓ Hosting appreciation events and presenting commemorative awards and/or NEMPAC contributions when appropriate.

911 Network Members are asked to report back to ACEP's Washington office with any feedback from their contacts with legislators and staff.

To help improve your lobbying skills, political education training through the School of Political Advocacy is offered each year during Scientific Assembly. The school teaches new 911 members the federal legislative process and effective grassroots lobbying techniques. This training will help you communicate more effectively with your legislators. ACEP 911 Network members are encouraged to attend the annual ACEP Leadership and Advocacy Conference held in Washington, D.C., every spring.

Go to the ACEP Advocacy website [www.ACEPA dvocacy.org](http://www.ACEPA dvocacy.org) and join now!
ACEP’s ASAE AWARD WINNING "911 Legislative Grassroots Network"

ACEP Washington Office
Recruits/Coordinates/Activates 911 Legislative Grassroots Network

Chapters Recommend Local Physicians as Team Captain Candidates

ACEP
Federal Contact Teams
150 Team Captains
2000 Team Members

ACEP advises Chapters of legislative alerts to the 911 Legislative Network

Team Captain Responsibility
Recruit Federal Contact Team Coordinate Team Activities Establish Contact with MOC Respond to ACEP Call to Action Host ED visit for MOC Deliver NEMPAC Contribution Serve on Senate Contact Team

Team Member Team Member Team Member Team Member Team Member
Communicating with Legislators and Hill Staff

Phone Calls to the Hill

When time is short, a personal phone call to legislators, their Chiefs of Staff or key health care aides may be the most effective method to communicate your views. As with all grassroots advocacy, your call is most likely to receive attention if you have developed a personal relationship with the legislator or staffer. Often, calls are "logged" as for or against a particular issue. Sometimes, you may not get past the receptionist. Nonetheless, making a well-timed call can be important, especially when combined with calls from your colleagues on the same issue, may tip the balance in your favor. So don't hesitate to call!

If you don't know your senator's or representative's telephone number in Washington, D.C., you may get connected to their offices by calling the U.S. Capitol Switchboard:

Senate (202) 224-3121 or
House (202) 225-3121

For Whom Should You Ask?

✓ Ask for the senator or representative if you know them personally.

✓ If you don't know the senator or representative, ask to speak with the legislative assistant who handles your issue. For most issues, that probably will be the legislative assistant who handles health issues.

✓ If you can't reach a legislative assistant, leave a concise message. Congressional offices do count the number of calls they receive on an issue – pro and con – and relay that information to the senator or representative.

Tips for Making Effective Phone Calls

✓ Focus on a single issue, making two or three key points in your phone call.

✓ Have talking points – or your own notes – in front of you when you call to help you stay focused on the message you want to deliver. The American College of Emergency Physicians or your state chapter often will provide you with talking points when they ask you to communicate with Congress.

✓ Localize the issue to demonstrate the impact on the legislator's own constituents.

✓ Clearly state the action you wish the senator or representative to take on the issue (vote for, vote against, offer an amendment, delete a provision, etc.).

✓ Keep your call brief - not more than three or four minutes.

✓ Don't bluff if you are asked a question you can't answer. Tell them you'll get the answer and get back to them. (If you need help finding the answer, contact ACEP or your state chapter.)
Leave your name and telephone number with the staff to whom you've spoken in case they have any questions later.

Jot down the name of the legislative assistant you spoke to and put it in your phone book. Next time, you can ask for him or her by name and begin building a relationship. Staffers are more likely to listen to and return phone calls from people they know.

Send a thank you note!

E-Mails to the Hill

Heightened security measures have dramatically increased the time it takes for a letter sent by post to reach a congressional office. More and more, citizens are using e-mails to communicate their concerns and increasingly lawmakers’ offices prefer electronic communications for constituent contact. As a general rule, Members of Congress are far more likely to heed your message if you are one of their constituents, or you work for a business in their District.

Tips for Sending Effective E-Mails

State your purpose for writing in the first sentence of the e-mail.

If your e-mail pertains to a specific piece of legislation, identify it. Make sure that you are referencing the correct legislation to the correct body of Congress. House bills are H.R. ___ and Senate bills are designated as S. ___.

Be courteous.

If appropriate, include personal information about why the issue matters to you.

Address only one issue in each e-mail.

Meeting with Your Legislators

Face-to-face meetings are the most effective method of communicating with senators, representatives and their staffs. To be most successful, they also require planning, an understanding of the needs of legislators and, perhaps, a rehearsal.

Legislators will usually be interested in visiting an emergency department. And staff are often searching for opportunities to use the legislator’s time at home most effectively. Therefore, a visit to your emergency department will often serve everyone’s interests.

It is best to meet in Washington, D.C., when Congress is in session and in the district or state during congressional recesses and weekends when legislators often return home to better interact with constituents. Recesses are usually scheduled around holidays and for most of the month of August.
Requesting a Meeting:

ACEP may be able to help you set up a meeting or ED visit with your Member of Congress using one of our consultants who specialize in this activity. Please contact the Director of NEMPAC and Grassroots Advocacy, Jeanne Slade at (jslade@acep.org), for more information.

- Contact the senator's or representative's Washington, D.C., office and ask to speak with the appointment secretary/scheduler.

- Explain who you are and your affiliation and the reason you want a meeting with the senator or representative. Ask the scheduler how you can arrange a meeting. You may be referred to the district office if you are requesting a meeting in your state, or the Washington scheduler may help you.

- If you are inviting the legislator to visit the emergency department, send a letter of invitation.

- Send the letter to the office recommended by the scheduler – either the Washington office or the district office.

- Ask the scheduler the amount of lead time needed to schedule an emergency department visit and send your invitation far enough in advance.

Tips for Conducting an Effective Office Visit

- Introduce yourself and any others in your group, stating where you are from and what health care organizations you represent.

- If you are going with a group, decide in advance who will lead the discussion and what points you want to make.

- Keep your meeting short and simple. Say why you've come and succinctly outline the case for your position.

- Give examples of how the issue affects your department and the senator’s or representative’s constituents.

- Stay focused on the two or three key messages you want to leave with the legislator. It is easy to get off-track and run out of time, particularly when dealing with seasoned politicians.

- Answer any questions asked of you, but if you don’t know the answer – don't bluff. Tell the legislator that you don't know, but that you will promptly get back to him or her with an answer.

- Leave behind a one-page position paper on your issues to remind the legislator or staff of the purpose of your visit. Include your name and telephone number on the paper in case there are follow-up questions.

- Offer yourself as a resource to the legislator and the staff in responding to health care questions.
2015 ACEP Advocacy Handbook

✓ Be prompt but be patient. Senators and representatives may be late for meetings due to their full schedules, or they may get interrupted during your meeting.

✓ Don’t be disappointed if you end up meeting with staff, rather than the senator or representative. Legislators depend on advice from their staff because it is impossible for them to follow all issues themselves. Staff are the gatekeepers, and they can sometimes be the real driving force on an issue.

Tips for Conducting an Effective ED Visit

✓ Extend the length of the meeting to include a brief tour of other patient care areas you think the visiting senator or representative might find like to see.

✓ Provide opportunities for the senator or representative to meet key department staff – other physicians, a hospital administrator who knows the legislator, and a nurse who works directly with patients. Inform participants in advance so they can be prepared.

✓ Prepare a fact sheet on your department and/or hospital to give to the senator or representative. Include information such as: number of patients served, number of staff, employees and volunteers, amount of indigent care provided, Medicare and Medicaid patient load, etc.

✓ Notify your state chapter about the planned visit. Your state chapter can provide you with background information on the senator or representative and help you compile any statistics or information needed to illustrate your concerns.

✓ Make arrangements to photograph the legislator's visit and provide those pictures to ACEP so that they can be featured in ACEP publications, as well as chapter newsletters. Send the senator or representative copies of the stories. If local press coverage is desirable, coordinate solicitation of coverage with the legislator's press secretary and your hospital's public relations department.

Follow-Up After the Meeting/Visit

✓ Send a "Thank You" note, thanking the legislator for his or her time and briefly restating your issue. Include any follow-up information that was promised.

✓ Please provide feedback on your meeting to ACEP’s Congressional Affairs Director (bgruehn@acep.org) and Director of NEMPAC and Grassroots Advocacy (jslade@acep.org), as well as to your chapter so that they may adjust their lobbying strategies, if needed.
Facts About the National Emergency Medicine PAC (NEMPAC)

Why did ACEP form a Political Action Committee (PAC)?

ACEP has an ambitious legislative agenda due to the many issues that affect access to emergency medical care and the practice of emergency medicine. NEMPAC is a critical tool to help ACEP promote our legislative goals and express the concerns of emergency medicine to Members of Congress. It is the financial vehicle through which ACEP members can support the election or re-election of congressional candidates who share their commitment to emergency medicine.

NEMPAC pools smaller donations from individual ACEP members, donating them in one larger, and more impressive contribution on behalf of the entire profession.

Contributing to NEMPAC

The Federal Election Commission (FEC) is the government agency responsible for the administration and enforcement of the Federal Election Campaign Act. All PAC and personal contributions of $200 or more must be reported to the FEC. An individual may contribute up to $5,000 to a PAC per year. All contributions to NEMPAC are not tax deductible for federal income tax purposes.

NEMPAC Fundraising Success

NEMPAC has grown substantially in the past 10 years due to the generosity of ACEP members and the growing acknowledgement by ACEP members that elected officials directly impact the ability to practice medicine every day. Since 2008, NEMPAC has raised more than $1 million per year with an average of 25% of eligible ACEP members donating. NEMPAC is one of the top physician specialty PACs in money raised and political clout.

Fundraising methods include the NEMPAC check-off on the ACEP dues statement, direct mail and telemarketing campaigns, and peer-to-peer efforts and activities at ACEP meetings. Emergency medicine groups whose physicians are members of ACEP are becoming more involved. Some, including CEP America, Eastside Emergency Physicians, U, FEP, MEP and TeamHealth, conduct internal campaigns among their ACEP members to raise funds for NEMPAC. NEMPAC also offers a payroll deduction option to EM groups for their ACEP members.

The Candidate Selection Process

Each year, the ACEP Federal Government Affairs Committee develops, and the Board of Directors considers, a legislative and regulatory agenda to advance issues critical to ACEP members. A candidates’ and incumbents’ support of these priorities is a key factor in determining eligibility for a NEMPAC contribution. Other factors considered include support and co-sponsorship of ACEP legislation, committee assignment, leadership position and competitiveness of the race. Candidates who have a history of working with ACEP staff and members and whom have received contributions from ACEP in the past are also given consideration. Input from the state chapters, local ACEP leaders, and 911 Network members is also taken into account and appreciated.
Who delivers NEMPAC contributions?

ACEP members including ACEP Board members, NEMPAC Board members, state chapter leaders, and 911 Network members, as well as ACEP staff, deliver NEMPAC contributions. ACEP gives priority to participating in smaller healthcare-specific meetings and fundraisers when donating NEMPAC funds. The smaller events allow the candidates to focus solely on healthcare issues and to hear ACEP’s concerns and priorities in the current Congress. NEMPAC also participates in events and meetings back home in the state and district where ACEP members can deliver a check personally to their Member of Congress.

NEMPAC Board of Trustees

Peter Jacoby, MD, FACEP (CT), Chairman
TBD – ACEP President elect
Anthony Cirillo, MD, FACEP (RI)
Marco Coppola, DO, FACEP (TX)
Wes Fields, MD, FACEP (CA)
Vidor Friedman, MD, FACEP (FL)
Michael Gerardi, DO, FACEP – ACEP Immediate Past President (NJ)
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Kevin Klauser, DO, FACEP (OH)
Terry Kowalenko, MD, FACEP (MI)
Orlee Panitch, MD, FACEP (MD)
John Proctor, MD, MBA, FACEP (TN)
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Matthew Watson, MD, FACEP (GA)

Gordon Wheeler, Staff Liaison
Jeanne Slade, Staff Liaison
Lupe Gonzales, Jr., Staff Liaison
The Federal Regulatory Process

After legislation has been enacted to establish or modify a federal program, the executive branch agency responsible for its administration develops and implements rules for the implementation/operation of the program. The enabling legislation usually authorizes, and in some cases directs, federal agency officials to formulate rules to carry out the purposes of the law. The legislative mandate may be specific as to the content of the rules, or it may allow substantial flexibility. Congressional committee reports, debates on the floor of the House or Senate, and testimony at hearings form the legislative history, which indicates the intent that should direct the rulemaking decisions.

In the initial stages of rulemaking, staff of the designated agency may consult with members of Congress and the staffs of committees who were most involved with the development of the law; other groups within their own agency or other agencies of the executive branch; and representatives of industries, professional groups, consumers, or other interested parties. By communicating their views at this critical period, when the agency is not yet committed to final policy, interested parties have their best opportunity to affect the content of the implementing regulations.

Once regulations have been developed and reviewed at all appropriate levels of the issuing agency and the Office of Management and Budget (OMB), they are published in the Federal Register as a Notice of Proposed Rulemaking (NPRM), an Interim Final Rule, or a Final Rule. An NPRM will allow the public a 30 to 60 day period in which to submit comments on the proposal. After the close of the comment period, all correspondence is reviewed by the agency and final regulations, reflecting some changes as a result of the comments, are published and put into effect. However, it should be noted that final regulations may appear within a few months, such as annual rules governing Medicare payment for hospitals and physicians, or, not infrequently, may be delayed for either substantive or political reasons for well over a year. There are situations where political pressure has resulted in the delay of publishing even a NPRM, which has occurred with the clinical psychologist/social worker’s role in the Medicare Fee Schedule.

Increasingly, agencies are publishing Interim Final or Final Rules with a comment period. This often occurs because the Congress mandates an implementation date, which does not allow the agencies sufficient rulemaking time. In these cases, while public comments are accepted, they are generally not given consideration, but are reviewed for possible future modifications to the regulations.

Once effective, regulations have the force of law. Section 533 of the Administrative Procedures Act provides interested parties the right to petition for amendment or repeal of final regulations. While the Administrative Procedures Act was designed to ensure broad participation and fairness in the development and implementation of regulations, it has a number of shortcomings. For example, not all regulations are subject to the Act. Often, significant policy is made in the form of guidelines or, in the Medicare program, through instructions sent to the fiscal carriers and intermediaries; thus, the formal regulatory process is by-passed. Further, many times, regulations are adopted which appear to be inconsistent with Congressional intent or beyond the purview of the issuing agency. This often leads to litigation being brought against the agency. The explosion of regulations and litigation in the past decade has led many to believe it is time to reform the regulatory process and rewrite the Administrative Procedures.

Go to ACEP’s Regulatory Issues webpage (www.acep.org/regulatory/) to view the College’s most recent formal comments.
### The Reg Map

#### Informal Rulemaking

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<th>Action</th>
<th>Example</th>
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<td>Initiating Events</td>
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<td>Step Three</td>
<td>Preparation of Proposed Rule</td>
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<td>OIRA Review of Proposed Rule</td>
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<td>Step Five</td>
<td>Administration</td>
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<td>Step Six</td>
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<td>Step Seven</td>
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<td>Step Eight</td>
<td>Final Implementation</td>
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<td>Step Nine</td>
<td>Publication of Final Rule, Final Rule, or Direct Rule</td>
<td>Example 9</td>
</tr>
</tbody>
</table>

#### Using The Reg Map

- **Voluntary Rule Making**
  - The rule-making process begins with the identification of a need for action.
  - Agencies may propose rules voluntarily, without a formal request from Congress.
  - The rule-making process involves several steps, including public notice, public comment, and final publication.

- **Pre-Implementation**
  - Rules are reviewed and finalized before they are implemented.
  - This phase includes public comment and agency review to ensure the rule is effective.

- **Final Implementation**
  - Rules are officially implemented and enforced.
  - Enforcement may be done through internal or external mechanisms.

**Important Notes:***
- **Public Notice:** The rule-making process begins with public notice, allowing stakeholders to provide comments and feedback.
- **Public Comment:** The public is given an opportunity to comment on the proposed rule during the public comment phase.
- **Final Publication:** The final rule is published in the Federal Register or other designated publication.

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**Key Terms:**
- **OIRA:** Office of Information and Regulatory Affairs
- **Proposed Rule:** A proposed rule is a proposed action by an agency that is intended to become a final rule after a public comment period.
- **Final Rule:** A final rule is a rule that has been adopted by an agency after considering public comments and feedback.

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**References:**
- Federal Register
- Office of Information and Regulatory Affairs (OIRA)
- Administrative Procedure Act (APA)

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**Date:** October 15, 2015

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<tr>
<th>CATEGORY</th>
<th>POS</th>
<th>LEGISLATIVE</th>
<th>REGULATORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Tort Reform</td>
<td>L</td>
<td>Enact liability protection for docs providing EMTALA-related services.</td>
<td>F/L Monitor regional treatment of EMTALA investigations &amp; seek uniformity.</td>
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<tr>
<td></td>
<td></td>
<td>F/L Enact liability immunity for docs who volunteer services during nationally-declared disasters.</td>
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<td>F/L Liability protections for physicians who follow clinical guidelines safe harbors.</td>
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<tr>
<td>Physician Reimbursement</td>
<td>F</td>
<td>Repeal flawed Medicare physician reimbursement formula (SGR) &amp; replace with system that delivers consistency to providers.</td>
<td>L Develop strategies for EP participation inc: (1) Transitions of Care; (2) Accountable Care Organizations (ACOs); (3) Bundled Payments; (4) Medical Neighborhood; (5) Hospital Readmissions; &amp; (6) Value-Based Modifier (ensure measures fit EM practice).</td>
</tr>
<tr>
<td>Medicaid</td>
<td>L</td>
<td>Seek Medicare reimbursement rates for providing care to Medicaid beneficiaries.</td>
<td>F Track participation/utilization of Medicaid expansion via state programs based on federal funding/incentives provided under ACA.</td>
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<tr>
<td></td>
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<td>F/L Supervise compliance by states to include emergency care as part of the essential benefit package required by ACA.</td>
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<td>L Monitor compliance of federal Prudent Layperson Standard (PLS) by states for Medicaid managed care programs.</td>
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<td>F/L Monitor payment behavior by MCOs.</td>
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<td>CATEGORY</td>
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<tr>
<td>Medicare</td>
<td>F</td>
<td>Advance legislation to rescind 3-day inpatient stay before becoming eligible for Skilled Nursing Facility (SNF) services.</td>
<td>L</td>
</tr>
<tr>
<td></td>
<td>L</td>
<td>Enact legislation that promotes End-of-Life discussions and electronic records for patients.</td>
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<tr>
<td>Rural Health</td>
<td>L</td>
<td>Promote access to board certified EPs via real-time, Interactive telecommunications systems.</td>
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<tr>
<td>Mental Health</td>
<td>L</td>
<td>Seek expansion of outpatient and inpatient psychiatric bed availability and services.</td>
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<tr>
<td></td>
<td>F/A.</td>
<td>Expand availability of mental health services &amp; research to improve treatment &amp; decrease mentally unstable individuals' access to firearms.</td>
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</table>

L (Lead) - ACP takes lead to promote/implement initiative
F (Follow) - ACP monitors initiative provides supplemental support as needed
F/A (Follow/Lead) - ACP monitors initiative takes action when necessary to promote/implement
### ACEP Legislative/Regulatory Priorities
#### 114th Congress - 1st Session

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>POS</th>
<th>LEGISLATIVE</th>
<th>POS</th>
<th>REGULATORY</th>
</tr>
</thead>
</table>
| Trauma/EMS/Disaster Preparedness | F/L | - Support legislative efforts to improve pre-hospital services and oversight, especially medical direction of EMS.  
- Promote programs that support regionalization of emergency care. |     |                                                                                               |
| Prescription Drugs            | L   | - Work with Members of Congress on legislative proposals that seek to reduce/eliminate Rx drug abuse.  
- Support voluntary, interstate Rx drug monitoring programs through reauthorization of National All Schedules Prescription Electronic Reporting (NASEPR) legislation.  
- Work with Members of Congress on legislative proposals to reduce/eliminate drug shortages. | L   | - Work with FDA to reduce drug shortages/opioid abuse.  
- Work with other specialty societies/share efforts to reduce opioid abuse.  
- Ensure access to appropriate & adequate pain treatment.  
- Work with DEA to ensure opioid rules account for special circumstances of EMS. |
| Workforce                     | L   | - Pursue expansion of the overall number of EP residency slots available.  
- Support rural hospital rotations for EP residents.  
- Work with Members of Congress to increase the overall number of federally funded GME slots.  
| Injury Prevention             | F/L | - Work with Members of Congress to promote efforts that may prevent firearm-related injuries/deaths.  
- Promote legislative initiatives that enhance highway/motor vehicle safety and reduce incidences of drunk & distracted driving.  
- Advocate for increased awareness of violence against healthcare workers in the ED and for increased safety measures in the ED. | L   | - Support private/public initiatives to fund firearm research. |

**Legend:**
- L (Lead) - ACEP takes lead to promote/Implement initiative  
- F (Fellow) - ACEP monitors initiative provides supplemental support as needed  
- F/L (Fellow/Lead) - ACEP monitors initiative takes action when necessary to promote/Implement  

T/N 2015
## ACEP Legislative/Regulatory Priorities
### 114th Congress - 1st Session

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<tbody>
<tr>
<td>Quality</td>
<td>L</td>
<td>Ensure legislative efforts to create physician quality reporting measures are acceptable to emergency medicine.</td>
<td>L</td>
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<td></td>
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<td></td>
<td>F/L Monitor and comment on quality measure proposals developed by: (1) Physician Quality Reporting System (PQRS); Inpatient Quality Reporting program (IQR); Outpatient Quality Reporting (OQR) program; (4) meaningful use of electronic health records to protect &amp; enhance emergency care; &amp; (5) appropriateness of measures for EM that are included in the physician payment modifier.</td>
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<tr>
<td>HIT</td>
<td></td>
<td></td>
<td>F/L Monitor and comment on: (1) patient safety/HIT hazards; (2) interoperability; (3) health information exchanges; &amp; (4) transition to meaningful use of electronic quality measure reporting to protect &amp; enhance emergency care.</td>
</tr>
<tr>
<td>Research</td>
<td>L</td>
<td>Pursue funding for the NIH Office of Emergency Care Research (OECR).</td>
<td>L</td>
</tr>
<tr>
<td>EM Practice</td>
<td></td>
<td></td>
<td>F</td>
</tr>
<tr>
<td>Appropriations</td>
<td>F/L</td>
<td>Maintain federal funding levels for the following programs: (1) Rural and Community Access to AEDs; (2) Hospital preparedness &amp; response programs; (3) Emergency Medical Services-Children (EMSC); (4) Traumatic Brain Injury (TBI); (5) Poison Control Centers; (6) National Highway Traffic Safety Administration (NHTSA); (7) National EMS Information System (NEMSIS); (8) Office of the Assistant Secretary for Preparedness &amp; Response (ASPR); and (9) the Emergency Care Coordination Center (ECCC).</td>
<td>L</td>
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</tbody>
</table>

**LEGEND:**
- **L:** (Lead) - ACEP takes lead to promote/implment initiative
- **F:** (Follow) - ACEP monitors initiative provides supplemental support as needed
- **F/L:** (Follow/Lead) - ACEP monitors initiative takes action when necessary to promote/implment
Appendix II - Legislative Glossary

**Act**
Legislation that has passed both houses of Congress and been signed into law by the president.

**Adjourn**
Action to formally end a meeting of a chamber or committee.

**Adjournment Sine Die**
An adjournment that terminates an annual session of Congress. A "sine die" ("without day") adjournment sets no day for reconvening, so that Congress will not meet again until the first day of the next session. Under the Constitution, adjournment sine die (except when the next session is about to convene) requires the agreement of both chambers, accomplished through adoption of a concurrent resolution, which in current practice also authorizes leaders of either chamber to reconvene its session if circumstances warrant.

**Amendment**
A proposed change to pending legislative text (e.g., a bill, resolution, treaty, or other amendment).

**Amendment in the Nature of a Substitute**
Amendment that seeks to replace the entire text of an underlying measure.

**Appropriations Bill**
Legislation that provides funding for government agencies and programs.

**Authorization Bill**
Legislation establishing or extending a program and setting funding limits and policy.

**Bicameral**
Literally, “two chambers,” in a legislative body, having two houses (as in the House of Representatives and the Senate comprising the U.S. Congress).

**Bill**
The primary form of legislative measure used to propose law. Depending on the chamber of origin, bills begin with a designation of either H.R. or S.

**Bill Summary**
A summary that describes the most significant provisions of a bill text and details the effects a bill may have on current law and federal programs. Bill summaries are authored by CRS and may be as brief as 250 words.

As bills progress through the major actions of Congressional activity more detailed summary versions are authored. Summary versions are dated and have major action descriptors (e.g., 03/22/2012: Passed House).
Budget Resolution
A concurrent resolution that establishes spending and revenue targets for the upcoming fiscal year. It does not become law but provides a framework for Congress as it considers other measures. See also discretionary spending, mandatory spending and reconciliation.

By Request
A designation on a measure indicating that the Member of Congress has introduced the measure on behalf of someone else (e.g., the President or an executive branch agency), or pursuant to statutory requirements, and may not necessarily support its provision.

Calendar
Lists of measures, motions, and matters that are (or soon will become) eligible for consideration on the chamber floor; also the official document that contains these lists and other information about the status of legislation and other matters. The House has four such calendars, published as one document; the Senate publishes two.

Caucus
Collection of Members of Congress, usually organized by party or shared interest. In the House, the party caucuses are known as the Republican Conference and Democratic Caucus. In the Senate, both are formally known as conferences.

Cloture
The method by which a supermajority (typically, three-fifths) of the Senate may agree to limit further debate and consideration of a question (e.g., a bill, amendment, or other matter). Details of the procedural process are provided for in Rule XXII of the Senate standing rules.

Committee/Subcommittee
A panel (or subpanel) with members from the House or Senate (or both) tasked with conducting hearings, examining and developing legislation, conducting oversight, and/or helping manage chamber business and activities.

Committee Activity
A committee or subcommittee may interact with a bill in a variety of ways. Bills are referred to committee, committees markup bill texts and hold hearings to learn more about a topic, and committees report legislation out to the full chamber recommending or disapproving consideration.

Committee Chair
The member of the majority party on a committee who has formal responsibility over the panel’s agenda and resources, presides at its meetings, and can in some circumstances, act on the committee’s behalf.

Committee of the Whole
A parliamentary device designed to allow greater participation in floor consideration of measures. It can be understood as the House assembled in a different form; it is a committee of the House comprised of every Representative that meets in the House chamber. The House considers many major measures in the Committee of the Whole.
Committee Report
A document accompanying a measure reported from a committee. It contains an explanation of the provisions of the measure, arguments for its approval, votes held in markup, individual committee members’ opinions, cost estimates, and other information.

Companion Measure
Identical or substantially similar measures introduced in the other chamber.

Concurrent Resolution
A form of legislative measure used for the regulation of business within both chambers of Congress, not for proposing changes in law. Depending on the chamber of origin, they begin with a designation of either H.Con.Res. or S.Con.Res.

Joint resolutions and simple resolutions are other types of resolutions.

Conferees
Members of the House and Senate appointed to a conference committee. Also sometimes called “managers.”

Conference Committee
A temporary joint committee created to resolve differences between House-passed and Senate-passed versions of a measure.

Conference Report
The document presenting an agreement reached by a joint temporary committee (a conference committee) appointed to negotiate a compromise between the House and Senate.

Congress (i.e., 2-year time-frame)
When referring to a time-period rather than the legislative branch generally, a Congress is the national legislature in office (for approximately two years). It begins with the convening of a new Congress comprised of members elected in the most-recent election and ends with the adjournment sine die of the legislature (typically after a new election has occurred). For example, the current Congress, the 113th Congress, convened on January 3, 2013 and will carry on through December 2014.

Congressional Record
The Congressional Record is the official record of the proceedings and debates of the U.S. Congress. For every day Congress is in session, an issue of the Congressional Record is printed by the Government Printing Office. Each issue summarizes the day’s floor and committee actions and records all remarks delivered in the House and Senate.

Congressional Report
Congressional reports originate from congressional committees and deal with proposed legislation or issues under investigation. Congress issues different types of reports, including committee reports, conference reports and executive reports.

Congressional reports may be issued by the House or Senate. Depending on the chamber of origin, report citations begin with the congress number during which it was issued and either H. Rpt. or S. Rpt., and an accession number (e.g., 112 H. Rpt. 1).
Congressional Research Service (CRS)
The Congressional Research Service (CRS) of the Library of Congress works exclusively for the United States Congress, providing policy and legal analysis to committees and Members of both the House and Senate, regardless of party affiliation. CRS provides Congress with analysis that is authoritative, confidential, objective, and non-partisan.

Continuing Resolution
A joint resolution to appropriate funds, usually for a short period of time and often in the absence or a regular appropriations bill. It is frequently used at the beginning of a fiscal year if work on appropriations measures has not been completed.

Co-Sponsor
A Member of Congress who joins in sponsoring legislation, but who is not the one who introduced the legislation.

Daily Digest
A section of the Congressional Record summarizing the day's floor and committee actions in each chamber, with page references to the verbatim accounts of floor actions. It also lists the measures scheduled for action during each chamber's next meeting and the announcements of upcoming committee meetings.

The Digest appears at the back of each daily Record. Its pages are separately numbered and preceded by the letter D. In the bound Congressional Record, all Daily Digests for a session are printed in a separate volume.

Discharge Petition
In the House, a petition for the purpose of removing a bill from the control of a committee. A discharge petition must be signed by a majority of members.

Discretionary Spending
Funding for programs or agencies determined by Congress through the appropriations process.

Enacted
Made into law.

Engrossed Measure
Official copy of a measure as passed by one chamber, including the text as amended by floor action.

Enrolled Measure
Final official copy of a measure as passed in identical form by both chambers and then printed on parchment for presentation to the President.

Filibuster
In the Senate, the use of dilatory or obstructive tactics to delay or block passage of a measure by preventing it from coming to a vote. The cloture process can overcome a filibuster.

Fiscal Year
Accounting year. For the federal government, the fiscal year begins Oct. 1 and ends Sept. 30.
Germaneness
The requirement that an amendment be closely related—in terms of the precise subject or purpose, for example, to the text it proposes to amend. House rules require amendments to be germane; Senate rules apply this restriction only in limited circumstances.

Government Printing Office
The Government Printing Office (GPO) is a legislative branch agency that provides publishing and dissemination services for the official and authentic government publications to Congress, federal agencies, federal depository libraries, and the American public.

Hearing
A formal meeting of a congressional committee (or subcommittee) to gather information from witnesses for use in its activities, such as the development of legislation, oversight of executive agencies, investigations into matters of public policy, or Senate consideration of presidential nominations.

Hold
A request by a Senator to his or her party leader to delay floor action on a measure (e.g., bill) or matter (e.g., nomination) to be consulted on its disposition, and/or an indication that he or she would object to a unanimous consent request to consider said item of business or otherwise delay or obstruct consideration.

Hopper
A wooden box on the House floor into which measures are dropped for formal introduction.

House Rules Committee
A committee in the House that, among other things, is responsible for reporting out “special rules”—simple resolutions that propose to the House tailored terms for debate and amendment of a measure on the House floor.

Identical Bill
A bill that is word-for-word identical to another bill.

Joint Committee
A committee composed of members of both the House and Senate.

Joint Resolution
A form of legislative measure used to propose changes in law, or to propose an amendment to the U.S. Constitution. Depending on the chamber of origin, they begin with a designation of either H.J.Res. or S.J.Res.

Concurrent resolutions and simple resolutions are other types of resolutions.

Journal
The constitutionally-mandated record of certain House and Senate actions, including motions offered, votes taken, and amendments agreed to. Unlike the Congressional Record, it does not contain remarks delivered in the House and Senate.
Jurisdiction
A set of policy issues that fall under the purview of a specific committee (or subcommittee); full committee jurisdiction is set by chamber standing rules and precedents.

Lame Duck
Member of Congress (or the president) who was defeated, or did not seek re-election, but whose term has not yet expired.

Mandatory Spending
Funding for programs or agencies provided directly through authorization bills or by law, such as entitlement programs.

Markup
Meeting by a committee or subcommittee during which committee Members of Congress offer, debate and vote on amendments to a measure.

Measure
A legislative vehicle: a bill, joint resolution, concurrent resolution, or simple resolution.

Motion to Proceed to Consider
A motion in the Senate, which, if agreed to by a majority of those present and voting, brings a measure (e.g., bill) or matter (e.g., nomination) before the chamber for consideration. Often referred to simply as a “motion to proceed.”

Motion to Recommit
In the House, a motion offered by a member of the minority party at the end of floor consideration that, if adopted in its simple form, returns the measure to legislative committee. If combined with “instructions to report back forthwith,” the motion effectively provides one last opportunity for a minority party Member of Congress to offer an amendment to the measure. In the Senate, the motion may be offered at other times during consideration of a measure, and is not a prerogative of a Member of Congress serving in the minority party; it may also be used as a means of offering an amendment.

Motion to Table
A non-debatable motion in the House and Senate (and in their committees) by which a simple majority may agree to negatively and permanently dispose of a question (e.g., an amendment).

Official Title
A bill's sponsor designates an official title, and Congress may enact additional short titles. The more complex a bill becomes, the more likely it is to acquire additional titles.

Omnibus Bill
Legislation that combines different bills regarding a single broader subject into one measure, such as appropriations bills.

Ordered Reported
Committee’s formal action of agreeing to report a measure or matter to its chamber. See also reported.
**Original Bill**
An introduced bill that embodies a text approved in a committee markup but not formally introduced prior to the markup. Senate committees are authorized to report original bills within their jurisdictions in addition to reporting measures that have been introduced and referred to them; some House committees also have authority to originate certain measures.

**Parliamentarian**
Nonpartisan staff officials (one in each chamber, assisted by deputies and assistants) who provide expert advice and assistance to the presiding officer and to Members of Congress on the application and interpretation of chamber rules, precedents, and practices (including referral of measures to committee).

**Party Caucus/Conference**
The official organization comprised of all members of a political party serving within a congressional chamber (e.g., the Senate Republican Conference, the House Democratic Caucus, etc.).

**Point of Order**
A Member of Congress’ statement to the presiding officer that the chamber (or committee) is taking action contrary to the rules or precedents, and a demand that they be enforced.

**Popular Title**
An informal, unofficial name for legislation that may be assigned by the House, Senate or CRS. Popular titles are usually not found within official legislative texts (e.g., the Patient Protection and Affordable Care Act is commonly known as the health care reform bill).

**Previous Question**
Non-debatable motion, available in the House and its legislative committees, which when agreed to, cuts off further debate, prevents the offering of additional amendments, and brings the pending matter to an immediate vote.

**Pro Forma Session**
A daily session of either chamber held chiefly to avoid the occurrence of either a recess of more than three days within the annual session or an adjournment sine die (either of which would constitutionally require the consent of the other chamber). Pro forma sessions are typically short, with no business, or very little, conducted.

**Public Law**
Designation used for legislation that has been passed by both chambers and signed by the president or enacted over a presidential veto. Private bills become private laws.

**Quorum**
Minimum number of Representatives or Senators within their respective chamber (or committee) required for the transaction of certain types of business.

**Quorum Call**
Action to formally ascertain the presence of the minimum number of Members of Congress required to transact business. In the Senate, quorum calls are also commonly used as a sort of “time out” in floor proceedings without recessing the chamber.
Ranking Member
The most senior (though not necessarily the longest-serving) member of the minority party on a committee (or subcommittee). The ranking member typically oversees minority committee staff and may coordinate involvement of the minority party committee members in committee activities.

Recess
Temporary halt to proceedings, with a time set for proceedings to resume. It also describes periods when the House or Senate is not in session.

Reconciliation
Process in which the budget resolution includes instructions to committees to report legislation that changes laws dealing with mandatory spending or taxes. The resulting measures are not subject to filibusters in the Senate.

Rescission Bill
Legislation that revokes spending authority previously granted by Congress.

Referral
Assignment of a measure to a committee or committees (or subcommittees) for potential consideration.

Related Bill
This may be a companion measure, an identical bill, a procedurally-related measure, or one with substantive similarities. Bill relationships are identified by the House, the Senate or CRS and refer only to same-Congress measures.

Reported
Formal submission of a measure by a committee to its parent chamber or by a subcommittee to its parent committee. See ordered reported.

Reserved Bill Number
In recent Congresses, the House has agreed to reserve some bill numbers for assignment by the Speaker; in the current Congress, this practice was extended to reserve certain additional bill numbers for assignment by the Minority Leader, as well. See, H.Res.5 [112], H.Res.5 [111], H.Res.6 [110], H.Res.5 [109], H.Res.5 [108], H.Res.5 [107].

In the Senate, some of the lowest bills numbers are reserved for leadership.

Short Title
A bill's sponsor may designate a short title for his/her legislation and Congress may enact additional short titles. The more complex a bill becomes, the more likely it will acquire additional titles.

Simple Resolution
A form of legislative measure introduced and potentially acted upon by only one congressional chamber and used for the regulation of business only within the chamber of origin. Depending on the chamber of origin, they begin with a designation of either H.Res. or S.Res.

Joint resolutions and concurrent resolutions are other types of resolutions.
Special Rule
A resolution reported by the Rules Committee that, if agreed to by the House, sets the terms for debating and amending a specified measure or measures.

Sponsor
The Representative or Senate who introduces a measure.

Supermajority
A term sometimes used for a vote on a matter that requires approval by more than a simple majority of those Members of Congress present and voting, with a quorum being present; also referred to as extraordinary majority.

Suspension of the Rules
In the House, a procedure that streamlines consideration of a measure with wide support by prohibiting floor amendments, limiting debate to 40 minutes, and requiring a two-thirds majority for passage. Although rarely used, the Senate may also suspend certain rules by a vote of two-thirds following one day’s written notice.

Unanimous Consent (UC) Agreement
In the Senate, a proposal that, if agreed to, establishes the procedural guidelines for considering a measure or matter on the floor. If any Member of Congress objects to such a request, it is not agreed to. Also sometimes called a “UC agreement” or a “time agreement.”

Unanimous Consent Request
A proposal that all members (of a chamber or committee) agree to set aside one or more chamber or committee rules to take some action otherwise not in order. If any Member of Congress objects to such a request, it is not agreed to.

Veto
Presidential disapproval of a bill or joint resolution presented to him for enactment into law. If a president vetoes a bill, it can become law only if the House and Senate separately vote (by two-thirds) to override the veto. A less common form of presidential veto – a pocket veto – occurs if Congress has adjourned without the possibility of returning, and the President does not sign the measure within the required 10-day (excluding Sundays) period.