Surgeons Voice
Advocacy Handbook
Table of Contents

**Inside Washington**
An Introduction to *Surgeons*Voice ................................................................. 2
Structure of the United States Government ......................................................... 3
How a Bill Becomes a Law ................................................................................... 4
Congressional Staff: Who’s Who? ....................................................................... 5

**Inside ACS Advocacy and Health Policy**
ACS Advocacy & Health Policy Agenda ............................................................ 6
ACS Advocacy Structure .................................................................................... 7

**Surgeon Advocate Activities**
Health Policy Advisory Council Advocacy Leaders ........................................... 9
District Office Contacts by Surgeons (DOCS) Program ..................................... 13
Advocacy Summit ............................................................................................... 15
ACSPA-*Surgeons*PAC ..................................................................................... 16

**A Guide to Congressional Meetings**
How to Setup a Meeting .................................................................................... 17
Having a Successful Meeting ............................................................................. 18
Meeting Do’s & Don’ts ....................................................................................... 19

**Appendix**
Sample Letters to Legislators ........................................................................... 20
Advocacy Terms ................................................................................................. 22
SurgeonsVoice

SurgeonsVoice is the American College of Surgeons Professional Association’s nationwide, interactive advocacy program that provides surgeons with the tools to strengthen its impact in Congress and around the country. This comprehensive advocacy guidebook provides you with the knowledge and skills necessary to be a seasoned surgeon advocate. You will learn how Washington works, what’s going on in surgical advocacy, different ways you can get involved, and how to take your advocacy efforts to the next level. There are many useful How-To guides, such as how to set up meetings with your elected officials, and the do’s and don’ts of a successful meeting, and much more.

An Introduction to Advocacy

As surgeons, our responsibility to our patients and our practices goes far beyond the operating room. Every day in Washington, DC, lawmakers make decisions that directly affect our practice and ability to treat our patients. The American College of Surgeons Division of Advocacy and Health Policy (DAHP) works on your behalf to influence healthcare policy in Washington; we must capitalize on your power as surgeons and constituents and partner with them to affect true health policy change.

Health policy remains one of the most hotly debated topics on Capitol Hill. SurgeonsVoice is surgery’s grassroots advocacy program to educate, advocate and motivate Congress and impact its decisions. To be successful, grassroots advocacy must create and sustain positive momentum to influence the debate. It is your duty as surgeons to bring your perspective and expertise to the decision makers.

You are the most effective advocate for the issues directly impacting your practice and your patients, and as the expert, and as a constituent, your member of Congress wants to hear from you. Legislators want to know how a specific issue will affect their districts and they look to you for answers. You vote for your representatives, and it’s your voice and your experiences that can help guide their decisions.

It is crucial to remember that advocacy is an ongoing process. Your first encounters with your legislator may be brief and introductory. As you continue to cultivate these relationships over time, you will elevate the importance of your issues in your legislators’ minds. They will begin to see you as a trusted resource for advice on how specific legislation will impact practicing surgeons and surgical patients within their state or district. SurgeonsVoice will capitalize on this nationwide network of grassroots advocates to advance surgery’s health policy agenda.

The SurgeonsVoice grassroots program provides surgeons with all the tools necessary to become surgeon advocates in every congressional district nationwide, establishing professional and personal relationships with decision makers, both on and off Capitol Hill. You will be the constituent your legislator knows, trusts, and wants to hear from.

For more information, please feel free to contact the ACS Division of Advocacy and Health Policy anytime at ahp@facs.org or 202-337-2701.
Structure of the United States Government

Understanding the complex legislative process is vital to being an effective surgeon advocate.

**U.S. Senate and House Basics**

The U.S. Congress is made up of two chambers: the Senate and the House of Representatives. There are 100 Senators—two from each state—who serve six-year terms. The House of Representatives has 435 voting Members who serve two-year terms. Though the Senate structure does not change, the number of representatives per state differs based on census data, and is subject to change every ten years. Many state governments just completed redrawing district maps as a result of the 2010 census, and you may find that as of the 2012 election, your Congressional district has changed. Visit [www.surgeonsvoice.org](http://www.surgeonsvoice.org) to find out who your elected officials are.

**The Committee Structure**

There are a large number of bills, on varied subject matters, introduced in the House and Senate each session (a session runs for two years on the same cycle as the House elections). In order to accommodate the proposed bills, the House and Senate established committees with jurisdiction over specific areas of legislation. Committees and subcommittees have a Chair from the party holding the majority in either the House or Senate, and a Ranking Member from the party in the minority, who are responsible for setting the committee agenda and schedule. Members of Congress are assigned to a committee by their party leadership at the beginning of a new Congressional session. The party in the majority holds more seats on each committee, based upon the size of its majority for that congressional session.

When a bill is introduced, it is referred to the committee with jurisdiction over its subject matter. Committees and their subcommittees then hold hearings where they invite subject matter experts to testify about the implications of a bill. Legislation also goes through a “mark up,” when amendments are offered and changes are made to the legislation. Committee members then vote on the revised language. If the bill passes, it may be brought to the chamber floor by party leadership or may be subsequently referred to another committee which shares jurisdiction over the legislation.

The Committees of Jurisdiction for most issues affecting surgeons and surgical patients are:

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Much of the Division of Advocacy and Health Policy’s (DAHP) lobbying activity is primarily focused on the committees of jurisdiction, though each congressional office is covered by a DAHP lobbyist. DAHP lobbyists leverage their strong relationships with members of the majority and minority parties within these committees to effect change on particular pieces of legislation, including blockage of bills/amendments from ever being introduced. In addition, DAHP lobbyists seek opportunities for the College to testify at hearings or otherwise provide substantive policy recommendations to lawmakers.
How a Bill Becomes a Law

The following is a simplified step-by-step guide of the basic process of how a bill becomes a law under regular order/process.

Any Senator or Representative can introduce a bill by dropping it in the “hopper,” where it is then assigned a bill number and referred to the appropriate committee, or “committee of jurisdiction” by the House Speaker or Senate Majority Leader. The process becomes more complex as a bill’s policy and politics are debated, often times resulting in multi-year, drawn out legislative battles. Most often the majority of bills never see much action beyond introduction. For example, during the 112th Congress (2011-2012), 6,845 bills were introduced (an average of 15.7 per member) in the House, however only 561 were passed. That is .08%! The Senate numbers are even smaller.

During any of the steps below, there are a number of factors that could halt a piece of legislation, leaving the bill to languish.

1. Legislation is introduced in the House or Senate, and then referred to the committee(s) of jurisdiction for hearings and bill mark-ups. During this time, pieces of legislation are edited, re-drafted, and fine-tuned by the Members and staff on the committee. They conduct hearings, inviting specific public figures/experts to testify on how to improve a particular bill or handle a particular issue.

2. The committee or subcommittee votes on a final version of the bill.
   a. If the committee or subcommittee votes to pass the bill, it will be referred to either the full committee or the full chamber in which it was introduced for debate and votes.
      i. If the bill passes in the chamber in which it was introduced, it will go to the next chamber, which will repeat the committee process.
         1. If the next chamber passes the bill without amendments, it will go to the president, who will sign the bill into law or veto it.
         2. If the next chamber passes the bill with amendments, a conference committee will be formed of members of the House and Senate.
            a. The conference committee will discuss both approved bills, and create compromise language to be voted on by both chambers.

3. If both chambers pass the bill, it will go to the president to sign into law or veto. If the president vetoes a bill, it can still go back to Congress. If two-thirds (known as a “super majority”) of both chambers agree to override the veto, the bill will become law. If both chambers do not pass the bill, it will die or go back through the conference committee process.

If you have any questions about these processes, please don’t hesitate to contact the Division of Advocacy and Health Policy or visit www.house.gov or www.senate.gov.
Congressional Staff: Who’s Who?

WASHINGTON OFFICE POSITIONS

Chief of Staff: Top staff person responsible for overall office functions; oversees staff and budget; advises Member on political matters; responsible for hiring, promoting, and terminating staff; establishes office policies and procedures.

Legislative Director (LD): Establishes legislative agenda; directs legislative staff; serves as resource person for LAs; briefs Member on legislative matters; reviews constituent mail.

Press Secretary/Communications Director: Manages all communications with the media; speaks with reporters; prepares Member for interviews; drafts press releases, newspaper columns, and speeches. Often has or shares responsibility for Member’s social media presence.

Office Manager: Assists Chief of Staff in managing office functions, complying with Congressional Accountability Act and ethics policies, and financial disclosure reporting; maintains office equipment, furniture, supplies, and filing systems; manages office accounts.

Executive Assistant/Scheduler: Manages Member’s schedule; reviews and researches invitations; handles Member’s personal files, correspondence, and travel arrangements.

Legislative Assistant (LA): Handles Member’s priority issue areas; briefs Member on votes and hearings; develops legislation and strategies for legislative priorities; staffs Member at mark-ups and hearings; meets with constituents; answers constituent mail; prepares speeches and record statements.

Legislative Correspondent (LC): Researches and writes legislative correspondence; conducts legislative research; assists Legislative Assistants as needed.

Systems Administrator/Mail Manager: Manages all computer hardware and software systems used by office; maintains office website, Internet and Intranet systems; acts as liaison with vendors; answers staff’s computer questions; manages constituent mail processing.

Staff Assistant/Receptionist: Staffs the front reception area, greets visitors and answers telephones; processes tour and flag requests; responds to general constituent requests.

DISTRICT OFFICE POSITIONS

District Director: Manages overall district operation and work flow; responsible for recruiting, hiring, training, and managing district staff; represents Member at events; monitors district issues and politics, conducts staff outreach.

District Scheduler: Handles scheduling for Member in the district; makes appointments for Member; responds to invitations.

Field Representative: Works under the direction of the District Director; represents Member at meetings and events; helps shape Member’s district schedule; accompanies Member to functions; conducts staff outreach.

Constituent Services Representative/Caseworker: Handles constituent casework; meets with constituents; contacts agencies and researches cases; notifies constituents of case resolution.
American College of Surgeons
Advocacy & Health Policy Agenda

According to a 2010 survey of College members, Medicare reimbursement, liability reform, and quality improvement are amongst the top concerns for College members. These issues are at the forefront of the Division of Advocacy and Health Policy’s 2013 agenda.

**Legislative Advocacy – U.S. Congress**

- Physician Payment Reform
  - Repeal of the Sustainable Growth Rate (SGR) Formula
- Liability Reform
- Workforce: Graduate Medical Education (GME) and Indirect Medical Education (IME)
- Trauma Funding
- Medical Research Funding

**Regulatory Advocacy – CMS, FDA, & Other Agencies**

- AMA, RUC, & CPT
- Quality & Patient Safety
- Health Information Technology (HIT)
- Practice Management
- E-Prescribing (e-Rx)

You can view in-depth fact sheets about these issues, see the latest developments and contact your elected officials to take action by visiting [www.surgeonsvoice.org](http://www.surgeonsvoice.org). Be sure to check back often to see what legislation has emerged on the College’s agenda and which issues are hot topics.

Before you begin advocating for these issues, make sure you are prepared by reviewing your Capitol Hill basics and learning about the wide variety of ways to become an effective surgeon advocate found in the next two sections of this guide. If you have any questions, contact the Division of Advocacy and Health Policy.
The ACS Advocacy Structure

We hope you will become familiar with these advocacy committees as they serve to develop the resources and tools necessary to guide College advocacy activities and information. If you would like to contact any of these committee members—or if you are interested in committing your time and expertise to one of these committees—please contact the Division of Advocacy and Health Policy (DAHP).

**Structural Overview**

**Health Policy & Advocacy Group (HPAG)**

The Health Policy and Advocacy Group (HPAG) is the executive committee for the Division of Advocacy and Health Policy and is responsible for approving the recommendations made by the subcommittees. The HPAG sets the DAHP advocacy agenda and priorities, and aims to ensure that all advocacy related subcommittees are working in coordination with this policy agenda. Additional College leaders are members of, or involved, with HPAG, including representatives from the ACS Committee on Trauma, Commission on Cancer, the Chair of the ACS AMA Delegation, and the leadership from the Board of Governors.

The chair of the Health Policy and Advocacy Group is Andrew Warshaw, MD, FACS, a general surgeon from Boston, MA, and vice-chair is Michael Zinner, MD, FACS, a general surgeon from Boston, MA.

**Legislative Committee**

The Legislative Committee’s primary responsibility is to analyze federal legislation and provide policy position recommendations to the HPAG. Other committee duties include: identifying and developing a proactive legislative agenda for the Division of Advocacy and Health Policy; creating and/or providing input on legislative materials used for advocacy efforts by staff and College members on Capitol Hill; and serving as a knowledgeable resource for their colleagues regarding federal activities that impact surgeons and surgical patients.

The Legislative Committee is co-chaired by John Meara, MD, FACS, a pediatric plastic surgeon from Boston, MA and Don Selzer, a general surgeon from Indianapolis, IN. The vice-chair is H. Randolph Bailey, MD, FACS, a colon and rectal surgeon from Houston, TX.
**Health Policy Advisory Council (HPAC)**

The Health Policy Advisory Council is the grassroots advocacy committee for the College, and is based on the theory that “all politics is local.” In addition to an executive Regional Coordinating Committee (consisting of Region Chiefs), there is one Councilor from every ACS chapter who is responsible for fostering an extensive grassroots advocacy network throughout their chapter. In doing so, Councilors must develop an expertise on regulatory and health care policy issues, promote grassroots and political advocacy among their chapter members, and communicate feedback on legislative and regulatory policy and implementation from surgeons on the ground in their chapters back to the ACS Division of Advocacy and Health Policy. A special effort is made to ensure that the Council is diverse in terms of specialty, age, race, and gender to ensure that all rank-and-file members of the College are represented.

The chair of the Health Policy and Advocacy Council is Charles Mabry, MD, FACS, a general surgeon from Pine Bluff, AR, and the vice-chair is Howard Snyder, MD, FACS, a pediatric urologist from Philadelphia, PA.

**ACSPA-Surgeons PAC Board of Directors**

The Surgeons PAC Board of Directors is responsible for establishing the policies, disbursement strategies and fundraising activities for the Political Action Committee’s operations. In particular, the PAC Board plays a major role in determining procedures for solicitation and collection of contributions as well as the subsequent distribution of funds to candidates. PAC Board members are experts on the political process and are expected to monitor close races and candidates for potential PAC support throughout the election cycle, working to decide which candidates and incumbents warrant PAC support.

The chair of the PAC Board is Robert Bahnson, MD, FACS, a urological surgeon from Columbus, OH, and vice-chair is Patrick Bailey, MD, FACS, a pediatric surgeon from Scottsdale, AZ.
Health Policy Advisory Council
Region Chiefs & Councilors

The grassroots advocacy leadership structure for the College is comprised of an executive Health Policy Advisory Council (also known as the Region Chiefs), and one Councilor from each ACS chapter who is responsible for fostering an extensive grassroots advocacy network throughout their chapter. Region Chiefs and Councilors must develop an expertise on regulatory and health care policy issues, promote grassroots and political advocacy among their chapter members, and communicate feedback on legislative and regulatory policy and implementation from surgeons on the ground in their chapters back to the Division of Advocacy and Health Policy.

Region Chiefs

Region Chiefs from each of the 10 regions are appointed by the ACS Health Policy and Advocacy Group (HPAG), for one three-year term, with eligibility for reappointment for a second three-year term. The Region Chiefs will have two, funded, in-person meetings annually coinciding with the College’s Advocacy Summit in the spring and Clinical Congress in the fall, and will meet via regularly scheduled conference call as deemed appropriate by the Chair.

Region 1  Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont
Region 2  New Jersey and New York
Region 3  Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
Region 4  Alabama, Florida, Georgia, North Carolina, South Carolina, Puerto Rico and U. S. Virgin Islands
Region 5  Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
Region 6  Arkansas, Louisiana, Kentucky, Tennessee, Mississippi and Texas
Region 7  Iowa, Kansas, Missouri, Nebraska and Oklahoma
Region 8  Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming
Region 9  Arizona, New Mexico, Nevada and California
Region 10 Alaska, Hawaii, Idaho, Oregon and Washington
Councilors

Councilors will include one representative from each chapter (66 chapters) as well as one representative from the College’s Committee on Trauma, the Commission on Cancer and each of the 13 Advisory Councils. Councilors are nominated by the SurgeonsVoice Committee (with input from chapters and Advisory Councils), approved by the Chair and appointed by the HPAG. Councilors are appointed for one three-year term, with eligibility for reappointment for a second three-year term and will meet in-person twice a year (unfunded) to coincide with the College’s Advocacy Summit and the Clinical Congress.

The activities of all Councilors will be tracked and monitored by the Division of Advocacy and Health Policy. Regular participation reminders will be sent and awards such as “Councilor of the Year” and “Region of the Year” will be given out each year at the Advocacy Summit.

Region Chief & Councilor Duties

- Attend the College’s spring Advocacy Summit and SurgeonsVoice Briefing at Clinical Congress.
- Participate in quarterly “Washington Insider Webinars” which will last approximately one hour. These briefing calls are critical to cultivating a uniformly knowledgeable network of advocates, to creating a leadership structure among those advocates, and to ensuring that ACS has the ability to engage our grassroots leaders quickly and effectively when action is required on federal legislative issues. Therefore, Councilors are expected to regularly participate in these calls.
- Support the state and federal advocacy efforts and strategic College initiatives.
- Annually support the ACSPA-SurgeonsPAC, as well as actively solicit voluntary contributions to SurgeonsPAC from colleagues who are FACS, and meet a fundraising goal of $2,500.
- Maintain knowledge of Chapter/State information and statistics and incorporate that information into legislative and political activities. Provide at least one legislative update to the Chapter each year (presentation at Chapter’s annual meeting, via a printed or electronic newsletter, or via email to members).
- Distribute ACS action alerts for maximum local participation within appropriate channels.
- Conduct additional targeted recruitment of ACS members to assist in high level advocacy activities.
- Complete 5-7 district-based activities in each calendar year (see menu below).

These activities are designed to build relationships between surgeon advocates and their elected officials over time, foster name and face recognition, and provide more consistent high level information exchanges with lawmakers.
Menu of Activities for Region Chiefs & Councilors

Region Chiefs and Councilors are expected to complete 5-7 of these activities each calendar year:

- Participate by conference call/webinar in 3 or more briefings
- Forward Action Alerts to a minimum of 10 ACS colleagues and encourage their response in a timely fashion
- Participate in a meeting in a Member of Congress’ local district office, preferably with the Member but also with staff and/or participate in the DOCS program
- Host a tour of your practice for a Member of Congress and/or staff
- Recruit a new Councilor (from a chapter not already covered, as needed)
- Write a Letter to the Editor (local news media)
- Write an Opinion Editorial (local news media)
- Pitch an ACS-related story (local news media)
- Routinely talk about SurgeonsPAC and encourage ACS Fellows to contribute
- Work with PAC staff to deliver a SurgeonsPAC check locally to a congressional candidate or attend a local fundraiser as a representative of SurgeonsPAC
- Provide input on (and, as appropriate, meet with) candidates to be supported by SurgeonsPAC
- Attend political events and support activities sponsored by SurgeonsPAC
- Attend the Advocacy Summit in Washington, DC
- Attend the SurgeonsVoice Briefing at Clinical Congress

An important part of your job as an advocacy leader is to conduct solicitations for SurgeonsPAC among the Fellows in your state. To do this, you will need to:

- Explain the purpose of the PAC and its importance to our profession;
- Explain the benefits of supporting the PAC and why contributions are needed;
- Answer questions about the PAC; and
- Ask your colleagues to contribute to SurgeonsPAC.

You will receive a PAC toolkit containing fact sheets, brochures and contribution forms to distribute to your colleagues, as well as a power point presentation about the PAC to show at chapter meetings and events.
Health Policy Advisory Council  
Councilor Recruitment Form

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Please provide a brief description of previous advocacy experience and/or specific areas of interest, or relationships with, elected officials.

Please sign here to indicate that you have read and agreed to the responsibilities and expectations set forth in this document.

__________________________  ________________________
Signature                  Date

Please complete this application and submit via Email (ahp@facs.org) or FAX (202.337-4271)

For Office Use Only

<table>
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<td>Nominating Physician (if applicable)</td>
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District Office Contacts by Surgeons (DOCS Program)

Mission

District Office Contacts by Surgeons (DOCS) program participants routinely meet with their Representative and Senators in their state district offices during House and Senate recesses (“in-district work periods”) and advocate on issues critical to surgery. These meetings foster lasting relationships between participating surgeons and members of Congress and promote surgeons as knowledgeable and trusted resources on healthcare policy.

Nothing is more important than personal relationships with members of Congress. Conversely, to a Member of Congress, there is nothing more valuable than the input and support from constituents. An organized network of active surgeons, regularly participating in meetings with policymakers and their staff, will be extremely valuable in the success of advancing the ACS advocacy agenda. Join the DOCS program and become a key contact with your legislators.

DOCS Composition and Requirements

- There will be a DOCS team for each U.S. congressional district, which also represents the state for meetings with Senators. Each DOCS team will have an experienced surgeon advocate leading the meetings with elected officials and their staff in home district offices (3-4 times/year). The group will report back to the ACS Division of Advocacy and Health Policy on the results of the meeting and coordinate any necessary follow-up. These engaged Fellows, of all specialties, will become the critical surgeon advocates leading the advancement of surgery’s health policy agenda.

- DOCS team members are expected to participate in quarterly “Washington Insider Webinars,” usually a one hour presentation. These webinars are critical to cultivating the national network of advocates and coordinating our messages for the legislators.

- Visit www.surgeonsvoice.org and utilize useful information to assist you in planning and executing your in-district advocacy efforts. Many resources are available, including:
  - Comprehensive Grassroots Advocacy Guide
  - Presentations and Issue Briefs
  - Successful Meeting Tips
  - Archive of Past Webinars
  - Meeting Feedback Forms
  - And More...
# DOCS Program Enrollment Form

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Please provide a brief description of previous advocacy experience and/or specific areas of interest, or relationships with, elected officials.

| Other Interested Fellows |

Please sign here to indicate that you have read and agreed to the responsibilities and expectations set forth in this document.

| Signature | Date |

Please complete this application and submit via Email (`ahp@facs.org`) or FAX (202:337-4271)
2014 Leadership & Advocacy Summit  
Save the Date  
March 30-April 1, 2014

The Advocacy Summit is your best opportunity to learn all the skills and information necessary to become a seasoned surgeon advocate. During this three day conference in Washington DC, you will:

- Receive comprehensive advocacy training, and learn how to use your skills throughout the year, not just when in Washington;
- Learn about what issues are hot on the Hill, and the status of other important health care issues;
- Understand the political environment in Washington, and how the elections are shaping up;
- Meet with your fellow surgeon advocates and advocacy leaders, and share ideas and advocacy strategies;
- Hear from top Washington insiders on the latest “inside the Beltway” conversations;
- Utilize what you have learned and attend face-to-face meetings with their Senators and Representative and/or congressional staff
ACSPA-SurgeonsPAC

Surgery's political strength starts with ACSPA-SurgeonsPAC! As the political arm of the American College of Surgeons Professional Association, SurgeonsPAC enables advocates to build the necessary relationships with Representatives and Senators to educate them about the issues that affect the surgical practice environment.

There is enormous power and potential to be tapped through political engagement. As a non-partisan PAC, SurgeonsPAC influences the make-up of Congress by contributing to incumbents and candidates who have acted as champions for surgery, regardless of their party affiliation.

The growth of SurgeonsPAC—in size and political influence—is vital to the College’s overall surgical advocacy efforts. All U.S. Members of the College are eligible to join SurgeonsPAC. An individual may contribute up to $5,000 per year to a Political Action Committee (PAC) such as SurgeonsPAC. Contributions are voluntary and are not tax-deductible.

There are many ways surgeons can get involved with the help of SurgeonsPAC and help to elect Members of Congress who understand the critical role that surgeons play in the U.S. health care system, including the following:

• Visit the SurgeonsPAC Web site at www.surgeonspac.org for more information on how to get involved with the PAC and for disbursement lists of candidates the PAC has supported.

• Volunteer for, and contribute to, the candidate’s campaign, and be sure to be included on his or her health care advisory board if applicable. (Many members of Congress and candidates set up boards or panels comprised of physicians and others with medical expertise to help guide policy decisions.)

• Set up in-district delivery of ACSPA-SurgeonsPAC checks (a great way for physicians to get to know their member of Congress or candidate and/or to help cultivate the existing relationship).

• Host an in-district fundraiser for fellow surgeons and the greater physician community, benefiting the candidate in the physician’s district.

Individual relationships with members of Congress and staff are critical to the success of surgery’s advocacy efforts on Capitol Hill. SurgeonsPAC is a great tool to help cultivate these vital contacts.

Contact SurgeonsPAC staff at acspa@facs.org or visit www.surgeonspac.org for more information.
A Guide to In-District Meetings

Why Meet In-District?

To be an effective surgeon advocate, nothing is more important than personal relationships with Members of Congress. Conversely, to a Member of Congress, there is nothing more valuable than the input and support from their constituents (voters!). Meeting with policymakers and/or their staff will be extremely valuable in advancing the overall surgical advocacy agenda, and provide you the opportunity to develop key contacts with your legislators.

All U.S. Representatives and Senators have one or more offices in their home district or state for constituent service, which serve as a readily accessible meeting point when they are home.

Typical dates of Congressional in-district work periods are:

- President’s Day (mid-February)
- Easter/Passover (March or April)
- Memorial Day (late May)
- Independence Day (week of July 4th)
- Summer (August to Labor Day)
- Target Adjournment (early October)

If Congress has not officially adjourned in early October (as it often doesn’t), additional work periods will include:

- Columbus Day (October)
- Veteran’s Day (November)
- Thanksgiving (November)

Congress will usually be adjourned for the month of December and reconvene after the New Year.

Meeting Set-up

1. Search for the websites of your Representative (www.house.gov) and Senators (www.senate.gov), which contain the in-district office contact information, as well as preferred scheduling procedures (each office is different). Senators have multiple offices across their states. To schedule an appointment, contact the office that is most convenient to you.

2. Be sure to provide your name, contact information (including congressional district), and mention which issue(s) you would like to discuss. Please let them know you are a surgeon, and if you have met with them before.

3. Persistence is key! Contact the scheduler in the legislator’s district office and tell them you are following-up on a meeting request.

4. Keep in mind that your legislators maintain extremely busy schedules when they are in district. Your appointment time will be brief, and is often subject to change.

5. Once you have a meeting scheduled (or you need extra help), please email Washington Office staff at ahp@facs.org.
Having a Successful Meeting

As a surgeon advocate, your most powerful tool is frequent contact and meetings with your elected officials to offer your expertise to keep them informed on key surgical issues. Your personal experience brings a human touch to the issues they have often only read about on paper or know in terms of numbers and cold policy jargon. Also you must not forget...you represent a vote! Most policy makers, and their staff, will be grateful to have the reliable resource of a constituent’s experienced perspective on often complicated issues. Use the tips below to have the best possible meeting, which can lay the groundwork to develop mutually beneficial future relationships.

- **Visit your Representative’s and two Senators’ websites**, taking some time to read their biographies and the issues they support, what committees they sit on, what leadership role he or she may have, and what caucuses they might sit on (helps identify issues of key importance to each legislator). You can also sign up for their e-newsletters, which will keep you up to date on what your legislators are doing.
- **“Friend” or “Follow” your Representative and Senators on social media.** Many politicians rely on social media as a quick and easy way to get the word out to constituents. And it is a two-way medium—you can let them know what you think by responding to their posts.
- **Know the issues.** Before your meeting, review the position(s) you are trying to convey. Be focused, and don’t plan to talk about too much in one visit. Routinely read *NewsScope* and the *ACS Advocate* to keep abreast of the latest developments in health policy. You may also research your legislator’s voting record to help you prepare for what issues you choose to discuss.
- **Frame your issue** in the context of your legislator’s viewpoint. Include real-life examples of how this particular legislation will help or hurt you, your patients or your district.
- Always be clear with your legislator about what you want to them to do—in other words, **have an “ask”**! This reinforces the importance of your communication and holds the legislator accountable. “Asks” range from cosponsoring and supporting a bill, to simply asking your legislator to keep in touch and use you as a resource as a constituent with expertise on healthcare issues.
- When you meet with a legislator, it is important to **let ACS Division of Advocacy and Health Policy know:**
  - What was the outcome?
  - Did the legislator promise to do something?
  - Did the legislator ask for more information that we can provide?
  - Fill out the Meeting Evaluation Form.
Congressional Meetings: Do’s & Don’ts

Do...

✓ learn about your legislators.
✓ your homework and stay on message.
✓ bring relevant data and statistics.
✓ take a photo of you with the legislator (if appropriate).
✓ be flexible and prepared for appointment changes. Legislators’ schedules often change at a moment’s notice. Don’t be surprised if your meeting gets cut short, takes place in a hallway, or changes from a member meeting to a staff meeting.
✓ be personal. Facts and figures are great, but don’t forget to convey your personal experiences as a surgeon. Put the issues you’re discussing into perspective for your legislators, and ALWAYS connect the issue to your district.
✓ be helpful. Don’t be demanding—offer to be a resource for your legislator if they need any more information on how potential legislation will impact surgeons in the trenches. Many members of Congress have health care advisory groups that you may request to participate in.
✓ feel free to say “I don’t know.” You may be asked questions you don’t know the answers to. Don’t be afraid to say that you don’t know, but will find out. Contact the DAHP for any additional information you need, and promptly follow up.
✓ be respectful of staff. Don’t underestimate the power of meeting with health policy staff. They are often very knowledgeable and always advise the legislators on votes! Many staff are in their early-20s—don’t let this lead you to believe they are not extremely influential.
✓ follow-up and through. Follow-up within a few days of the meeting to tie up any loose ends, thank them for taking the time to meet with you, and let them know you look forward to meeting again in the near future. If you offered to provide additional information make sure you do it promptly. Let the DAHP know how your meeting went so we can follow up with their Washington, DC staff.
✓ contact the Division of Advocacy and Health Policy for assistance, advice and additional information!

Don’t...

× discuss campaign contributions. The appropriate time to discuss campaign contributions is at a fundraiser, not a policy meeting. In fact, ethic rules prohibit your member of Congress and their staff from discussing their political campaign with you during this type of meeting.
× include extraneous participants in the meeting. Meeting space is limited on Capitol Hill and in district offices.
× offer answers you don’t have. If there is an answer to a question that you do not know, always offer to find out and follow up. DAHP staff can provide you with the requested information or materials.
× believe someone else is taking care of your advocacy.
× be intimidated. Members of Congress are elected by the people and therefore they work for you, regardless of how you voted.
× express partisanship. Members of Congress represent all constituents, regardless of political ideology.
× forget to make your ASK. Members aim to please their constituents. Make sure they DO know what you want and offer options so that if one goal is not tangible, they may satisfy the other.
Sample Letters to Legislators

Sample requests for an appointment:

DATE
The Honorable XX
Attention: Scheduler
[District Office address]

Dear Senator/Representative XX,

As a constituent and surgeon, I am writing to request an appointment with [Senator/Representative XX] in [name of town where nearest district office is] on [insert date and times available] to discuss [issue(s)].

Please contact me to let me know when the [senator/representative] or the relevant staff member might be available to meet. I will follow up with you in the next week by phone. Thank you for considering my request.

Sincerely,
[Name]
[Contact information]

**************************************************************************************

DATE
The Honorable XX
Attention: Scheduler
[District Office address]

Dear Senator/Representative XX,

My name is Dr. John Doe, and I am a surgeon in your district.

I would like to meet with you in your district office to discuss pending federal legislation that will affect how I am able to care for my patients—many of whom are your constituents. Specifically, I would like to discuss medical liability reform and the potential impact of H.R. 5 on my practice and on access to surgical care in our district.

Please feel free to contact me to schedule an appointment at johndoemd@email.com or at 555-555-5555. Thank you in advance for your consideration and I look forward to hearing from you soon.

Sincerely,
John Doe, MD, FACS
[home address]
Sample request to attend an event:

Date

The Honorable XX
[United States Senate/U.S. House of Representatives]
[DC Office address]

Dear [Rep/Senator Name]:

I am writing to invite you to a public forum we are hosting to educate patients in the [REGION] area about the __________. As a leader in supporting efforts to ______, I would be honored to have you attend and speak at this event.

The public forum will take place on [DAY], [DATE] at [TIME] at [LOCATION]. I would be happy to have you welcome the crowd and speak about the importance ______ in the [REGION] area and throughout [STATE]. Other speakers at the forum will include: [LIST FORUM SPEAKERS].

Please call me with any questions or comments you may have about this event at [xxx-xxx-xxxx or EMAIL]. I will call your office next week to follow up and provide you with more information.

Thank you again for your support. I look forward to hearing from you in the near future.

Sincerely,

[Name]
[Contact Information]
Advocacy Terms

Act: Legislation that has passed both Houses of Congress and become law.

Adjourn: To close a legislative day.

Amendment: A change in a bill or document by adding, substituting or omitting portions of it.

Appropriations Bill: Legislation that provides funds for authorized programs.

Authorization Bill: Legislation establishing a program and setting funding limits.

Bill: Legislation introduced in either the House or Senate.

By Request: Phrase used when a Member introduces a bill at the request of an executive agency or private organization but does not necessarily endorse the legislation.

Calendar: List and schedule of bills to be considered by a committee.

Caucus: Meeting of Republican or Democratic Members of Congress to determine policy and/or choose leaders.

Chair: Presiding Officer.

Chamber: Place where the entire House or Senate meets to conduct business; also, the House of Representatives or the Senate itself.

Clean Bill: A bill which has been revised in mark-up. Amendments are assembled with unchanged language and the bill is referred to the floor with a new number.

Cloak Rooms: Small rooms off the House and Senate floor where Members can rest and hold informal conferences.

Closed Hearings: Hearings closed to all but Members, staff and witnesses testifying; also called Executive Hearings.

Closed Rule: In the House, a prohibition against amendments not approved by the committee which brought the bill to the floor. The House must either accept or reject the bill as-is.

Cloture: Method of limiting debate or ending a filibuster in the Senate. At least 60 Senators must vote in favor before cloture can be invoked.

Co-sponsor: Member who joins in sponsoring legislation but who is not the principal sponsor or the one who introduced the legislation.

Commit: To refer a bill or matter to a committee.

Committee: A group of Members assigned to give special consideration to certain bills. See Standing Committee, Joint Committee, Special Committee.

Committee of the Whole: A mechanism to expedite business in the House whereby the House itself becomes a committee, allowing for less rigid rules and a quorum of 100 instead of 218.
**Companion Bills:** Identical bills introduced separately in both the Senate and the House.

**Concurrent Resolution:** Legislative action used to express the position of the House or Senate. Does not have the force of law.

**Conference Committee:** Meeting between Representatives and Senators to resolve differences when two versions of a similar bill have been passed by the House and Senate.

**Congressional Record:** Official transcript of the proceedings in Congress.

**Continuing Resolution:** A resolution enacted to allow specific Executive Branch agencies to continue operating even though funds have not been appropriated for them for the following fiscal year.

**Discharge Petition:** 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 in the House or Senate.

**Engrossed Bill:** Final copy of a bill passed by either the House or Senate with amendments. The bill is then delivered to the other chamber.

**Enrolled Bill:** Final copy of a bill that has passed both the House and Senate in identical form.

**Extension of Remarks:** When a Member of Congress inserts material in the Congressional Record which is not directly related to the debate underway.

**Filibuster:** Tactic used in the Senate whereby a minority intentionally delays a vote.

**Final Passage:** Adoption of a bill after all amendments have been voted on.

**Fiscal Year:** Accounting year. For the Federal Government, the fiscal year (FY) is October 1 to September 30 of the following calendar year.

**Five-Minute Rule:** Rule which allows any House member to propose an amendment and debate it for five minutes. Opponents and supporters of the amendment have five minutes to debate it.

**Floor Manager:** A Member who attempts to direct a bill through the debate and amendment process to a final vote.

**General Consent:** A unanimous silent vote. If there is no objection to the matter, it is resolved without a formal vote.

**Germane:** In the House, all amendments must have some relation to the bill in question.

**Hearing:** Committee sessions for hearing witnesses.

**Holds:** A courtesy afforded Senators which allows them to delay legislation for a reasonable period. The Majority Leader can override a hold.

**Hopper:** Box on the desk of the Clerk of the House where sponsors submit their bills.

**Hour Rule:** When the House is sitting as the full House, each Member has one hour to debate amendments. In the Committee of the Whole, the five minute rule is in effect.
**Jefferson's Manual**: Basic rules of parliamentary procedure adopted by both chambers.

**Joint Committee**: Committee composed of Members of both the House and Senate.

**Joint Resolution**: Legislation similar to a bill that has the force of law if passed by both houses and signed by the President, generally used for special circumstances.

**Lame Duck**: Member of Congress (or the President) who has not been reelected but whose term has not yet expired.

**Leader Time**: Ten minutes given to the Majority and Minority Leaders at the beginning of each day Congress is in session.

**Legislative Day**: In the Senate, the period of time between convening until the Senate adjourns, not necessarily a calendar day.

**Lobbying**: The process of attempting to influence the passage, defeat or content of legislation by individuals or a group other than Members of Congress.

**Logrolling**: Process whereby Members help each other get particular legislation passed. One Member will help another on one piece of legislation in return for similar help.

**Main Motion**: Motion that introduces the business or proposal to the assembly for action.

**Majority Leader**: Chief spokesman and strategist for the majority party, elected by members of the majority party.

**Marking Up a Bill**: Process, usually in committee, of analyzing a piece of legislation section by section and making changes.

**Member**: A U.S. Senator or U.S. Representative.

**Minority Leader**: Chief spokesman and strategist for the minority party, elected by members of the minority party.

**Motion**: Proposal presented to a legislative body for consideration.

**Motion to Table**: Proposal to postpone consideration of a matter in the Senate.

**Omnibus Bill**: Bill regarding a single subject that combines many different aspects of that subject.

**One-Day Rule**: In the Senate, a requirement that measures reported from committee be held for at least one legislative day before being brought to the floor.

**Open Rule**: In the House, permission to offer amendments to a particular bill during floor debate.

**Override a Veto**: When both the House and Senate vote by a two-thirds majority to set aside a Presidential veto of legislation.

**Pairing**: System whereby two Members jointly agree not to vote on a particular matter.

**Petition**: Plea by an individual or organization for a chamber to consider particular legislation.
Pocket Veto: When the President does not sign or veto legislation submitted to him by Congress within ten days of adjournment, the bill dies.

Point of Order: An objection that language, an amendment or bill is in violation of a rule. Also used to force a quorum call.

President of the Senate: The Vice President of the United States is designated by the Constitution as the President of the Senate. The President of the Senate casts a vote only in cases of a tie.

Previous Question: In the House, a request to end all debate and force a vote.

Private Bill: Bill designed to benefit a certain individual or business.

President Pro Tempore: Senator who presides over the Senate in the absence of the Vice President of the U.S. The President Pro Tem is usually the longest serving member of the majority party.

Public Law: Designation used for legislation that has been passed by both chambers and signed by the President.

Quorum: The number of Senators or Representatives who must be present before a legislative body can conduct official business.

Quorum Call: In the Senate, a method of determining whether there is a quorum. Often used to suspend debate without adjourning.

Ranking Members: The members of the majority and minority party on a committee next in seniority after the chairman.

Recess: Temporary halt to proceedings, with a time set for proceedings to resume.

Record Vote: Vote in which Members of Congress indicate their vote orally for listing in the Congressional Record.

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

Resolution: A measure passed only in one house to express the sentiment of that chamber. A simple resolution does not have the force of law.

Rider: A measure added to another, often unrelated, bill with the purpose of one piece of legislation passing on the strength of another.

Roll Call Vote: In the House, an oral vote for which a record is kept.

Seniority: Length of unbroken service. Often used to determine rank on committees.

Seriatim Consideration: Consideration of a motion line by line.

Sine Die: Final adjournment at the end of a session. Bills under consideration but not enacted must be reintroduced in the next session.

Speaker: The presiding officer of the House, elected by members of the House.
**Sponsor:** The Representative or Senator who introduces a measure.

**Suspend the Rules:** Procedural action in the House whereby a two-thirds majority can vote to bring a measure to a vote after forty minutes of debate.

**Table a Bill:** Motion to kill a bill by cutting off consideration of it. Such motions are not debatable.

**Teller Vote:** A vote in the House in which Members file past tellers who count the votes. The total vote is recorded, but no record is kept on how each member voted.

**Three-Day Rule:** In the House, a requirement that measures reported from committee be held for at least three calendar days (not counting weekends and holidays) before being brought to the floor. Similar to the One-Day Rule in the Senate.

**Unanimous Consent:** A procedure whereby a matter is considered agreed to if no Member on the floor objects. Unanimous Consent motions save time by eliminating the need for a vote.

**Unlimited Debate:** In the Senate, the right of any Senator to talk as long as desired during floor debates on a bill.

**Whip:** Assistant leader for each party in each chamber who keeps other members of the party informed of the legislative agenda of the leader. Also tracks sentiment among party members for certain legislation and tries to persuade Members to be present and vote for measures important to the leadership.

**Yield:** Permission granted by the Member who has the floor to another Member who wishes to make a comment or ask a question.

*all definitions found from CQ’s “Glossary of Congressional Terms”*