



advanced initiatives
in medical simulation



Health Policy Tool Kit

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Introduction

Dear Colleague:

Welcome to the first edition of the Advanced Initiatives in Medical Simulation (AIMS)/Society in Simulation (SSH) Health Policy Tool Kit. The purpose of this tool kit is to educate and inform health care professionals, and people interested in medical simulation about the public policy and legislative process; encourage involvement in our government at all levels; and effect positive change in health care for the widespread use of medical simulation to increase patient safety.

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

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

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

As people with an interest in medical simulation, we understand its importance within the medical community. This tool kit was created to help us teach policymakers about the possibilities medical simulation has to offer. With a new Administration and a new Congress ready to get to work on health care issues, it is now, more than ever, essential that we work together as a community to make medical simulation a priority at the federal level. In the pages that follow, you will read about how to become an advocate for medical simulation on Capitol Hill and how your voice can be heard by your Representatives in Congress. We would like to acknowledge and thank both the original project team that developed this resource for the Oncology Nursing Society (ONS) and the reviewers who contributed to its adaptation for AIMS and SSH.

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

Sincerely,

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Medical Simulation Health Policy Agenda

Medical simulation has made tremendous progress as a training tool for medical professionals in recent years. Medical simulation research has long been conducted at the Department of Defense and the Department of Veterans Affairs for use in military scenarios and battlefield training. This research has shown that medical simulation can significantly improve the quality of medical care patients receive. Our goal is to make this technology available not only in military health care, but to the civilian community as well. To achieve this goal, it is essential that the medical simulation community work together to garner support for medical simulation to improve health care nationwide.

To reach our goal of increasing awareness and funding for medical simulation research and education, AIMS and SSH have collaborated to produce this tool kit and brief legislative Health Policy Agenda to serve as resources for new medical simulation advocates.

Following are three “asks” that AIMS and SSH members should consider when communicating with policymakers. For more information and individual downloadable documents about these three points, visit the Legislative Advocacy section of the AIMS website at www.medsim.org or the SSH website at www.ssh.org.

1. Sponsor the Enhancing SIMULATION Act of 2009 (H.R. 855):

- a. This bill develops the use of simulation technologies and promotes simulation-based skills training to improve health outcomes, patient safety, reduce medical errors, and lower health care costs overall. To view a copy of the bill, you can visit the Library of Congress website at www.thomas.loc.gov. The bill has been introduced in the House of Representatives, but has not yet been introduced in the Senate.

2. Make Medical Simulation a Priority in Health Care Reform:

- a. Health care in the United States is facing serious challenges. With increased budget shortfalls and some 47 million uninsured Americans, Congress must act soon to protect health care coverage. It is important for the medical simulation community to be heard and to be a part of this historic dialogue on health care reform. With health care reform expected to move in 2009 or early 2010, opportunities might present themselves in which the medical simulation legislation could be passed in conjunction with a larger reform package. Being aware of these opportunities and working together as a community are both essential in making medical simulation part of the agenda on Capitol Hill.

3. Join the House Modeling and Simulation Caucus:

- a. If policymakers cannot promise to sponsor legislation, another way they can show their support is by joining the Simulation Caucus in the House of Representatives. A caucus is an informal group of Members of Congress who have joined together because they share a common interest or goal. Caucuses provide an excellent source of education on specific topics for Members. You can view a list of current caucus members on the AIMS website. Contact your Representative today if you do not see him or her on the list for the Modeling and Simulation Caucus.

Advocacy Is Essential to Supporting and Advancing Medical Simulation Programs

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

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

What Is Health Policy Advocacy?

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

Turning Outrage into Action

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

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

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

Health care professionals are advocates. They regularly represent and work on behalf of patients, as well as their family members, physicians, and, sometimes, health care insurers. In addition, health care professionals and medical simulation experts lead busy lives; have competing responsibilities and priorities; and every day give themselves to their jobs. Understandably, AIMS and SSH try to choose and focus on activities that provide the most "bang for the buck." When short on time and resources, not engaging in activities that could be futile or will require new, additional, or specialized knowledge and understanding is a rational decision.

Recognizing this, AIMS and SSH have tried to make it easy for members of the medical simulation community to engage in advocacy activities. By using this tool kit, new advocates have at their fingertips, much of the information needed to help get their message to policymakers including, communication tips; template letters that can be personalized, as well as more general information about American government and civics.

Advocacy Is a Right and a Responsibility

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

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

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

- The Washington Post Survey

Think about it – the U.S. Constitution grants us the right to tell our elected officials our concerns and request them to take action to address them!¹

If we took the time to think about it, we all could come up with a list of grievances we would like our public officials to address.

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

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

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

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

Chapter 3

Advocacy Is Easy and Effective – Debunking the Myths

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

<p>1. I am too busy—there is not enough time in the day.</p>	<p>Sending an e-mail takes less than five minutes, only involves a few clicks, and does have an impact. Remember: if you do not get involved, no one else will on your behalf. Bring your voice forward for medical simulation.</p>
<p>2. I am a doctor, nurse, simulation center manager (etc.), not a lobbyist.</p>	<p>Perfect! Members of Congress are more likely to listen to you – you are an expert in medical simulation. You can provide the Member and staffers with substantive and valid information, as you know first-hand what occurs in today's health care system and what is needed to improve it. You are a "legitimate constituent voice" – not a hired gun.</p>
<p>3. Why should I bother? It doesn't seem to make a difference. I have written before and not received a response. When I have received a response, the letter didn't address the issue I wrote about or I totally disagreed with the views expressed.</p>	<p>It absolutely makes a difference, even though it may not feel that way. Offices count calls, e-mails, faxes, and mail. Staffers log opinions that are expressed and provide regular reports on constituent communications to the Member of Congress. If you have written and not received a response, write or call and let the office know. Sometimes, with the volume of mail, letters can get lost. Also, if you disagree with the views expressed in a response letter, write again and politely repeat your request and rationale and indicate you are disappointed in the Member's position on the issue. Usually if you bring it to their attention you get a prompt response.</p>
<p>4. My Member is a lost cause, doesn't sit on the relevant committee, or doesn't care about health care.</p>	<p>It is essential to weigh-in and go on record with your Member(s) of Congress. You never know when an issue will resonate with them or their staffers. Medical simulation is an up and coming issue and it is important to educate Members of Congress about its use in health care.</p>
<p>5. My concerns or issues of priority are not being discussed in Congress.</p>	<p>That might be because no one is writing/calling about them. You, your colleagues, and your patients can help elevate an issue to the national agenda by communicating with your policymakers about it. Sometimes it takes a grassroots movement to garner Congressional attention. People writing about their HMO horror stories stimulated the development of the "Patients' Bill of Rights."</p>

<p>6. I am not an expert in the issue you are asking me to weigh-in on.</p>	<p>You are an expert in the use of medical simulation to save lives. Just talk about your personal experience using medical simulation technology and the impact that it has made in the delivery of health care. The template letters/talking points provided in this tool kit will take care of the rest.</p>
<p>7. I cannot make it to Washington to meet with my Member.</p>	<p>Members and staffers will tell you that developing a relationship with your policymakers and their staffers “back-at-home” is more effective since you can see them in your own community. Coming to Washington is effective but communicating from and at home is an excellent way to build a relationship. E-mails, calls, and faxes from you to your Members of Congress sent to their Washington office are great. Visiting the district office or attending a town hall meeting is terrific. All of these forms of contact are easy, and you can learn more about them in this tool kit.</p>
<p>8. The process is intimidating. I don’t understand what a substitute amendment is, am unclear on how conference committee works, and cannot remember what a pocket veto means.</p>	<p>The details and nuances of the federal policy making process are difficult to follow, but you do not need to know them all to be an effective advocate. Do not worry if you cannot remember fourth grade civics – no one can, not even Members of Congress. Just know who represents you in Congress – two Senators (www.senate.gov) and a Representative in the House (www.house.gov), and rely on this tool kit and the AIMS website (www.medsim.org) for the rest!</p>
<p>9. I am a Republican, and my Member is a Democrat. I am a Democrat, and my Member is a Republican.</p>	<p>Medical simulation is a non-partisan issue. There are health care professionals on both sides of the aisle who support the use of simulation in health care. Do not worry about your party affiliation; just identify yourself as a constituent and a medical simulation expert – these are suitable qualifications for your views to be treated with respect. The medical simulation legislation is endorsed by both Democrats and Republicans in the House.</p>
<p>10. I’ve done my part to support the cause. I’ve written and called or met with my Member before about medical simulation. I don’t need to write/call/e-mail or meet with them again.</p>	<p>Every day Congress makes decisions that affect you. Writing, calling, e-mailing, or meeting with your policymakers regularly is essential. Even if you already attended the AIMS Conference and Exhibition, you can return again next year! Make your voice heard. With a new Congress and new Administration in Washington, it is important to reach out to policymakers again! No where is the adage, “the squeaky wheel gets the grease,” more true than Washington, DC. Policymakers often claim the reason for their inaction on matters is that they aren’t “hearing (enough) from home” on the issue. Don’t give them an excuse!</p>

A Quick and Simple Refresher on United States Civics

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

The United States Congress

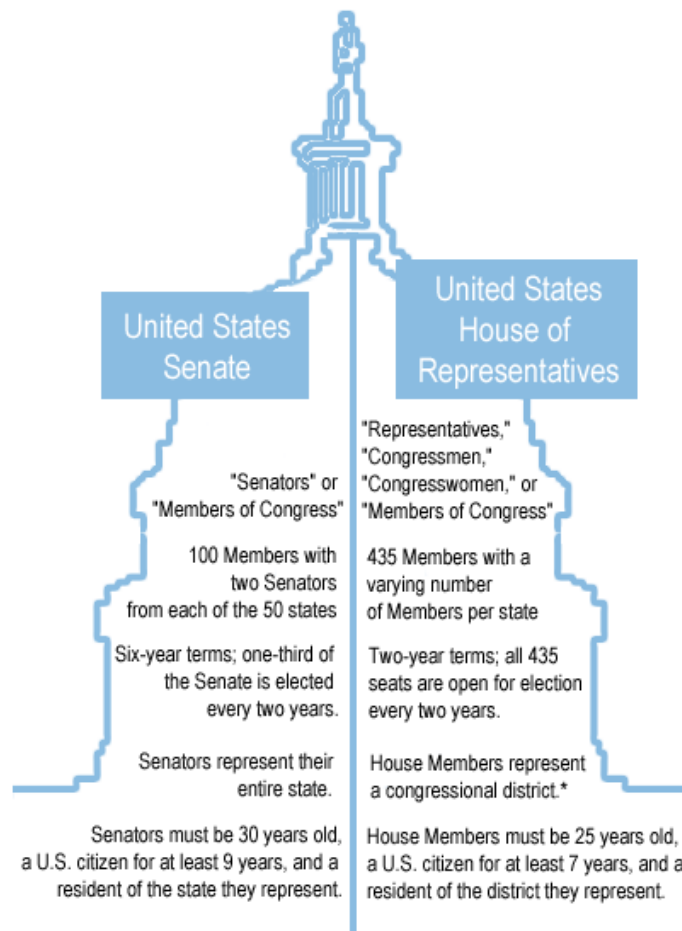
The U.S. Congress consists of two bodies, called chambers or houses: the Senate and the House of Representatives.

- National elections are held every two years on the first Tuesday of November in even numbered years (e.g., 2008, 2010, 2012).
- The next national election will be held in November 2010.
- Every national election, 33 Senate seats whose six-year terms are expiring and all 435 seats in the House of Representatives are open for election.²
- Elections held in non-presidential election years (e.g., 2006, 2010) are known as "mid-term elections" because they are held in the middle of a President's four-year term.
- The next Presidential election year is in 2012.

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

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

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



Timing and Schedule

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

Leadership

Because the United States principally has a two-party system consisting of Democrats and Republicans, each chamber has two groups: a majority party and a minority party. The party with the greatest number of members in a chamber is considered the "majority" party, and the party with the smaller number of members is called the "minority" party. The few members of Congress who are not affiliated with a national political party and identify themselves as "Independents" typically choose a party affiliation for organizational purposes.

111th Congressional Make Up	
United States Senate	United States House of Representatives
57 Democrats 41 Republicans 2 Independents who caucus With the Democrats	257 Democrats 178 Republicans
Senate Leadership	House Leadership
Senate Majority Leader Harry Reid (D-NV) Senate Majority Whip Richard Durbin (D-IL) Senate Minority Leader Mitch McConnell (R-KY) Senate Minority Whip Jon Kyl (R-AZ)	Speaker of the House Nancy Pelosi (D-CA) House Majority Leader Steny Hoyer (D-MD) House Majority Whip James Clyburn (D-SC) House Minority Leader – John Boehner (R-OH) House Minority Whip – Eric Cantor (R-VA)

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

Key Types of Legislation

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

An **authorizing bill or authorizing legislation** provides a federal agency with the authority to conduct programs and provide a framework for how funds may be spent. This type of bill does not guarantee funding; rather, Congress needs to appropriate funds as part of the annual appropriations process. For example, the Enhancing SIMULATION Act “authorizes” the Director of the Agency for Healthcare Research and Quality (AHRQ) to increase the use of simulation technologies and equipment in medical, nursing, allied health, podiatric, osteopathic, and dental education and training protocols through different programs. In other words, by enacting this legislation Congress authorized – or permitted – funding to be allocated by Congress over the next fiscal year to support this effort.

However, unless Congress provides a specific amount for simulation programs in the annual **appropriations bill** that contains funding for AHRQ, the initiatives will not receive any resources for the coming year. Just because the funding has been authorized does not mean it will be appropriated. Both steps are critical. There are numerous programs that have been created by an Act of Congress but have failed to secure appropriations for their implementation and support. In these cases, in particular, it is critical for advocates to take action to help secure much-needed funding to have important programs implemented.

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

How a Bill Becomes a Law

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

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

Step 2: Legislation is introduced. A bill is introduced in the Senate by a sponsoring senator or in the House by a sponsoring representative and assigned a number. In the Senate, all bills start with "S." followed by a number (e.g., S. 1234); all bills in the House start with "H.R." (e.g., H.R. 5678). The bill's title, sponsors and cosponsors (i.e., members who join with the sponsor in official support of the measure), and introductory remarks are published in the *Congressional Record*, an official account of the daily proceedings of the House and Senate chambers (<http://www.gpoaccess.gov/crecord/index.html>).

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

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

Step 5: Full committee hearing and mark-up are held. Once a bill is reported to the full committee, or, if the subcommittee has abdicated its jurisdiction and deferred to the full committee, the full committee may repeat any or all of the subcommittee's procedures, which include hearings, mark-up, and a vote. Advocates again have the opportunity to testify or otherwise express their views, as at the subcommittee level. If the committee votes favorably on a bill, it is "reported" out of committee and sent, along with the committee report, to either the full Senate or full House for consideration by all of the members in the chamber. The committee report includes the origin, purpose, content, impact, and estimated cost of the legislative proposal.

Step 6: Floor consideration and full chamber vote are held. Once the bill is reported out of committee, it is placed on the calendar for consideration and additional debate. Prior to reaching the House or Senate floor, members of the leadership in the chamber discuss and determine the parameters for debate (e.g., how long the debate will last, how many amendments may be offered). Once the debate parameters have been

determined, the measure is brought before the chamber for consideration by all the members. At this stage, the bill may be amended, voted up or down, referred back to committee, or tabled. Should either of the two latter options occur, the bill typically dies. A majority vote (half of all members present voting in the affirmative, plus one) is necessary for the legislation to be passed, or enacted, in a chamber.

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

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

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

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

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

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

Example 1: Nurse Reinvestment Act in the 107th Congress

The Nurse Reinvestment Act is an authorizing bill. It creates new programs, expands existing programs, and grants authority to the Health Resources and Services Administration within the U.S. Department of Health and Human Services regarding activities in which it can engage to address the nursing shortage. The legislation does not contain any funding, so separate appropriations are necessary to support the programs and activities contained in the new law.

House	Senate
H.R. 3487, the "Nurse Reinvestment Act," was introduced in the House of Representatives on December 13, 2001.	S. 1864 was introduced in the Senate on December 20, 2001.
H.R. 3487 was referred to the House Committee on Energy and Commerce and referred to the Subcommittee on Health, subsequently.	S. 1864 was read twice, considered, read the third time, and passed without amendment by unanimous consent.
The House passed H.R. 3487 by voice vote on December 20, 2001, at the close of the first session of the 107th Congress.	The Senate passed S. 1864, the "Nurse Corps Recruitment Act," by unanimous consent on December 20, 2001, at the close of the first session of the 107th Congress.
<p>The two versions of the legislation differed in many aspects. A formal conference committee never was convened, but Members and staff of House and Senate Republicans and Democrats met for approximately six months in the beginning of the second session of the 107th Congress to craft a single, consensus measure on which all Members could agree. In late July 2002, a revised, consensus version of the "Nurse Reinvestment Act" (HR 3487) was developed and sent to both chambers for consideration.</p>	
Upon receipt of HR 3487 from the Senate, the House agreed to the measure by voice vote on July 22, 2002.	The Senate passed the consensus version of HR 3487 by unanimous consent on July 22, 2002. The measure then was sent immediately to the House for consideration.
<p>HR 3487, the "Nurse Reinvestment Act," was sent to the White House on July 30 for presentation to the President. The President signed the measure into law on August 1, 2002, and it became Public Law No: 107-205. Subsequently, funding has been included in each of the Labor, Health and Human Services-Education Appropriations (LHHS) bills from FY 2003-FY 2007 to support federal nursing development programs.</p>	

Example 2: Genetic Information Non-Discrimination Act in the 109th Congress

The Genetic Information Nondiscrimination Act of 2005 (HR 1227/S 306) bars employers and insurers from discriminating against people based on their genetic profile.

House	Senate
HR 1227 was introduced by Representative Judy Biggert (R-13 th -IL) on April 18, 2005, when it was referred to the House Education and Workforce Employer-Employee Relations Subcommittee.	S 306 was introduced by Senator Olympia Snowe (R-ME) on February 7, 2005, when it was referred to the Senate Health, Education, Labor, and Pensions (HELP) Committee.
No action was taken on the measure in the House Subcommittee.	On February 9, 2005 the HELP Committee ordered the bill reported favorably without amendment.
On March 1, 2005, the Senate-passed measure (S 306) was received by the House and held at the desk. As of November 7, 2006, no action on the Senate-passed bill has been taken by the House of Representatives.	On February 10, 2005, S 306 was reported by the HELP Committee with an amendment in the nature of a substitute and placed on the Senate Legislative Calendar under General Orders.
As of November 7, 2006, HR 1227 had 242 cosponsors.	On February 16, 2005, S 306 was brought forward before the Senate for consideration by unanimous consent and an amendment to the measure was proposed by Senator Mike Enzi (R-WY) to provide a complete substitute. The amendment was agreed to by unanimous consent.
Because the House did not act on the measure by the close of the 109 th Congress, the bill died.	On February 17, 2005, S 306 passed the Senate with an amendment, 98-0.
	On March 1, 2005, S 306 was sent to the House for consideration.

Example 3: Patients' Bill of Rights in the 107th Congress

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

House

The House passed HR 2563, the "Bipartisan Patient Protection Act," by a vote of 226–203 on August 2, 2001 (during the first session of the 107th Congress).

Senate

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

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

The House named conferees, members of the House who serve on committees with jurisdiction over the legislation. These conferees were to be the House's Democratic and Republican representatives to the conference committee.

The Senate did not name conferees. Unless conferees are named by both chambers, a conference committee cannot be convened.

Therefore, because a conference committee never was convened, both versions of the "Patients' Bill of Rights/Bipartisan Patient Protection Act" died at the close of the 107th Congress, which ended in November 2002. If consensus had developed, the new uniform bill would have been sent back to both the House and Senate for a final up-or-down yes/no vote, with no amendments allowed. If passed by both chambers, the measure would then have been sent to the President for his signature or veto.

Chapter 7

Key Congressional Committees for Health Care Issues

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

Key Committees	
House of Representatives	Senate
<p>Appropriations Committee: The committee that controls the federal purse strings and determines federal funding for all government functions, from defense to biomedical research</p>	<p>Appropriations Committee: The committee that controls the federal purse strings and determines federal funding for all government functions, from defense to biomedical research</p>
<p>Labor, Health and Human Services and Education Appropriations Subcommittee (LHHS): The specialized subcommittee that determines federal funding for federal agencies, including the Departments of Health and Human Services, Labor, and Education and all of their subagencies (e.g., National Institutes of Health, Centers for Disease Control and Prevention, and the Health Resources and Services Administration, and the Agency for Healthcare Research and Quality (AHRQ).</p>	<p>Labor, Health and Human Services and Education Appropriations Subcommittee (LHHS): The specialized subcommittee that determines federal funding for federal agencies, including the Departments of Health and Human Services, Labor, and Education and all of their subagencies (e.g., National Institutes of Health, Centers for Disease Control and Prevention, and the Health Resources and Services Administration, and the Agency for Healthcare Research and Quality (AHRQ).</p>
<p>Energy and Commerce/Health Subcommittee: The authorizing committee with policy jurisdiction over the Medicaid program, Part B (outpatient services) of the Medicare program, and all non-Medicare and non-Medicaid health care issues.</p>	<p>Health, Education, Labor, and Pensions (HELP): The authorizing committee with jurisdiction over all non-Medicare and non-Medicaid health care policy issues (e.g., establishing and providing oversight to various programs at the Centers for Disease Control and Prevention, policy issues related to the National Institutes of Health)</p>
<p>Ways and Means Committee/Health Subcommittee: The authorizing committee with policy jurisdiction over the Medicare program (shares jurisdiction over certain parts of Medicare with the House Energy and Commerce Committee)</p>	<p>Finance Committee/Health Subcommittee: The authorizing committee and subcommittee with policy jurisdiction over the Medicare and Medicaid programs</p>

Chapter 8

How to Communicate With Members of Congress

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

It is important to note that all offices handle constituent communication differently. Therefore, you might want to call each of your Members' offices and inquire as to how they prefer to receive constituent input.

For the most part, the information below and the tips and guidelines found in the next chapter apply to all forms of written communication, including faxes, e-mails, and regular letters. You can use the template letter at the end of Chapter 9, or you can draft your own letter.

Proper Forms of Address for Members of Congress

Members of the United States House of Representatives

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

Dear Representative [Last Name of Member]:

United States Senators

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

Dear Senator [Last Name of Member]:

You can also reach your Members of Congress in the following ways:

- Phone through the U.S. Capitol Switchboard at (202) 224-3121.
- E-mail your U.S. Representative through: <http://www.house.gov/writerep>;
- E-mail your two U.S. Senators through: http://www.senate.gov/general/contact_information/senators_cfm.cfm
- Visit <http://www.ons.org/lac/> for alerts on priority issues, model correspondence to send to federal policymakers, and quick links and information about how to contact your Congressional delegation.
- Open up your local phone book, and look in the “Blue” pages, which have local, state, and federal government contact information.

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

Writing to Members of Congress is one of the easiest and most effective ways for health care professionals and patients to communicate with policymakers on issues of interest and priority. Written communication can be done by e-mail or by sending a letter to the Congressional office by fax. Such written correspondence, if done correctly, can result in garnering support for the medical simulation legislation.

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

Be sure to keep a hard copy of what you send, as sometimes faxes, e-mails, or letters are lost and you may need to send a second copy to ensure a response. To view a sample letter, see the end of this chapter.

- 1. Always be polite.** When addressing correspondence to any government official, be sure to use the proper forms of address (See Chapter 9). Even if you are angry, frustrated, or disappointed, be sure to use a polite tone and appropriate language; be sure not to be threatening, confrontational, or rude. The most effective way to communicate with your Members of Congress is the way you communicate with your colleagues, neighbors, patients, family, and friends – clearly, concisely, and with respect and honesty.
- 2. Identify yourself and why you are writing.** In the opening sentence, make your request up front, and identify yourself as a registered voter, constituent, and someone who has a tie to medical simulation. For example: *“As a member of the medical simulation community who lives and works in your district, I am writing to request your support for the Enhancing SIMULATION Act of 2009.”* If you know the member or staff aide, say so at the beginning of your message; this may alert the aide reading your correspondence to give your message special attention. If you are in a leadership position and have clearance to write in that capacity (e.g. President of an organization, Board Member, etc.) be sure to use your title and indicate how many people you are representing for your organization.
- 3. Be concise and informed.** To the degree possible, try to keep your letter to a single page. You do not need to be an expert on the issue, but you should be familiar with the basic facts and points (e.g., name of the legislation and the associated bill number and why it should be supported or opposed). If you are requesting that the policymaker cosponsor a particular measure or are writing to express disappointment at a particular vote the policymaker cast, check the list of cosponsors and the vote record first at <http://thomas.loc.gov/> to ensure that you have the most up-to-date information, and all of your facts are correct.
- 4. Personalize your message.** Remember, you are an expert in what it is like to deliver health care– and as such, you have many experiences to share. Tell your own story or one of a patient’s (being mindful not to use anyone’s real name due to privacy concerns) and explain the relevance to the issue at-hand. Although form letters and postcards are “counted,” they often do not elicit a response from a Congressional office. Personal stories and illustrations of local impact are more easily remembered by policymakers and their staff than statistics and generic examples. Moreover, personal stories often are what spur policymakers to action – not statistics. The reality is that our policymakers often legislate by anecdote. Your own words are best and can influence the legislator’s response or vote. If you are using a template letter, please take a

few moments to personalize it with your own experience. Also, if you can, include relevant state or local information to explain how medical simulation is important in your community.

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

Specific Tips about “Snail Mail”

As a result of anthrax attacks in fall 2001, the U.S. Postal Service mail is handled differently by Congress. Most incoming mail is irradiated to ensure it is safe for handling. This process takes quite a while and often damages the contents. Therefore, for time sensitive communication, sending written correspondence by e-mail or fax is advised – or make a quick phone call (see Chapter 11). Also, enclosing items such as

photographs, originals of articles, or other documents is not recommended; it is best to save these items for hand delivery when you have a meeting in the office – either in the local office or in Washington, D.C.

Specific Tips about E-mail

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

**Template Letter for Requesting Meeting with Member of Congress/Congressional Staff
(Faxed or Emailed)**

Date

To: **Scheduler, Representative/Senator Name**

From: **Your Name**

Re: Meeting Request

Dear **Scheduler First Name**:

As a medical simulation professional who lives in **City, State**, I am writing to respectfully request a meeting with the **Senator/Representative** to discuss a number of issues of priority to me and Advanced Initiatives in Medical Simulation (AIMS) or the Society for Simulation in Healthcare (SSH). I am hopeful that the **Senator's/Representative's** schedule will permit us an opportunity to meet **sometime in MONTH when you are home/while I am in Washington, DC on Month date**, so we can become acquainted and discuss issues affecting the people of our **state/Congressional District**.

I would like to discuss medical simulation, specifically, the Enhancing SIMULATION Act, which aims to advance the use of medical simulation. Medical simulation is a method of clinical skills training for physicians, nurses, allied health professionals, combat medics, and emergency personnel using mannequins and virtual reality with feedback from specially trained faculty, standardized patients, peers, and video tape. Simulation-based training provides better trained health care providers, reduces medical errors, decreases health costs and incidents of malpractice, improves clinical competencies, and improves the quality of patient care overall.

If **Representative/Senator Name** is unavailable, I would like to meet with the aide responsible for health-related issues. I may be reached by phone at **phone number** or email at **email address**. I look forward to hearing from you soon.

Sincerely,

First Name Last Name, Degrees
Home Street Address
City, State Zip
Phone Number/Email Address

**Template Thank you letter to Member of Congress after Meeting with Staffer
Adjust if Met with Member**

DATE

The Honorable **Senator/Representative First and Last Name**
United States **House of Representatives/Senate**
Room Number House/Senate Office Building
Washington, DC **20515/20510**

Dear **Representative/Senator Last Name**:

I am writing to thank you/your health legislative assistant, **staffer name**, for taking time out of **your/his/her** busy schedule to meet with me on **day, date month**. It was a pleasure to have the opportunity to discuss medical simulation and the Enhancing SIMULATION Act that advances the use of medical simulation.

Medical simulation research has been conducted within the Department of Defense at the Telemedicine and Advanced Technology Research Center and within the Department of Veterans Affairs. The research has shown that simulation can significantly improve the quality of medical care delivered. The Enhancing SIMULATION Act extends the benefits of advanced medical simulation technology to the civilian health care system.

As we discussed, medical simulation is a method of clinical skills training for physicians, nurses, allied health professionals, combat medics, and emergency personnel using mannequins and virtual reality with feedback from specially trained faculty, standardized patients, peers, and video tape. Simulation-based training provides better-trained health care providers, reduces medical errors, decreases health costs and incidents of malpractice, improves clinical competencies, and improves the quality of patient care overall.

Again, I want to thank **you/name of staffer** for **your/his/her** time and consideration. Should **you or name of staffer** have any questions or need additional information, please do not hesitate to contact me at **phone or email**. I look forward to further collaboration with you on this critical issue.

Sincerely,

First Name Last Name, Degrees
Home Street Address
City, State Zip
Phone Number/Email Address

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

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

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

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

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

- 1. Once connected to your elected official's office, identify yourself as a constituent to the receptionist.** Clearly state your first and last name, your hometown, and why you are calling. If you know the health legislative assistant (HLA), be sure to ask for that staffer by name. If not, ask for the staffer's name and request to be transferred. Sometimes, the receptionist will indicate that you will need to leave your comments with him/her. If that is the case, you still should ask for the name of the HLA so that you have that information and record it for future reference.
- 2. If transferred to the HLA personally** or if you are put into the staffer's voicemail, reintroduce yourself and immediately identify the topic you are calling to discuss. If you are instructed to leave a message with the receptionist, repeat your name and continue with the message that you wish to deliver. Be sure to leave all of your contact information whether you speak with a person or if you leave a voicemail for the staffer.
- 3. Make a few brief points** as to why the issue is of concern to you, your community, and the nation and why the Member should take action. You may want to use written notes to help you stay on topic and remain clear while articulating your case.
- 4. Be clear about what you are asking the Member to do** (e.g., cosponsor a particular bill, vote for or against a specific measure, sign a "Dear Colleague" letter).
- 5. Be polite in your tone and language.** The staffer on the other end of the phone is overworked, overwhelmed, underpaid, and receives dozens – if not hundreds – of calls a day. In fact, in some offices, you may be speaking with a junior staffer or a college intern, so be sure to be patient and forgiving. Also, be sure not to use any "lingo" or "slang" (e.g. do not use acronyms in your speech like "HRSA" when

you mean the Health Resources and Services Administration). You should not assume the person on the other end of the phone is familiar with the issue you are discussing, so be as clear and concise as possible.

6. **Keep it brief.** Limit your call to no more than five minutes unless the staffer asks you questions and seems engaged in the discussion. Offer to send additional or follow-up information to the staffer and request their preferred mode of communication (e.g. e-mail, fax).
7. **Specifically request a written response** from the office on the Member's position or action on the issue you addressed.
8. **Provide your full name, mailing address, e-mail address, and phone number.**
9. **Thank the staffer** for his/her time and indicate that you appreciate his/her willingness to listen and record your comments. Be sure to record the name of the staffer and the day and time you spoke, so you can have it for future use and in case you need to follow up.
10. **If you do not receive a response within a reasonable timeframe** (approximately a month), either call or write to follow-up and request a response. Reference your phone call and mention with whom you spoke and the topic to help facilitate a meaningful reply.

Other Tips

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

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

Top Ten Tips for Meeting with Your Members of Congress and Their Staffers

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

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

In advance of the meeting, be sure to put together some “leave-behind” materials that you will provide to the Member/staffers at the end of your discussion. Spend some time on the AIMS website to learn more about the specific legislation and medical simulation community “asks.”

- 1. Prepare and be on time.** Members of Congress and their staff are very busy and often have to be in more than one place at a time. Be respectful of their time by giving yourself plenty of time to go through security, find your way to the office, and announce yourself to the receptionist. If you will be attending in a group, discuss with your colleagues in advance what you will be covering in the meeting. Be sure to select a primary spokesperson and determine who in the group will raise which points and requests. You should be clear about your roles and who will cover the different topics in the meeting. Open by thanking the Member/staffers for his or her time. Be sure that everyone in the group identifies herself/himself – first and last name and connection to medical simulation – and remember to mention that you are a voting constituent and provide some context about where you live/work in the district/state. If the Member/staffers has been helpful in the past or has taken action that you appreciate, be sure to say thank you up front. Prior to your meeting with the Member/staffers, it is best to get a sense of what matters currently are pending before the Congress, and the committee(s) on which the Member sits.
- 2. Be brief and clear**, as you typically will have only 10–25 minutes for the entire meeting. Cover only a few (one to three) topics. It is best to prepare talking points beforehand to ensure that you and your colleagues “stay on message.” Anticipate the kinds of questions you may be asked from both supporters and opponents. Do your best to be prepared to answer such questions in the meeting. If you do not know the answer, acknowledge that, and indicate that you will follow-up later (and remember to do so). Do not assume that the Member/staffers is very knowledgeable about the issue you are discussing – be sure to provide them with some background. If you are not discussing a specific piece of legislation, explain that you want to provide background information or provide your perspective on an issue of importance to you and your community.
- 3. Provide a personal story or real-life illustration** of the problem, as personal stories are more easily remembered and more compelling than statistics. As necessary, briefly cite evidence or statistics to support your position, particularly any local, regional, or state data. However, be sure not to overwhelm the policymaker or staffer with too many statistics or references to studies (this kind of information can

be in the materials you leave behind or can be sent with your thank-you note). Be concise and honest about the issue(s) and the solution(s) and make clear the relevance of the issue(s) to their constituents.

4. **Be polite and listen carefully** to the policymakers' or staffers' views and comments. Even if you disagree, it is important to be courteous. Be flexible and consider the opposing view. Do not be argumentative or threatening. You may agree to disagree on an issue today and find that you can agree and work together on another matter tomorrow. Much of health policy advocacy is about building and maintaining relationships.
5. **Make sure to get a response – in a nice way.** Ask directly, and politely, for the policymaker's views and position on the issue. Do not let the policymaker or staffer distract you with other issues (gently steer the conversation back to your issue), avoid responding, or dismiss your specific concerns with a broad statement such as, "I support simulation." Stay on message and the topic as politely as possible. It is your Constitutional right to "petition Congress for redress of grievances" – so take this opportunity to do what you can to get a commitment from the Member to take action on your request(s). However, if the Member truly is undecided or the staffer is not familiar with the Member's position on the issue, do not force a response – reiterate your interest in knowing the Member's position, offer to answer any additional questions/provide additional information, and request a follow-up letter once a decision has been made on your request.
6. **Bring a concise set of materials with you to leave behind.** However, do not hand over the materials until the close of the meeting, or the Member/staffer may choose to start reading the material and only listen to you with one ear. Early in the meeting indicate that you have materials to leave on the topic(s). Be sure to follow-up and follow through on any promises of additional information.
7. **Leave your contact information.** If you leave a business card, make it clear that you are visiting on your own time and not representing your employer unless you have received such clearance. Be sure to get a business card from the Member/staffer so that you know how to reach them. Be sure to ask the Member/staffer their preferred mode of communication (e.g. e-mail, faxes, voicemail/phone).
8. **Summarize your requests of the Member/office** and any responses the Member/staffer have given to ensure you are clear on where they stand on the issues. Summarize the Member's/staffers' requests and indicate how you plan to respond. Express thanks and appreciation for their time, interest, and courtesy. Ask politely for a good day in the next week to 10 days for you to follow up on your request(s).
9. **Report back to AIMS and SSH** so others can follow-up with the office with additional information and reinforce the message(s) you delivered. For support of your advocacy efforts or to report back from a meeting, please e-mail info@medsim.org.
10. **Follow-up with a thank you note** to the Member/staffer referencing the date of your meeting, who was in attendance, and the issues you discussed. Your follow-up letter should express appreciation for the time and consideration extended to you during your meeting, reiterate your request(s), and ask for a written response from the office. Be sure to call/e-mail/write with answers or information the Member/staffer requested. Be sure to keep in touch with the Member/staffer to maintain and strengthen the relationship and make yourself available as a local resource on medical simulation. There are times when you and an elected official will have to "agree to disagree" but over time, you also may find that the policymaker may be supportive and helpful on other matters. Great ways to keep in touch are sending an article of interest from the local paper, or inviting the Member/staffer to attend an event or tour your local simulation center when they next are visiting.

Other Tips

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

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

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

Top Ten Tips for Media Advocacy

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

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

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

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

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

1. **View the media as an opportunity.** All newspapers, radio stations, television stations, and online news services need content. There will be times that you can provide relevant, important information to the media that will benefit the medical simulation community. Local media are always on the alert for local stories. You can be a resource for them.
2. **Look beyond the headlines.** You do not need front page articles or a segment on the local news to have an impact. Letters to the Editor are read by Members of Congress and their staff. Be sure not to overlook this important opportunity. Letters must be concise and specific and should include a local angle (e.g., include local/state information about simulation centers in your community). Each local paper has different rules for submission of Letters to the Editor – typically these guidelines can be found in the front section of the newspaper on the editorial page or on the online version of the newspaper. Also, some papers have different sections in print and online. For most publications, timeliness is a key factor. Time your letter to make it relevant to a recent article or current event if possible.
3. **Use your issues as a news angle.** Legislative activity often will not engender media coverage, but it provides an excellent opportunity to inject your perspective in a Letter to the Editor. Some examples include the introduction of legislation at the federal or state level, consideration of or action on relevant

legislation, thanking or asking for co-sponsors, or noting when an elected official has spoken out on an issue of concern. These activities will not necessarily show up in the news, but they make great subjects for Letters to the Editor. Members appreciate and enjoy being thanked publicly for taking action that pleases their constituents. The corollary also is true – when a member is publicly “called out” for lack of support or a position contrary to a vocal constituent, it often elicits a response and attention from the office that the constituent might not have been otherwise able to generate through traditional advocacy tactics. Again, timeliness is a key factor.

4. **In any interaction with the media, remember, you are the expert.** You have the facts and the expertise about medical simulation and know what it takes to improve patient care through medical simulation training. Tell your story in a clear, concise, and honest way – just the way you speak with your patients and their family members. Be respectful of their profession as well. Be aware of their deadlines. Understand that you may need to educate members of the media about basic facts. Be patient.
5. **When initiating contact with the media, determine the appropriate spokesperson.** Sometimes you will be the appropriate spokesperson, but other issues may need to be referred to another professional. Sometimes, it will help to have the national perspective, and you may wish to reach out to AIMS or SSH for more information about a particular simulation issue.
6. **Be professional, concise, and prepared.** Many of the same standards you use for contacting legislators also apply to the media. In any interaction with the media, the most important rule is to tell the truth and provide facts. It is okay to say “I don’t know, but I will find out.” Then, be sure to follow-up in a timely fashion.
7. **Monitor your Member’s media appearances and respond appropriately.** If s/he is doing a call in show or an online interview, call or send questions. If you like something you heard during an interview, voicing your pleasure in a Letter to the Editor is a perfect way to follow-up and express support.
8. **Create media opportunities,** like press conferences, when appropriate. Take advantage of situations (such as a Member’s Town Hall Meeting) where the media is present to introduce yourself. Consider whether events you are organizing or attending at a local simulation center warrant media attention.
9. **Create a local media directory.** Get to know the reporters who cover medical simulation issues (health care beat, political). Make yourself a source for them.
10. **Use Professional Materials.** Work with the AIMS and SSH national organizations to craft your message for the media.

Congressional Offices: The Real Deal and Who's Who

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

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

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

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

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

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

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

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

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

Caseworker: Caseworkers are the staff members in a district office assigned to help with constituent requests. Caseworkers' responsibilities may include helping resolve problems constituents present in relation to federal agencies (e.g., Social Security and Medicare issues, veteran's benefits, immigration concerns, passports). A Congressional office may have several caseworkers.

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

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

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

How to Work With Congressional Staff

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

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

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

Conclusion

Advocacy and health policy are integral parts of both the AIMS and SSH mission, and have an important impact on what will happen in medical simulation. Unless you communicate with policymakers about key issues of concern, legislative and regulatory proposals will be crafted and enacted without the benefit of medical simulation professional's expertise and perspective. Health care professionals are a powerful and well-respected constituency, and their active involvement in health policy advocacy helps policymakers take action on key issues. Policymakers and their staff expect, welcome, and appreciate input from constituents, especially those with understanding and experience.

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

Glossary & Terms

A

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

B

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

C

Capitol Hill	The area encompassing the U.S. Capitol building and the House and Senate office buildings.
Casework	Intermediary work performed by Members of Congress for constituents who may have problems, or "cases," with the federal government (e.g., Medicare, Social Security).
Caucus	An informal group of members sharing an interest in the same policy issues. (e.g. the Modeling and Simulation Caucus).

Chairman	The presiding officer of a committee and/or a subcommittee - a member of the majority party in the chamber.
Cloture	The formal procedure used to end a filibuster. It can take up to three days and requires 60 votes. If cloture wins, 30 additional hours of debate are allowed prior to voting, but they are rarely used. If cloture fails, debate would continue without limits. Instead, the bill is usually set aside.
Colloquy	A pre-scripted floor dialogue between the chairman of a committee and another Member of Congress.
Committee of the Whole	The entire House meeting in the form of a committee.
Committee Report	A formal report prepared by a House or Senate Committee to explain the content of a bill being reported. Committee Reports are optional in the Senate, but mandatory in the House. They contain views of Committee members, a cost impact analysis, and compare the bill to current law.
Companion Bill	A companion bill is similar or may be identical to one introduced in the other house of Congress.
Concurrent Resolution	Used to take action or express opinion on behalf of both the House and Senate, it does not make or become law. Used to fix Congressional adjournment dates and set the annual Congressional budget.
Conferee	A Member of Congress named to represent his/her chamber in negotiations with the other house. Formally known as "managers," the conferees meet in conference committee to negotiate a compromise between the House and Senate versions of a bill.
Conference	A formal meeting or series of meetings, between House and Senate Members to reconcile differences between House and Senate passed measures. A Conference is held by a Conference Committee consisting of both Democrats and Republicans (referred to as "conferees" or "managers") who sit on the committees with jurisdiction over the legislation that needs to be reconciled into a single uniform measure.
Conference Committee	Temporary panel of House and Senate negotiators. A conference committee is created to resolve differences between versions of similar House and Senate bills.
Conference Report	Refers to the final compromise version of a bill proposed by House and Senate conferees. It also contains the "statement of managers," a section-by-section explanation of the final agreement.
Congressional Budget Office (CBO)	The agency that, at the request of Congress, conducts non-partisan economic analysis and research and evaluates proposed bills and amendments, assessing their potential cost.
Congressional District	A geographical area within a state from which a member of the House of Representatives is elected and s/he represents in Congress. There are 435 Congressional districts. Each district has approximately 600,000 people.
Congressional Record	A daily account of House and Senate floor debate, votes, and members' remarks. Available free online at http://www.gpoaccess.gov/crecord/

Congressional Research Service (CRS)	The Congressional Research Service of the Library of Congress. CRS responds to requests for general information and issue analysis only from Members, Committees, or Congressional staff.
Consideration	The process by which the Senate or House explores the legislation including debate, amendment, and voting.
Cosponsor	A member who formally adds his/her name as a supporter to another member's bill. An “original” or “initial” cosponsor is one who was listed at the time of the bill's introduction, not added on later.
Constituent Service	The assistance given constituents by Members of Congress in non-legislative areas. Most requests are for help in obtaining action from federal agencies on individual problems and cases (e.g., Medicare, Social Security). Other services include obtaining government agency tours, commendation letters information and publications, flags flown over the capitol, and military academy appointments. The assistance given constituents by Members of Congress in non-legislative areas. Most requests are for help in obtaining action from federal agencies on individual problems and cases (e.g., Medicare, Social Security). Other services include obtaining government agency tours, commendation letters information and publications, flags flown over the capitol, and military academy appointments.
Constituents	The people who live in the Member’s Congressional district or state.
Continuing Resolution	A short-term or long-term funding bill that funds the federal government after September 30 until a permanent appropriations measure is passed.
D	
Dear Colleague	A letter sent by one or more Members to all fellow members. "Dear Colleague" letters can describe a new bill and ask for cosponsors, may ask for a Member's vote for or against a particular issue, or request fellow Members’ support for another priority such as funding for a specific medical simulation program. Appropriations “Dear Colleague” letters usually request Members to show support by signing onto to a joint letter to Appropriations Committee leaders asking for a particular funding amount for a specific program of interest.
Delegate	A member of the House from Samoa, Guam, Puerto Rico, Virgin Islands, or Washington, D.C. The Constitution prohibits delegates from voting on the House floor, but permits them to vote in Committee.
Demonstration Project	A project funded by the federal government in order to test new technology or policies.
Discharge Petition	A petition that starts a process to force a bill out of committee. A successful petition requires the signatures of 218 members, a majority of the House.
Discretionary Spending	Refers to spending set by the annual appropriation levels and decided by Congress. This spending is optional. Funding for the National Institutes of Health and the Centers for Disease Control and Prevention is considered discretionary spending and annual funding is determined in

each appropriations cycle.

District Work Period The time set for Members to work at home and during which the House is not in session.

E

Earmarks Specific provisions detailing - or setting aside - funding for a specific program or purpose. Expenditures are earmarked in appropriations bills or the accompanying reports.

Entitlement Spending Funds for programs like Medicare, Medicaid, Social Security, and veterans' benefits. Funding levels are automatically set by the number of eligible recipients, not at the discretion of Congress.

Executive Order A Presidential directive with the force of law that does not need Congressional approval.

F

Filibuster The term used for an extended debate in the Senate, which has the effect of preventing a vote. Senate rules contain no motion to force a vote. A vote occurs only once debate ends.

Fiscal Year The federal government's budget year begins on October 1st and ends on September 30th. For example, fiscal year 2006 began on October 1st, 2005 and ended on September 30th, 2006.

Free-Standing Bill Refers to a coherent bill, dealing with a single issue.

G

GAO The Government Accountability Office, which audits federal agencies and programs for Congress.

Germane The technical term for "relevant." Amendments are said to be germane or non-germane to a bill.

GOP Stands for "Grand Old Party," used to refer to the Republican party.

GPO The Government Printing Office, which prints laws, bills, committee reports, etc. GPO sells these documents to the public and distributes an allotted number of them free to members.

H

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

J

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

L

Lame Ducks	Members who will not return in the next Congress but who are finishing out their current term.
Lame Duck Session	The period of time, but before Congress adjourns, that Congress meets after an election, in which Members of Congress who have not been re-elected still cast votes.
Lay on the Table	To lay a bill, resolution, amendment, appeal, or motion on the table is to dispose of it permanently and adversely. Under congressional rules of procedure, tabling kills the underlying matter.
Legislative Day	Any day on which the House or Senate meets. It runs until the next recess or adjournment.

M

Majority Leader	The Majority Leader is elected by his/her party members in the House or Senate to lead them, to promote passage of the party's issue priorities, and to coordinate legislative efforts with the Minority Leader, the other chamber, and the White House.
Manager's Amendment	A package of numerous individual amendments agreed to by both sides in advance.
Mandatory Spending	The required funding that accounts for two-thirds of the federal budget. These funds are not controlled by annual decision of Congress but are automatically obliged by virtue of previously-enacted laws. For example, as Medicare, Medicaid, food stamps, and social security are entitlement programs, funding for them all falls under mandatory spending.
Mark-up	Refers to the meeting of a Committee held to review the text of a bill before reporting it out to the full chamber for consideration. Committee members offer and vote on proposed changes (amendments) to the bill's language. Most mark-ups end with a vote to send the revised version of the bill forward to the floor (full Chamber) for final consideration and approval.
Minority Leader	The Minority Leader is elected by his/her party members in the House or Senate to lead them, to promote passage of the party's issue priorities, and to coordinate legislative efforts with the Majority Leader, the other chamber, and the White House.
Motion to Instruct Conferees	A motion to instruct conferees, if adopted, asks House or Senate conferees to take a certain negotiating position.
Motion to Proceed	A motion to proceed seeks to bring a bill to the Senate floor for debate and amendment.
Motion to Recommit	A motion to recommit returns a bill to committee, in effect killing it. However, a motion to recommit with instructions is a last opportunity to amend the bill.
Motion to Reconsider	If adopted within two days of a vote in the House [or three days in the Senate], requires the original vote be held again.

Motion to Strike	A motion to strike is a type of amendment which seeks to delete language from a bill.
Motion to Table	A motion to table, if adopted, permanently kills the pending matter. It also ends any further debate.
Motion to Waive the Budget Act	If adopted, this motion temporarily sets aside a specific provision of the Congressional Budget Act. Without a waiver, the provision would cause the pending amendment to fall on a point of order (defined below). With a waiver, the amendment may be considered even though it violates the Congressional Budget Act. A minimum of 60 votes is required.

O

Off-Budget	Describes programs not counted toward budget limits due to provisions in current law. For example, Social Security trust funds and the United States Postal Service are off-budget programs.
OMB	The Office of Management and Budget is the federal agency that prepares the President's budget submission to Congress and develops associated economic forecasts.
Omnibus Bill	A large measure that packages together several bills into one or combines diverse subjects into a single bill. Examples are reconciliation bills and combined appropriations bills.
Override	The vote taken to pass a bill again, after it has been vetoed by the President. It takes a two-thirds vote in each chamber, or 290 in the House and 67 in the Senate, if all are present and voting. If the veto is overridden in both chambers, the bill becomes law despite the objection of the President.
Outlays	The actual payments made out of the federal treasury to fulfill obligations incurred earlier.
Oversight	The term used for Congressional review of federal agencies, government programs, and performance.

S

Second Degree	An amendment offered to change the text of another amendment – in other words, an amendment to an amendment.
Secretary of the Senate	A non-partisan employee who serves as the Chief Administrative Officer.
Senior/Junior Senator	The seniority relationship between two senators from the same state, with the Senior Senator serving in the Senate longer than the Junior Senator.
Sense of the House	Legislative language which offers the opinion of the House but does not make law.
Sense of the Senate	Legislative language which offers the opinion of the Senate but does not make law.
Sine Die Adjournment	The end of a Congressional session or an entire Congress.

Special Interest	Any group of people organized around a specific shared interest; e.g., medical simulation advocates, senior citizens, environmentalists, a specific industry such as oil or tobacco, an ethnic community, an individual corporation, or a professional trade association, like trial lawyers or insurance agents.
Sponsor	Member or Members who propose and support legislation.
Standing Committee	A Standing Committee of the House or Senate has permanent status, whereas a Select Committee is temporary.
State of the Union	The president's State of the Union Speech defines his view of national priorities and needed legislation. The Constitution requires that the president report to Congress on the State of the Union "from time to time."
Suspension of the Rules	A special procedure used in the House to speed up action by setting aside the regular rules. Bills brought up under this process are debated for 40 minutes, may not be amended, and require a two-thirds vote for approval.
T	
Tie Vote	A tie vote means the question loses. In the Senate, a tie may be broken by vote of the Vice President of the United States.
Time Agreement	A voluntary pact among senators to limit debate time on a bill or on an amendment.
U	
Unanimous Consent	Unanimous consent means that all members on the floor agree, or consent, to a pending request.
Unfunded Mandate	A requirement imposed by Congress on state or local governments without the provision of associated funding to pay for it.
Up or Down Vote	A direct vote on the substance of an amendment or bill, sometimes referred to as a "clean vote" or "straight up or down." Members simply vote "yea" or "nay" on it.
V	
Veto-Proof	Votes with a margin sufficient to override a Presidential veto, should it occur. Since a two-thirds vote is required to override, a veto-proof majority is 290 votes in the House and 67 votes in the Senate.
Voice Vote	During a voice vote members say "aye" aloud as a group, followed by the group saying "no." No names are recorded.
W	
Whip	A member elected by his/her party to count potential votes and promote party unity in voting. The House Majority Whip is the third ranking leadership position in his/her party and the House Minority Whip ranks second. The Senate Majority and Minority Whip are the second ranking leadership position in their respective party.

Y

Yeas & Nays – House

A specific type of recorded vote. It requires a seconding of the motion by one-fifth of those present to take place. The vote, if ordered, places members' positions on record. It is usually held by electronic device.

Yeas & Nays – Senate

The term for a roll-call vote. Members call out “yea” or “nay” when their name is called, or signal the clerk with a “thumbs-up” or “thumbs-down.”