Surgeons as Advocates
A SurgeonsVoice Handbook for Advocacy
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SurgeonsVoice

SurgeonsVoice is the American College of Surgeons Professional Association’s nationwide, interactive advocacy program that provides surgeons with the tools to strengthen surgery’s impact in Congress, and legislatures across 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 and State Legislatures work, 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, the do's and don’ts of a successful meeting, and much more.

An Introduction to Advocacy

As surgeons, responsibility to our patients and our surgical practices goes far beyond the operating room. Every day in Washington, DC, and in state capitols around the country, 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 behalf of all surgeons to influence healthcare policy in Washington and around the country; the College must capitalize on your power as surgeons and as constituents and partner with you to affect true health policy change.

Health policy remains one of the most hotly debated topics on Capitol Hill and in state legislatures. SurgeonsVoice is surgery’s grassroots advocacy program designed to educate, advocate and motivate Congress and State Legislatures, and impact their decisions. To be successful, grassroots advocacy must create and sustain positive momentum to influence the debate. It is every surgeon’s duty to bring a surgical perspective and expertise to decision makers.

You are the most effective advocate for the issues directly impacting your surgical practice and your patients. As an expert, and constituent, your elected officials want to hear from you. Legislators want to know how a specific issue will affect their districts and they look to their surgeon constituents for answers that can help guide their decisions. Since you vote for your legislators, it is your voice and your experiences that can help guide their decisions.

It is crucial to remember that advocacy is an ongoing process. First encounters with legislators may be brief and introductory. By continuing to cultivate these relationships over time, surgical issues of importance will be elevated in legislators’ minds. 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 state and congressional district nationwide, establishing professional and personal relationships with decision makers, both in and out of the legislative arena. Become the constituent a legislator wants to hear from, knows, and trusts.

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 changes every ten years based on census data. Many state governments completed re-drawing district maps as a result of the 2010 census. Visit www.surgeonsvoice.org to find out who your elected officials are.

The Committee Structure

Each session a large number of bills on various subject matters are introduced in the House and Senate. A session runs for two years on the same cycle as the House elections. In order to accommodate the number of proposed bills, the House and Senate establish committees with jurisdiction over specific subject matter areas. Committees and subcommittees have a Chair from the party holding the majority in their respective chamber, 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 each new Congress. Based upon the size of its majority for that congressional session, the party in the majority holds more seats on each committee.

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 process called “mark up,” whereby amendments are offered and changes are made to the legislation. Committee members then vote on the revised language. If a 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 or amendments. In addition, DAHP lobbyists seek opportunities for College advocacy leaders 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.

Any Senator or Representative can introduce a bill by dropping it in the “hopper.” It is then assigned a bill number and referred to the appropriate “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. This often results in multi-year, drawn out legislative battles. Most bills never receive legislative 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, but only 561 were passed. That is .08%! The numbers in the Senate were even smaller.

During any of the steps below, a number of factors can halt a piece of legislation, leaving a 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 or 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 or changes, 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 or changes, 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 then go to the president to be signed into law or vetoed. If the president vetoes a bill, it can still be enacted by Congress if two-thirds (known as a “super majority”) of both chambers agree to override the veto. If both chambers do not pass the bill, the bill “dies” or goes 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.
State Legislatures: Structures and Processes

In many ways, state legislatures are structured very similar to the U.S. Congress, and often function much the same way. However, each state has a unique take on the legislative process, and it is important to understand how your state legislature is organized and how it functions. Here are some basic guidelines for learning about legislation in your state.

Generally speaking, state legislatures are composed of two chambers (bicameral), a senate/upper chamber and a house/lower chamber. In some cases, a state legislature refers to the second chamber as the assembly instead of the house. Only one state, Nebraska, has a unicameral legislature called the senate.

What legislators call themselves can vary from state to state. All members of a state senate are called senator, and most members of a state house are referred to as representative. For a state assembly, the member is referred to as assemblyman or assemblywoman. In a few states the members of the state house or assembly are called delegates.

State Legislative Process

There are similarities between how state legislatures and Congress function. In general, most state legislation begins by being introduced by a member of the legislature. Bills are introduced for various reasons – personal priority for the legislator, a district priority, a constituent request, or a request from an interest group. After a bill is introduced it continues through the legislative process, which varies by state, and is assigned to a committee of appropriate jurisdiction for a hearing. For example, a healthcare bill would most likely be referred to the committee with jurisdiction over health related subject. Following the hearing, if the bill is voted out successfully by the committee, the bill can be considered by the full chamber or sent to another committee of cognizance for further action.

Assuming passage in the originating chamber, the bill will then begin the process over again in the second chamber.

Stages of the legislative process for a bill are categorized as first reading, second reading and third reading. When assigned to the committee of jurisdiction, the bill is considered at first reading. When voted out of committee, the bill is at second reading. Following debate on the floor of the chamber, the bill progresses to third reading, and can be voted on at that time. Following passage in the chamber of origin, the bill starts the process over again in the second chamber.

If a bill passes one chamber, and is amended and passed by the second chamber, it goes back to the first chamber for reconsideration. The first chamber can vote to accept the amended version if it agrees with the amendments, or it can request a conference committee to negotiate revisions. In most cases, the bill that comes out of the conference committee will be approved by both chambers. However, some states do not have the option for a conference committee and each chamber must pass the exact same version of the bill before it continues to the Governor.
**State Legislative Websites**

State websites contain a wealth of information about the legislative activities in a state. You can learn about the process of how a bill becomes a law, who your state legislators are, obtain biographical information on each legislator, visit an individual legislator's website, determine the status of specific bills, access state statutes, and more. While each state website has its own unique features, you can usually search by keywords in addition to sponsors and bill numbers. A few even offer e-tracking capabilities. For instance, once you have selected a bill the system will email action updates or save it in a report so you do not need to run the same search again. A full list of state legislature websites is available in the Appendix, on page 47.

**Monitor Legislation**

How do you know what is happening in the state legislature? Using the relationships you have so carefully built is a start. But there are other ways to monitor legislation. Do not always rely on one source, or person, to tell you what is important, as their priorities may not be the same as yours. The State Affairs Team at the College tracks legislation and can help you anticipate issues that may be introduced in your state based on the trends in other states. A list of current bills being tracked is available on the College’s website at https://www.facs.org/advocacy/state/legislation, and staff is also available to provide updates on what bills are being monitored.

**Your State Chapter and Medical Society**

Although not all ACS Chapters are actively involved in state advocacy, some of them do have a legislative committee and/or hire a lobbyist. Many chapters also provide opportunities to get involved in state advocacy, through such events as a Chapter Lobby Day (https://www.facs.org/advocacy/state/chapter-grant) or Doctor for a Day program. Another helpful resource can be other state medical and specialty societies. Many state medical and specialty societies list legislation being monitored on their websites, or e-mail legislative alerts to their members. They may also send hard copies in the mail. Checking the websites of organizations with opposing views is also helpful, and is a great way to stay ahead of the game and determine what their strategy will be during the legislative session.
American College of Surgeons
Advocacy & Health Policy Agenda

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 2015 agenda.

Legislative Advocacy – U.S. Congress
- Physician Payment Reform
- 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)

State Advocacy
- Medical Liability Reform (Provider Shield, Disclosure, Apology and Offer)
- Quality/Patient Safety (Scope of Practice, Injury Prevention, Definition of Surgery)
- Workforce/Surgical Practice (Uniform Emergency Volunteer Health Practitioner Act (UEVHPA), Trauma Systems and Funding, Narrow/Tiered Networks)
- Physician Payment (Provider Taxes, State Health Exchanges)
- Miscellaneous Issues: Uniform Accident and Sickness Policy Provision Law (UPPL), regulation of office-based surgery, licensing, Medicaid reimbursement, early disclosure, insurance coverage of bariatric surgery, general Affordable Care implementation issues, etc.

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. 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, be sure you are prepared by reviewing your advocacy basics and learning about the wide variety of ways to become an effective surgeon advocate. 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 following 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)

Legislative Committee

General Surgery Coding & Reimbursement Committee (GSCRC)

Health Policy Advisory Council (HPAC)

ACSPA-SurgeonsPAC Board of Directors

Health Policy and 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 its subcommittees. The HPAG sets the DAHP advocacy agenda and priorities, and aims to ensure that all advocacy related subcommittees are working in coordination with its 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, as well as the leadership from the Board of Governors.

Legislative Committee

The Legislative Committee’s primary responsibility is to analyze legislation and provide policy position recommendations to 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 in state legislatures; and serving as a knowledgeable resource for their colleagues regarding legislative activities that impact surgeons and surgical patients.
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 at least one Councilor from every ACS chapter. Councilors are 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 from surgeons in their chapters back to the Division of Advocacy and Health Policy. Special effort is made to ensure that the Council is diverse in specialty, age, race, and gender such that all rank-and-file members of the College are well represented.

ACSPA-SurgeonsPAC Board of Directors

The SurgeonsPAC Board of Directors is responsible for establishing the policies, disbursement strategies and fundraising activities for the American College of Surgeons Professional Association 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.
Health Policy Advisory Council
Region Chiefs & Councilors

The grassroots advocacy leadership structure for the College is comprised of a Health Policy Advisory Council (governed by a committee of Region Chiefs), and at least 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 from surgeons 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. They will also meet via regularly scheduled conference calls 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, and 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 at least 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 HPAC Region Chiefs (with input from chapters and Advisory Councils), and are approved by the Chair. Councilors will meet in-person twice a year (unfunded) to coincide with the College’s Advocacy Summit and the Clinical Congress.

The former State Advocacy Representative (StAR) program has been incorporated into the HPAC Councilor program, and while participants will continue to serve as “StARs” to be the “eyes & ears” of the College at the state level, as Councilors participants will now have the opportunity to participate as an advocate on both the state and federal level.

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 Advocacy Insider conference calls 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 state and federal legislative issues. Councilors are expected to regularly participate in these calls.
- Support 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 to maximize local participation in their area.
- 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
- Contact a minimum of 10 ACS colleagues and encourage their response to SurgeonsVoice action alerts in a timely fashion
- Participate in a meeting in a State Legislator's/Member of Congress’ local district office, preferably with the Member and/or participate in the DOCS program
- Host a tour of their practice for a Member of Congress/State Legislator and/or staff
- Represent the College in meetings with State Legislators and agency staff as needed
- Recruit a new Councilor
- 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 locally 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
- Participate in your state chapter’s lobby day

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](mailto:ahp@facs.org)) or FAX (202-337-4271)

| Nominating State Chapter (if applicable) |  |
| Nominating Physician (if applicable) |  |
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 credible, 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, is 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. 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 the College’s health policy agenda.

- DOCS team members are expected to participate in quarterly “Advocacy Insider Conference Calls.” These one hour calls are critical to cultivating the national network of advocates and coordinating our messages for the legislators.

- Visit [www.surgeonsvoice.org](http://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 complete this application and submit via Email ([ahp@facs.org](mailto:ahp@facs.org)) or FAX (202-337-4271)
Advocacy in Action: Advocacy Events

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 moving 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 for 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 your Senators and Representative and/or Congressional staff.

State Specific Advocacy Activities

Participate in your State Chapter’s Lobby Day. Many ACS Chapters host their own lobby days at the state capitol. The College funds a number of these through the Chapter Lobby Day Grant program. Lobby days provide a great opportunity to present the College’s viewpoint on issues. Elected officials do notice advocates rallying at the capitol.

Participate in the “Doctor for a Day” Program. The “Doctor for a Day” program is a great way to establish relationships with the legislature. Each day the legislature is in session, a member agrees to be the Doctor for the legislature and staff working in the Capitol. Many times, they are introduced on the chamber floor by a legislator and have an opportunity to watch the legislative process from the inside. Some ACS chapters or state medical associations already have this program in place and are looking for volunteers. If your state does not have this type of program, it would be a great idea for your chapter to sponsor such. Some states divide the months with each specialty society providing volunteers for their designated months.

Attend the State Legislature’s Health Fair. State legislatures may host their own health fairs for elected officials and their staff where physicians can volunteer to provide information and basic care. These are usually held in the Capitol building itself and participants offer free screening and informational tables. You may not be talking about legislative issues at these fairs, but you will provide a face for your organization. Such is an invaluable first step in becoming a successful advocate.
A Guide to In-District Meetings

Why Meet In-District?

To become an effective surgeon advocate, nothing is more important than establishing a personal relationship with your legislators. Conversely, to a Legislator, there is nothing more valuable than the input and support from their constituents (voters!). Meeting with policy makers and/or their staff is extremely valuable in advancing the overall surgical advocacy agenda, and provides you 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. These serve as a readily accessible meeting point. It is also a great idea to meet with State legislators closer to home. Some state legislators do not have an office in their home district, but will meet with you in a convenient location, like a local coffee shop or during a local legislative event (town hall forum or constituent office hours). When you call to schedule a meeting with your state representative, ask what location works best for them, and be prepared to have a couple of suggestions if they do not have an assigned office space in your district.

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.

Most state legislatures convene at the beginning of the year and adjourn by mid-year. However, each state follows a different schedule – visit www.facs.org/advocacy/state for a current schedule.
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. Links to all state legislatures are available in Appendix 47, where contact information for your local representatives is available. To schedule an appointment, contact the office that is most convenient to you.

2. Be sure to provide your name, contact information (including congressional/state district), and mention what issue(s) you would like to discuss. Please tell the staff you are a surgeon, and if you have met with the Representative/Senator before.

3. Persistence is key! If they do not follow-up with you to schedule the meeting, you should call again after a few days.

4. Keep in mind that 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 knowledge to educate them on key surgical issues. Your personal experience brings a human touch to the issues about which they have often only read or know in terms of numbers and cold policy jargon. You must also never 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 complicated issues. Use the tips below to have the best possible meeting. This will lay the groundwork to develop mutually beneficial future relationships.

- **Visit your Legislators’ websites**, take time to read their biographies and the issues they support, what committees they serve on, what leadership role they may have, and what caucuses they might serve on (helps identify issues of key importance to each legislator). You can also sign up for their e-newsletters. These keep you up to date on what your legislators are doing.

- **“Friend” or “Follow” your Legislators on social media.** Many politicians rely on social media as a quick and easy way to get the word out to constituents. Because 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 do not 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.
Legislative 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 on which you may volunteer or request to participate.
✓ feel free to say “I don’t know.” You may be asked questions for which you don’t know the answers. 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.
✓ make the ask. Ask the legislator to take a specific action – sponsor a bill, vote for or against a pending measure, or write a letter to an agency in support of your position.
✓ follow-up and through. Follow-up within a few days of the meeting, 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 (ahp@facs.org)!

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, in state legislatures 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 and State Legislators are elected by the people and therefore they work for you, regardless of how you voted.
× express partisanship. Members of Congress and State Legislators 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 another.
Tips for Successful Communication

In addition to in-person meetings, you can communicate with your Legislator via letter, fax, e-mail, telephone call, or a combination of these. Legislators want to hear from their constituents and are sensitive to their opinions. Thoughtful, sincere, and precise comments are most helpful and may be used by a legislator when debating or discussing a bill or proposed rule.

Written Correspondence

In order to make your written communication effective, there are a few simple rules to follow.

Format the letter properly with the correct salutation

- Honorable (all Representatives and Senators)
- Representative (all rank and file Representatives)
- Senator (all rank and file Senators)
- Leader (Majority and Minority leaders in the House and Senate)
- Chairman/woman (Chairperson for each committee)

Always be aware of the tone of your letter

A polite, informative tone is the best to use. Avoid language that might seem threatening. Avoid writing an opening sentence saying “as a citizen and taxpayer.” The legislator already assumes you are both.

Include information about yourself

It is useful to include information about your role as a physician and where you work. A standard opening sentence could be something similar to, “This letter is written to comment on H.B. 1234, the Health Care Liability Act, currently before the legislature. As a surgeon at Memorial Hospital, I encourage you to support this crucial legislation.”

Focus on a few key points

Address only one issue in the letter, use common terms, and avoid overly technical language. Explain the potential impact on your patients, on quality and accessibility to care, and on your practice. A one-page letter is ideal.

Note a bill number/title and a description of what it will do

Generally, the common abbreviations for state legislative bills are House Bill (H.B.), Senate Bill (S.B.), or Assembly Bill (A.B.) and bills are referenced as H.B. 1234 or S.B. 736 or A.B. 1427. In some cases, using H or S or A is also acceptable. In Congress, bills are designated as S. for Senate or H.R. for House Resolution.

When Closing, Mention The Bill Number/Title Again And Encourage Support Or Opposition

Recap your main points and encourage the specific action you are requesting.

Offer to be a resource and provide your contact information

Physicians are generally viewed positively and are seen as experts on medical/clinical issues. Legislators or their staff may very well take you up on your offer and call. If they do, be sure to take the call or ask to schedule a time to talk.
**Telephone Communications**

Telephone calls are best utilized to express a view on a time sensitive issue – such as a bill being debated on the floor or being heard in a committee. When calling your legislator, expect to talk to the receptionist or staff person responsible for the issue you want to discuss, such as the Health Legislation Aide. Legislators are often in meetings or negotiating with their colleagues over proposed legislation. If you cannot reach the staff person responsible for your issue, you should leave a message with the receptionist.

Similar to writing a letter, it is important that you keep your message to a few simple points. Reference the bill number, offer your comments, and ask what position the legislator has taken on the bill. Avoid being argumentative or trying to “win” the discussion; simply present your position in a professional manner and encourage support or opposition to the bill. Before ending the call, offer to follow-up with a letter recapping your discussion.

Give the staff person your telephone number so they can easily contact you if they need further information. If the staff person has been helpful, courteous, or otherwise accommodating, note it in the follow-up letter. Positive strokes are valuable in an environment where often the negative is emphasized.
Advocacy Tips for Successful State Level Advocacy

Step 1: Developing a Legislative Strategy: When and How to Get Involved

There are many variables that go into determining a successful state legislative strategy. Some of them are process oriented, others are organizational, and all involve commitment and dedication on the part of chapter leadership and Fellowship. Remember the State Affairs team at the College is available to help with all of this!

Define, Prioritize and Categorize

Defining and prioritizing the issues is the first and one of the most important steps in developing a legislative strategy. Many take this step for granted, but deciding exactly what the most important issues may be before the start of a legislative session is vital to determining what resources will be needed and will save time in the long run. An example is medical liability reform, a hot topic in many states, but complex with many potential areas on which to focus. Is a cap on noneconomic damages more important than alternative dispute resolution and is alternative dispute resolution more important than limiting attorney’s fees? By prioritizing these elements, you are prepared for the inevitable negotiations that will occur during the legislative session. After the issues have been defined and prioritized, they should be categorized into three lists—proactive, reactive, or opportunistic.

Examples:
• Proactive: Medical Liability Reform, Physician Reimbursement
• Reactive: Self-Referral, Scope of Practice, Physician Taxes
• Opportunistic: Trauma System Funding and Development

It is important to note that a particular issue may not stay in the category in which it started. Last year’s reactive issue may be this year’s proactive issue, requiring a re-evaluation of the overall grassroots advocacy strategy.

Advocacy Resources

After you have defined and categorized the issues it is easier to determine what resources you need and when you need them. The term “resources” refers to anything that can be utilized in grassroots advocacy efforts. Resources can be model legislation, talking points, studies, testimony, flyers, or advertisements. Many of these resources have an associated cost; please be sure to budget for unexpected expenditures. In addition, you should plan a timeline for when to start and finish your advocacy efforts. Most state legislatures have strict deadlines to act on legislation, and it is important that advocacy efforts take place prior to when legislators must act on a bill.

Hiring a Lobbyist

While it is possible to be successful in advocating for legislation without a lobbyist, hiring your own can make a world of difference. State registered lobbyists tend to be well connected with legislators, understand the legislative process, and are familiar with various legislative strategies. However, a lobbyist can be costly, so a clear budget must be forethought before the
chapter proceeds with the hiring process. One must also determine whether the chapter’s tax status permits hiring a lobbyist. The chapter may be prevented from using tax-deductible dues dollars and thus need to approve a special assessment of the Fellowship. The ACS State Affairs staff is also a great resource to help guide your Chapter through the advocacy process. When your Chapter begins to consider getting involved in state level advocacy, let the College know, and you will have a supportive partner to help ensure your efforts are successful.

**Other Associations**

Partnering with other state specialty societies and local state health organizations is a great way to combine strengths and reach more people. Attending their events and inviting them to yours help to create solid working relationships. These organizations are more likely to be allies on surgical issues and it will pay off in the long run if these relationships are established early.

**Drafting Appropriate Language for the Legislation**

If you decide an issue is important enough that you would like to draft your own bill, first check with ACS to see if model legislation exists. Model legislation can serve as a useful starting point and save time and advocacy resources. When developing a bill it is important that the language be written in the statutory format utilized by the state legislature. Either use a current statute as an example for style, or seek the assistance of ACS staff; a state lobbyist or legislator who could serve as a potential sponsor; an attorney; or state medical society government relations staff person. In many states, a legislator will determine the basic intent of the bill, provide that information to a legislative information office in the state capitol, and that office will draft language while making sure the appropriate section of the state statute is amended.

**Step 2: Rallying Support for Your Issues**

After you have identified the issues for which your Chapter plans to advocate, and have laid out a strategy, the next step is to take action, by reaching out to your membership, as well as state legislators, to gain support of your issues.

**Lobby Days/A Day at the Capitol**

Lobby Days are a great way to both create and leverage relationships. It is not necessary to have a lobby day only when you have issues on the table. Legislators want to see and hear from you year-round, and they appreciate receiving “thanks” for a job well done. Checking the state and local lobbying laws is critical before you begin to plan an event. Once you have established what you can and more importantly, cannot do, you may begin planning your event.
Most lobby days include:

- Speakers: Elected officials (where allowed), and/or representatives from the College and chapters, state medical and specialty societies, and so on.
- Dinners and/or Receptions: These may be open events for the whole legislature or more structured invitation-only events.
- Meetings with Legislators: These events will include times for the attendees to meet with their specific elected officials.

**Helpful Hints**

1. Include a speaker who can address the “do’s” and “don’ts” of advocacy that not only highlight the legalities (what can you say, do, etc.) but the how’s. For example, how to maintain eye contact, how to introduce yourself, how to follow up, etc.
2. Do not forget to prepare “leave-behinds,” one-page handouts on the issues you will be discussing.
3. Include young surgeons in the event—residents and medical students add enthusiasm and may connect more quickly with legislative staff who are also typically quite young themselves.
4. Understand the process of meeting with legislators. In some states, constituents call their legislators out from the floor of the chamber during session, and have the opportunity to quickly speak with them in the hallway. In other states, it is better to make appointments to visit with the legislators.

The College has resources available to help plan a successful lobby day on its website: www.facs.org/advocacy/state/chapter-grant.

**SurgeonsVoice**

This simple, user-friendly, web-based advocacy tool is an excellent way for surgeons to advocate. You log into the site with your ACS ID and are automatically linked to both your state and federal legislators. Pre-written letters are provided which can be edited and sent by e-mail to legislators directly from the website. These letters are easy to modify to reflect a surgeon’s personal situation emphasizing how the proposed legislation may impact patients. SurgeonsVoice also conveniently links a surgeon to local media outlets (newspapers, magazines, television, and radio stations), so that surgeons can get the message out to the public and to patients to also serve as effective advocates on the issue. The State Affairs team has the ability to update SurgeonsVoice to reflect any current legislation in a state. The College can send an e-mail to all Fellows in a given state urging them to write to their elected officials; set the site to send to federal and state officials, specific officials, or full chambers; and can even track the number of letters sent. Contact the State Affairs Team at the College to initiate an Action Alert.

**Health Fairs**

Many State Senators and Representatives host various informational “fairs” in their communities. “Senior Health” and “Back to School” fairs are especially popular. They are always looking for participants. Offering to host a table is a short commitment with only a couple of volunteers. Local chambers of commerce or towns/cities have similar fairs or events. Chances are your State Senator or Representative will have a table there too—why shouldn’t you? Another opportunity for Chapter’s to present a “face” to legislators is the “Doctor for a Day” program, which is discussed in greater detail on page 16 of this document.
Soliciting Support and Involvement by the State Medical Society

The state medical society is often one of the most politically powerful health care organizations in a state. Determine if they have a policy for or against your issue. If they support the legislation, find out what level of support can be expected by medical society lobbyists. Will they actively lobby on behalf of the bill, or will they focus on procedural support such as submitting slips of support in committee hearings and letting legislators know they support the legislation only if asked? Do they want to assist in passage of the legislation but are willing to let the chapter take the lead in the effort, or will this be a priority issue for them on which to take the lead in advocacy activities? If the medical society does not have a position, or opposes the issue, it may be useful to introduce a resolution at the medical society’s annual House of Delegates directing the medical society to support the issue. Typically, any delegate to this meeting is permitted to introduce a resolution—as are county medical societies, and names of surgeons who are serving as delegates should be available from the county or state medical society.

Coalition Building

When advocating for a particular position, it is important to identify potential supporters and opponents. The supporters might be willing to participate in a formal coalition, and the opponents will certainly do what they can, including building a coalition of their own, to defeat your efforts. Take the time to look beyond the traditional potential supporters. Where health care issues are concerned, there are non-physician organizations that will be interested in supporting your position. Consumer/patient groups, unions, disease specific associations, church groups, chambers of commerce/business groups, American Association of Retired Persons (AARP) chapters, and hospital associations could be approached to request their support and participation in a coalition.

Step 3: Moving Your Bill through the Legislature

Once the Chapter has presented its issues to membership and the legislature, with the outcome of getting a bill introduced, the focus needs to shift to moving it through the legislative process. In addition to what is provided above, there are some key actions Chapters should take as they proceed through this part of the process.

Working with Legislative Leadership to Determine Support

In virtually every state, legislation first must go through a rules committee (or equivalent) composed of the legislative leadership or their representatives and controlled by the majority party. The committee is responsible for assigning bills to hearing committees. If the leadership does not want a bill to pass, it will not get out of the rules committee. As such, gaining support of legislative leadership is a critical factor in a successful advocacy strategy. Special consideration may be given, however, to the chairman of a committee who happens to be a sponsor of the legislation, or if a member of the rules committee is a sponsor.
Preparing for Committee Hearings

After a bill is assigned to a committee, it will be debated during a hearing. At that time, many other bills will also be heard, so testimony must be clear, concise and to the point. More extensive information can be submitted in written form during the hearing, or when testimony is presented, but the oral presentation should be short unless the chairman is willing to allow a longer time. The State Affairs Team at the College can help prepare talking points, testimony, background information, and even help brief you before the hearing.

Remember:

- When testifying you are both the expert AND the constituent.
- Be prepared to take questions from the committee; anticipate both friendly and unfriendly questions.
- Stand your ground. Do not stray from your point, or allow yourself to become emotional.

It is important that all members of the legislative committee be contacted before the hearing with a formal letter of support and any informational materials, preferably, those that will be submitted during the hearing as part of the testimony. Fellows living in a committee member’s district should call and write their legislator in support of the bill. In some cases, a committee chair or committee member will request that an informational hearing be held on a particular piece of legislation, usually between legislative sessions or during a recess. No vote will be taken by the committee at that time, and often this type of hearing can last one hour or more, providing plenty of time for proponents and opponents to make their case. Planning for an informational hearing is more extensive as presenters of testimony can go into greater detail, and “experts” can be brought in to explain an issue or procedure. Such a hearing is an excellent opportunity to use colorful charts, graphs, and handouts.

Enlisting Support of the Governor’s Office

Communicating with the health care staff in the Governor's office to inform them of the issue can lead to support from the Governor. This is especially helpful if the Governor’s party is the majority party in the state legislature, as this may be useful in getting the bill out of committee for action by the full House/Assembly or Senate.

Let the Division of Advocacy and Health Policy Staff Help

The tips provided serve to help your Chapter get started in advocacy and better understand the resources and efforts necessary to be successful. ACS Staff is available to help your Chapter in its advocacy efforts. The College has many resources available to support your efforts and can provide more in depth information and support when needed. For many years, the College has supported ACS Chapters in their state legislative advocacy efforts, as well as worked to advance ACS policy in the states. During this time, useful resources have been developed for Fellows and Chapters. These resources help inform Chapter leaders and staff about current issues and grassroots advocacy, how the legislative process works, and what surgeons can do to impact the surgical environment in their state.
Staff are available to:
- Participate as speakers for any Chapter event or other stakeholder group. Topics range from specific issues to advocacy training workshops; a sample program outline, objectives, and a timetable are provided.
- Assist with planning a lobby day at the State Capital or prepare for a legislative site visit.
- Assist in advocacy for or against legislation introduced in the state legislature.
- Address advocacy planning and strategy issues including development of a Chapter Advocacy and Health Policy Committee.
- Develop background information/briefing materials and research a legislative issue.
- Help develop testimony for presentation at state legislative committee hearings.

**Ellenberger Award for Excellence in State Advocacy**

To recognize excellence in advocacy, the ACS created in 2003 the Arthur Ellenberger Award for Excellence in State Advocacy. Named for Arthur Ellenberger, the former Executive Director of the New Jersey Chapter and expert in state grassroots advocacy, the Award is presented periodically to “recognize a career of outstanding leadership and distinguished service and commitment to protecting patients’ access to high-quality surgical care by their involvement with their state’s legislative and regulatory process.” In 2009, the award criteria were expanded to include Chapters as potential recipients of this award.
Introduction to Political Action Committees (PACs)

Corporations, labor organizations and trade associations are prohibited from making direct campaign contributions to candidates for Federal office and other campaign committees. These groups instead establish political committees, which allow their membership to pool personal contributions toward such expenditures. Federal election law refers to these political committees as a “separate segregated fund” (SSF), though more commonly referred to as a “political action committee” or PAC. As the name implies, money contributed to a separate segregated fund is held in a separate bank account from the general corporate or union treasury.

The American College of Surgeons is currently incorporated as a 501(c)(3) organization. Called (c)(3)s for short, such organizations are devoted exclusively to charitable, educational or scientific endeavors. The Internal Revenue Service prohibits the involvement of (c)(3)s from political campaigns or fundraising and limits the amount of money they spend on lobbying.

As a result, the College established a nonprofit professional organization under Section 501(c)(6) of the tax code. Such (c)(6) organizations are designed to promote the interests of their members. This (c)(6) organization, the American College of Surgeons Professional Association (ACSPA) has allowed the College to significantly increase its advocacy and lobbying efforts, most importantly by the creation of the ACSPA-SurgeonsPAC in 2002.

All individual contributions made by members of the ACSPA to SurgeonsPAC are considered “hard dollars”. SurgeonsPAC uses these hard dollars only for the purpose of making contributions to candidates running for Federal office, to national political parties and other political action committees. Corporate contributions, called “soft dollars,” or money received from group or private practices are used for educational and administrative fees of the PAC.
How does SurgeonsPAC Operate?

The political strength of surgical advocacy starts with ACSPA-SurgeonsPAC. As the political arm of the College, SurgeonsPAC enables advocates to build the necessary relationships with Representatives and Senators to educate them about the issues that affect surgeons, patients and the surgical practice environment. There is enormous power and potential to be captured and harnessed 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—both in terms of 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 calendar year to a Political Action Committee (PAC) such as SurgeonsPAC. Contributions are voluntary and are not tax-deductible.

The SurgeonsPAC is governed by an appointed executive board, or “PAC Board.” The Board 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. They work to decide which candidates and incumbents warrant PAC support.

Who does SurgeonsPAC support?

The PAC Board considers several factors before making a decision about to which Federal campaigns to make contributions. They take into account five key criteria when forming political disbursement strategy:

1. The leadership position of the member within the House or Senate or within a Committee of Jurisdiction;
2. Assignment to a Committee of Jurisdiction. Key committees include the U.S. Senate Committee on Finance, the Senate Committee on Health, Education, Labor & Pensions, the House Committee on Energy & Commerce, and the House Committee on Ways & Means;
3. The member’s past voting record on issues relevant to Surgeons;
4. Whether the particular member or candidate is a medical professional, MD, DO or a FACS;
5. Likelihood of a successful campaign, including incumbency, polls and district landscape.

SurgeonsPAC encourages members of the College to become actively engaged in the political process and welcomes requests from members for SurgeonsPAC to support a particular Federal candidate. SurgeonsPAC will consider the request based on the candidate contribution guidelines described above. If a contribution to a candidate’s campaign is made at your request, staff will try to work with you such that you may personally deliver the check to the candidate on behalf of SurgeonsPAC.
SurgeonsPAC Donor Levels & Benefits

**Willens Society**
$25,000+ pledge over 10 years

*Benefits:*
- All Elite Donor Benefits
- Willens Society Sustaining Gift Pin
- Invitation to Exclusive Political Events (National Party Conventions, Inauguration, etc.)
- Washington, DC “Insiders” Outings (Private White House Tours, Capitol Dome Tours)

**Elite Donor**
$2,500 + per year
($250 for Residents)

*Benefits:*
- All High Donor Benefits
- SurgeonsPAC Gold Pin Distributed by Mail
- Complimentary entry to SurgeonsPAC fundraising events (Clinical Congress & Advocacy Summit)
- Complimentary Registration to Advocacy Summit & Clinical Congress

**High Donor**
$500 - $2,499 per year
($50 for Residents)

*Benefits:*
- All General Donor Benefits
- SurgeonsPAC Silver Pin Distributed by Mail
- Photo Opportunities with Elected Officials
- Listed on Walls of SurgeonsPAC Lounge at Clinical Congress
- SurgeonsPAC Gear

**General Donor**
$100 - $499 per year
($25 for Residents)

*Benefits:*
- SurgeonsPAC Bronze Pin Distributed in Person
- Receptions at Clinical Congress & COT Annual Meeting
- Invitations to participate in local fundraisers & events on behalf of SurgeonsPAC
- Input on Congressional Races & Candidates
- Quarterly SurgeonsPAC Newsletter
- Inclusion in SurgeonsPAC Annual Report
SurgeonsPAC:
Tough Questions and Smart Answers

When talking to your colleagues about SurgeonsPAC, you may be asked to respond to some of the following questions:

Q. “What is SurgeonsPAC?”
A. As a non-partisan political action committee, SurgeonsPAC contributes to the campaigns of candidates and sitting federal office holders who support and influence the College’s legislative goals. The PAC serves as a vehicle to facilitate access to high profile legislators, especially committee chairs and leadership.

Q. I already contribute to my surgical specialty society’s PAC, why should I make a contribution to SurgeonsPAC?
A. PAC contributions to your individual surgical societies are a critical component of surgical advocacy and SurgeonsPAC urges members to continue these contributions. However, it is equally essential that surgeons of all specialties also contribute to ACSPA-SurgeonsPAC. Only SurgeonsPAC can speak for all of surgery on the issues that are common across subspecialties. SurgeonsPAC works closely with other surgical specialty PACs and recognizes the critical role they play for their constituents. There is a defined need for both the ACSPA-SurgeonsPAC and the specialty PACs. With over 60,000 surgeons eligible to contribute, the potential of the SurgeonsPAC is immense. The College has the membership and capacity to become the largest and most powerful medical PAC in Washington, a tremendous advantage to all surgeons and specialties. While subspecialty PACs are important for focal issues and regional PACS are important for state-level issues, SurgeonsPAC creates a unified voice for surgeons on larger, national issues.

Q. “How does the PAC decide which candidates to support?”
A. The PAC Board makes political disbursement decisions based on: leadership position, committee assignment(s), past voting record on OUR issues, likelihood of winning, feedback from Fellows, and whether the particular member or candidate is a medical professional.

Q. “I don’t like the candidates SurgeonsPAC supports.”
A. In an organization with over 60,000 eligible PAC members, it’s virtually impossible that everyone would share the same political viewpoints. Try to remember that politicians from both political parties and with vastly different ideologies have been—and continue to be—supportive of issues that affect surgery. SurgeonsPAC must work with elected officials and political candidates to advance the interests of our specialty—regardless of personal preference or political affiliation. The political process works best if you support ACSPA’s efforts to advance the interests of the specialty, while you work personally to support the elected officials you feel best represent your personal political views.
Q. “I can’t afford to give.”
A. You can’t afford NOT to give. It is important for surgeons to support SurgeonsPAC because of its efforts on behalf of our specialty. Even if you give just $1.00 a day, your participation in SurgeonsPAC helps ensure ACSPA’s continued strong presence on Capitol Hill. Keep in mind that groups whose priorities are counter to ours are supporting their PACs with renewed vigor. If we do not frame the argument on our behalf, others will certainly frame it for us. Contributing to SurgeonsPAC is like purchasing insurance on the specialty, so we all need to make it a priority.

Q. “My contribution doesn’t make a difference.”
A. Surgeons are data driven. The results of political activity can be difficult to measure and many victories are ambiguous. We do know that overall participation in a PAC is a marker of strength of an organization’s commitment to its principles. More important than the amount you contribute is the fact that you join in broad support of SurgeonsPAC. With over 60,000 surgeons eligible to contribute, the potential of the PAC is immense. ACSPA has the membership and capacity to become the largest and most powerful medical PAC in Washington. If each member contributed only $150 annually, SurgeonsPAC would be a $16.5 million a cycle PAC—one of the largest PAC in the history of the United States!

Q. “I don’t believe money has a place in politics.”
A. The whole issue of money in politics has become very controversial. Keep in mind, that PACs were established as the legal channel of political contributions. They allow organizations like ACSPA to become involved in the political process by supporting candidates who support surgeons’ priorities. Every contribution we receive or disbursement we make is reported to the Federal Election Commission (FEC), making the process completely transparent.

Q. “How can I contribute to SurgeonsPAC?”
A. An individual has several options when contributing to SurgeonsPAC. An individual could (1) write a personal check, (2) contribute with a Visa, Mastercard, or American Express credit card, (3) make an online contribution at www.surgeonspac.org, (4) or sign up for a recurring contribution from their credit card on a monthly basis.

Q. “I already make contributions to candidates for Federal office, why should I make a contribution to SurgeonsPAC?”
A. SurgeonsPAC encourages members of the College to get involved in campaigns, particularly when a member has a personal relationship with a Member of Congress or candidate for Federal office. There are many advantages to also contributing to SurgeonsPAC! When SurgeonsPAC makes a contribution to a candidate’s campaign, it sends a strong, collective message that surgeons are an involved and active group who merit the candidate’s attention on issues important to healthcare, surgeons, and surgical patients.

Q. “How much money can SurgeonsPAC contribute to a campaign and how does this compare to how much I personally can give to a candidate’s campaign?”
A. The law allows SurgeonsPAC to contribute $5,000 to a candidate per election in an election cycle – with primary, runoff and general elections counting as separate elections. This means that SurgeonsPAC could give as much as $15,000 per candidate if the candidate participates in a primary, runoff and general election. Individuals can give no more than $2,300 to a candidate per election.
Q. “Can I make a contribution to SurgeonsPAC from my practice?”
A. SurgeonsPAC can accept contributions from a practice; however such contributions are considered to be from a corporate source and, therefore, cannot be used in contributions from SurgeonsPAC to a campaign for Federal office. SurgeonsPAC can use these funds—referred to as “soft dollars” – for administrative and educational expenses only.

Q. “How does SurgeonsPAC pay for administrative expenses such as fundraising programs or traveling to fundraising events outside of Washington, DC?”
A. SurgeonsPAC uses a combination of general operating funds budgeted by the ACSPA PAC along with the “soft money” funds described above.

Q. “Can SurgeonsPAC give money to state elected officials?”
A. Technically, SurgeonsPAC can legally make a contribution to a state or local candidate, depending on local laws. However, SurgeonsPAC was formed with the intent to support candidates for Federal office and does not participate in any non-federal races.

Q. “What is the difference between ACS and ACSPA?”
A. The American College of Surgeons is currently incorporated as a 501(c)(3) organization. Called (c)(3)s for short, such organizations are devoted exclusively to charitable, educational or scientific endeavors. The Internal Revenue Service prohibits the involvement of (c)(3)s in political campaigns or fundraising and limits the amount of money they spend on lobbying.

As a result, the College established a nonprofit professional organization under Section 501(c)(6) of the tax code. Such (c)(6) organizations are designed to promote the interests of their members. This (c)(6) organization, the American College of Surgeons Professional Association (ACSPA) has allowed the College to significantly increase its advocacy and lobbying efforts, most expressly by the creation of the ACSPA-SurgeonsPAC in 2002.

The ACS will continue to be a (c)(3) organization, a not-for-profit scientific and educational association of surgeons founded in 1913 to improve the care of the surgical patient by setting high standards for surgical education and practice.

Q. “How do I find out more information about SurgeonsPAC?”
A. You can contact the Division of Advocacy and Health Policy, PAC staff at (202) 672-1520 or via email at: acspa@facs.org. To learn more about SurgeonsPAC activities, please visit www.surgeonspac.org.
**SurgeonsPAC Fundraising: Methods for Success**

**Peer to Peer:** In fundraising, no phrase rings more true than “people give to people.” With this in mind, educating with peers about why giving to SurgeonsPAC is important is a great way to increase PAC participation. You can set a personal goal of how much money you would like to help raise for the PAC by encouraging others you know to participate in SurgeonsPAC. PAC literature, personalized PowerPoint presentations and data may be offered when requesting contributions, all of which PAC staff will eagerly provide to you upon request.

**Meetings:** Annual meetings such as Clinical Congress and the Leadership and Advocacy Summit are great opportunities to ask fellow surgeons to contribute to SurgeonsPAC, as are more local events widely attended by College members (such as Regional or Chapter meetings). Literature and presentations about the PAC may be offered when requesting contributions here as well.

**Mail:** The PAC may also mail its requests for contributions. A pre-addressed, stamped return envelope may be included with the solicitation.

**Local Event:** Hosting an event and inviting fellow local member surgeons is a great way to raise funds for the SurgeonsPAC.

**Fundraising via Phone & Email:** Calling fellow members that you know, or even those with whom you are less acquainted, and asking them to help get involved with the SurgeonsPAC is another great way to boost PAC participation. Sending an email or making a phone call is a personal and effective way of encouraging others to participate in the SurgeonsPAC.

**Using an Elevator Speech:** When performing any of the previously mentioned fundraising techniques, it’s key to have an ‘elevator pitch’ ready to give in order to be able to best speak on behalf of the SurgeonsPAC and be able to communicate why it’s important to participate. Your elevator pitch should be able to answer the following questions:

*Why should you contribute to the SurgeonsPAC?*

*SurgeonsPAC’s growth in size and political clout is vital to the overall surgical advocacy efforts. Congress will address topics such as Medicare Payment Reform; GME and Surgical Workforce, Cancer funding, and many other issues of importance to your practice and your patients each day. It is critical for surgery as a profession to have its voice heard on Capitol Hill through a nonpartisan political action committee that supports Members of Congress and candidates running for Congress who are champions for our legislative policy agenda.*

*What issues could be solved as a result of growing SurgeonsPAC?*

*Right now, the College’s main legislative concerns include the passage of permanent Medicare physician payment reforms, as well as urging Congress to pass the Critical Access Hospital Relief Act. Another area of critical importance is addressing the solvency of the GME program and other issues related to maintenance of a robust surgical workforce.*

*What is the solution that could be resolved as a result of growing SurgeonsPAC?*

*The more funds SurgeonsPAC has to disburse, the more Congressional leaders will hear our message and assist in the passing of legislation most important to the College.*

*What is your Request?*

Contribute to SurgeonsPAC today!
PAC Law and Compliance

Who can be solicited?

A PAC can solicit its restricted or “eligible” class at any time. The restricted class includes non-corporate members (individual members) of the organization; the organization’s executive and administrative personnel, and the families of both groups.

All surgeons who are Fellows, Resident and Associate members of the College are eligible for solicitation. It is important to keep in mind, however, that while over 60,000 surgeons across all surgical specialties fall into this category, some surgeons do not. One must consider the composition of any group or audience before soliciting for SurgeonsPAC to ensure that direct requests for contributions are heard only by members, their families and staff.

What is a Solicitation?

Believe it or not, according to Federal Election Commission law, a solicitation on behalf of the PAC, is much more than just a straightforward request for a monetary contribution. A solicitation is also any form of communication that:

- Provides information on how to contribute to the PAC;
- Encourages support for the PAC or PAC activities;
- Publicizes the PAC’s right to accept unsolicited contributions from any lawful contributor.

A communication concerning the PAC is not a solicitation if it:

- Provides only facts, historical and statistical information about the PAC;
- Does not encourage support for the PAC; and
- Does not facilitate the making of contributions to the PAC.

Providing a Disclaimer

When soliciting on behalf of a PAC, it is legally required to provide a disclaimer, either verbally or written, highlighting the following components:

- Contributions to the PAC are not tax deductible;
- Contributions are voluntary and will be used for political purposes;
- You have the right to refuse to contribute without reprisal.

One must state these principles during any presentation given about the PAC, as well as provide the written SurgeonsPAC official legal disclaimer below in any materials or presentations provided.

Contributions to ACSPA-SurgeonsPAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of ACSPA have the right to refuse to contribute without reprisal. Federal law prohibits ACSPA-SurgeonsPAC from accepting contributions from foreign nations. By law, if your contributions are made using a personal check or credit card, ACSPA-SurgeonsPAC may only use your contribution to support candidates in federal elections. All corporate contributions to ACSPA-SurgeonsPAC will be used for educational and administrative fees of ACSPA and other activities permissible under federal law. Federal law requires ACSPA-SurgeonsPAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed $200 in a calendar year. ACSPA-SurgeonsPAC is a program of the ACSPA, which is exempt from federal income tax under section 501c (6) of the Internal Revenue Code.
SurgeonsPAC in Action: Beyond Writing the Check

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.

SurgeonsPAC Awards

Every year at the Leadership and Advocacy Summit held in Washington, DC, the PAC distributes awards in the following categories:

**Highest Percent Participation**
Awarded to the state with the highest donor participation rate

**Total Dollars Raised Per State**
Awarded to the state that has the highest total dollars raised

**Outstanding Achievement**
Awarded to a group or body that has exhibited exemplary commitment to SurgeonsPAC and political advocacy

**PAC MVP**
Awarded to an individual who has exhibited significant personal commitment and effort on behalf of SurgeonsPAC and political advocacy
Appendix

Advocacy Terms

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

**Adjourn:** To close a legislative day.

**Adjourn Sine Die:** Final termination of a regular or special legislative session.

**Agenda:** A list of proposed actions to be taken at an upcoming committee meeting.

**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.

**Assembly Bill:** A bill introduced in a state assembly, often referred to as AB or A.

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

**Bicameral:** Legislature consisting of two separate chambers.

**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.

**Change of Reference:** The action by a committee to send an item to another committee without a recommendation.

**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.

**Divide the Question:** A motion to take separate votes on parts of a bill that involve unrelated subjects. The motion is debatable as to the form of the division.

**Emergency Certification:** A procedure by which the speaker and president pro tempore jointly propose a bill and send it directly to the House or Senate, floor for action without any committee referrals or public hearings.

**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.

**Governor’s Bill:** Bills introduced by legislative leaders of the governor’s party at the request of the governor.

**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.

**House Bill:** A bill that originates in the House of Representatives. Often referred to H.B., H, or H.R.

**Immediate Transmittal:** A motion to send a bill directly to the other house or governor without allowing the normal time for possible reconsideration.

**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.

**Legislative Intent:** Used by courts to interpret statutes when the actual wording of the law is ambiguous or unclear. It consists of members' statements made during debate on a bill.
Sometimes members make statements about a bill's meaning during debate specifically to establish legislative intent.

**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.

**Potential Conflict of Interest:** The term used in circumstances where the discharge of a legislator's duty would affect his or her financial interest (or that of the spouse or other family members) unless that interest is virtually inconsequential or is not distinct from the interest of a substantial segment of the general public.
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. In state legislatures this is a position that is typically elected by a majority of Senators from 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.

Senate Bill: A bill that originates in the Senate. Often referred to as S.B., S., S.R.

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.
**Special Session:** A meeting of a legislative body called for a particular purpose. A special session may be called by the governor or by a majority of legislators.

**Standing Committee:** A permanent legislative committee that meets regularly – Appropriations, Public Health, Environment.

**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.

**Unicameral:** A legislature with only one chamber.

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

**Vehicle:** A bill or resolution that is susceptible to being amended to accomplish another purpose, often either more controversial or larger in scope than the original bill. A vehicle to which many amendments are attached is sometimes called an omnibus.

**Voice Vote:** A vote taken by a call for Yeas and Nays that does not require recording members' individual votes. Usually used to pass amendments and adopt motions that do not have objections.

**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.
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:** Handles coordinating 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.
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 Letters to Legislators

Sample request to attend an event:

Date

The Honorable XX
[United States Senate/U.S. House of Representatives/State Legislative Body]
[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 johndoemd@email.com or at 555-555-5555. 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]
State Legislative Websites

Alabama: http://www.legislature.state.al.us/index.html
Alaska: http://w3.legis.state.ak.us/index.php
Arizona: http://www.azleg.gov/
Arkansas: www.arkleg.state.ar.us/
California: http://www.leginfo.ca.gov/
Colorado: http://www.leg.state.co.us/
Delaware: http://legis.delaware.gov/
District of Columbia: http://www.dccouncil.washington.dc.us/
Florida: http://www.leg.state.fl.us/
Georgia: http://www.legis.state.ga.us/
Hawaii: http://www.capitol.hawaii.gov/
Idaho: http://www.legislature.idaho.gov/
Indiana: http://www.in.gov/legislative/index.htm:
Iowa: http://www.legis.state.ia.us/index.html
Kansas: http://www.kslegislature.org/legsrv-legisportal/index.do
Kentucky: http://www.lrc.ky.gov/
Louisiana: http://www.legis.state.la.us/
Maine: http://www.maine.gov/legis/
Maryland: http://mlis.state.md.us/
Massachusetts: http://www.mass.gov/legis/
Michigan: http://www.legislature.mi.gov/
Minnesota: http://www.leg.state.mn.us/
Mississippi: http://billstatus.ls.state.ms.us/
Missouri: http://www.moga.mo.gov/
Montana: http://leg.mt.gov/
Nebraska: http://nebraskalegislature.gov/
Nevada: http://www.leg.state.nv.us/
New Hampshire: http://www.gencourt.state.nh.us/
New Jersey: http://www.njleg.state.nj.us/
New Mexico: http://legis.state.nm.us/lcs/
New York: http://assembly.state.ny.us/
North Carolina: http://www.ncga.state.nc.us/
North Dakota: http://www.legis.nd.gov/
Ohio: http://www.legislature.state.oh.us/
Oklahoma: http://www.lsbg.state.ok.us/
Oregon: http://www.leg.state.or.us/
Pennsylvania: http://www.legis.state.pa.us/
Rhode Island: http://www.rilin.state.ri.us/
South Carolina: http://www.scstatehouse.gov/
South Dakota: http://legis.state.sd.us/
Tennessee: http://www.legislature.state.tn.us/
Texas: http://www.capitol.state.tx.us/
Utah: http://www.leg.state.ut.us/
Vermont: http://www.leg.state.vt.us/default.htm
Virginia: http://legis.state.va.us/
West Virginia: http://www.legis.state.wv.us/
Wisconsin: http://www.legis.state.wi.us/
Wyoming: http://legisweb.state.wy.us/