



Oncology Nursing Society

Health Policy Tool Kit

Communicating With Our Nation's Policymakers

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

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- N. Template Follow-up Letters following Attendance at a Town Hall Meeting
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- O. Template Letters to the Editor Following Meetings with Members of Congress
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Note. Documents in the Appendix are additional PDF files that must be downloaded separately.

Introduction

Dear Colleague:

Welcome to the third edition of the Oncology Nursing Society's (ONS's) Health Policy Tool Kit. The purpose of this tool kit is to educate and inform nurses, other healthcare professionals, and people interested in healthcare issues about the public policy and legislative process; encourage involvement in our government at all levels; and effect positive change in health policy for oncology nurses and people with cancer and their families.

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

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

We hope 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

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straight to the White House, where President Bush took action. Can one person bring about a result in one law? Absolutely!

To be responsive to changes in ONS's advocacy activities and ensure that oncology nurses have the latest and best resources, this tool kit recently was revised and appended with additional information. We would like to acknowledge and thank both the original project team that developed this resource and the reviewers who contributed to its most recent revision.

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

Sincerely,

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Chapter 1

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

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

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

Members of Congress are most responsive to people from their own states and communities, and they must hear from oncology nurses about their priorities and concerns. Without hearing directly from oncology nurses about priority problems and recommended solutions, policymakers either will fail to address such concerns or use information and expertise provided to them by others. Some of their sources may not share the views of the oncology nursing 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 oncology nurse can be a valued resource to elected officials and their staff, can raise issues of importance, and can help craft and implement necessary solutions.**

Taking advocacy action on ONS health policy priorities is an integral part of the ONS mission and of being an advocate for patients and nursing. The first step in getting involved in ONS health policy advocacy efforts is to join ONStat – the ONS electronic grassroots network. It's free and fun. You will be contacted only a handful of times a year to take action when your elected officials are in a position to influence a bill or policy of interest to ONS. With its Legislative Action Center, ONS makes taking action easy – it takes less than five minutes to weigh in, and it makes a world of difference. The involvement and support of ONS members in ONStat is critical to the support of the ONS mission and is much appreciated.

Join ONStat - <http://www.ons.org/lac/onstat.shtml>

"I have learned so much from being involved with advocacy the last several years. I believe I am a much better informed citizen and voter in all areas due to this involvement and heightened awareness."

Carole Edwards, ONS Alaska State Health Policy Liaison

Chapter 2

What Is Health Policy Advocacy?

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

Turning Outrage Into Action

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

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

Ruth Dennison, the ONS Pennsylvania State Health Policy Liaison, first became involved in health advocacy by "accident." As she tells it, she is "just one regular oncology nurse who turned her own action." Ruth had a patient in a very dire condition who needed laboratory work done, but his insurance did not cover it. Ruth had one of those moments of "How can this be? This patient needs this lab work done, but HMO isn't covering it. This is crazy." So what did she do? She had been taught by her father that if you have a problem, you call your Congressman. So Ruth found her Congressman's local phone number in the phone book under the "blue pages" (government information) and called his office. The woman who answered got the message from Ruth. Ruth left her name and number, and the staffer told Ruth she would call her back. Ruth was thinking, "I'll probably not get a call back, but at least I feel better...I called somebody." Later in the day, Ruth was paged by the front office staff that the Congressman's office was on the phone, she thought her colleagues were playing a joke on her. However, it was the Congressman's staffer with whom she had spoken and she said the Congressman was concerned and would like to meet Ruth.

Ruth did meet with her Congressman to discuss a variety of oncology and healthcare issues, and he subsequently became very responsive and helpful with the issues Ruth brought to his attention. Since that time, Ruth has become very involved in health policy advocacy by volunteering as her state's Health Policy Liaison, writing and calling her elected officials about issues of concern, and helping to train and recruit oncology nurses to advocate for nursing and people with cancer. Of her experience, Ruth says, "ONS gave me everything I needed to be successful in advocacy – it's easy and fun!"

Ruth Dennison the "Accidental Advocate"

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

1. Bolster and expand the nursing workforce to safeguard public health.
2. Ensure access to quality care and reduce suffering for people with cancer.
3. Advance cancer prevention and early detection.
4. Increase federal appropriations for improved and expanded cancer research, early detection, prevention, treatment and related care, and tobacco control to reduce and prevent suffering from cancer.

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

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

Recognizing this, ONS makes it easy for oncology nurses to get involved in health policy advocacy. The ONS Legislative Action Center provides template e-mail messages that can be personalized and offers suggested talking points for phone calls to elected official's offices.

"As registered nurses and oncology specialists, we have a responsibility to not only care for our patients, but to advocate for them on all levels. Health policy advocacy is a vehicle to shape change in health care at all levels of government. While it does require some effort - you need to be well informed and committed- it is exciting and a great way to learn more about how we are governed. Personally, being involved has been very rewarding and has exposed me to information and activities that have assisted me to grow as a leader and change agent. The resources (information, education, strategy) provided by ONStat and on the ONS Legislative Action Center are great and make it as easy as possible. The issues we face in health care are serious, and I am grateful for the opportunity to become so involved in addressing them." Ellen F. Zupa, RN, MS, OCN, CNAA

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

Advocacy Is a Right and a Responsibility

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

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

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

- The Washington Post Survey

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

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

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

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

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>ONS makes it easy and fast - just visit www.onslac.org. Sending an e-mail takes less than five minutes, only involves a few clicks, and does have an impact. Just by entering your zip code on the ONS Legislative Action Center (www.onslac.org), you can access a template letter and be automatically matched to your Member of Congress. Remember: if you do not get involved, no one else will on your or your patients' behalf. Bring your voice forward for oncology nursing and people with cancer!</p>
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¹United 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."

<p>2. I am an oncology nurse, not a lobbyist.</p>	<p>Perfect! Members of Congress are more likely to listen to you – you are an expert in what people with cancer face and need. You can provide the Member and staffers with substantive and valid information, as you know first-hand what occurs in today’s healthcare system and what is needed to improve it. You are a “legitimate 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. Think about Mothers Against Drunk Driving, “Megan’s Law,” or Amber Alert – persistence and one person/family can result in an important new law or regulation.</p>
<p>4. My Member is a lost cause, doesn’t sit on the relevant committee, or doesn’t care about healthcare.</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. Cancer is so pervasive that many Members of Congress and staffers have been touched by the disease. Many Members who historically were not interested or supportive of cancer or nursing issues, once touched by the disease, have become our biggest advocates.</p>
<p>5. My concerns or issues of priority are not being discussed in Congress.</p>	<p>Maybe that is 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 delivery of cancer care and understand first-hand what people with cancer face. Just be honest about how you know personally of the devastating effects of cancer on people and their families. The template letters/talking points provided at www.onslac.org 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 even better. 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 ONS has tips www.ons.org/lac/tips.shtml to help support your efforts.</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. ONS's action alerts tell you what you need to know and the template letters include all the relevant details. 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 ONS to give you the rest (www.onslac.org).</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>Due to the pervasiveness of cancer, it is, unfortunately, a universal scourge. Cancer, unlike other health issues, is not partisan. Do not worry about your party affiliation; just identify yourself as a constituent and an oncology nurse – these are suitable qualifications for your views to be treated with respect. Senators Sam Brownback (R-Kansas) and Dianne Feinstein (D-California) co-chair the Senate Cancer Coalition and Representatives Lois Capps (D-23rd California), Steve Israel (D-2nd New York), Sue Myrick (R-9th North Carolina), and Deborah Pryce (R-15th Ohio) co-chair the House Cancer Caucus. Similarly, Representative Capps and her colleague Representative Steve LaTourette (R-14th</p>

	Ohio) co-chair the House Nursing Caucus. If cancer and nursing can unite all of these policymakers, you need not worry about differing in party affiliation from your Member(s)!
<p>10. I've done my part to support the cause. I've written and called before about Nurse Reinvestment Act funding and cancer research and requested my Members' support. I don't need to write/call/e-mail or meet with them again.</p>	<p>Every day Congress makes decisions that affect you: nurses and people with cancer across the country. Writing, calling, e-mailing, or meeting with your policymakers regularly is essential. Each year Congress determines funding levels for the coming year, so every year oncology nurses again must contact their Members about the need to support programs that address the nursing shortage, cancer research, and other programs. Every year Congress considers changes to the Medicare program that affect oncology nurses and people with cancer. Thus, Members of Congress need to hear from oncology nurses throughout the year. 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>

Chapter 4

A Quick and Simple Refresher on United States Civics

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

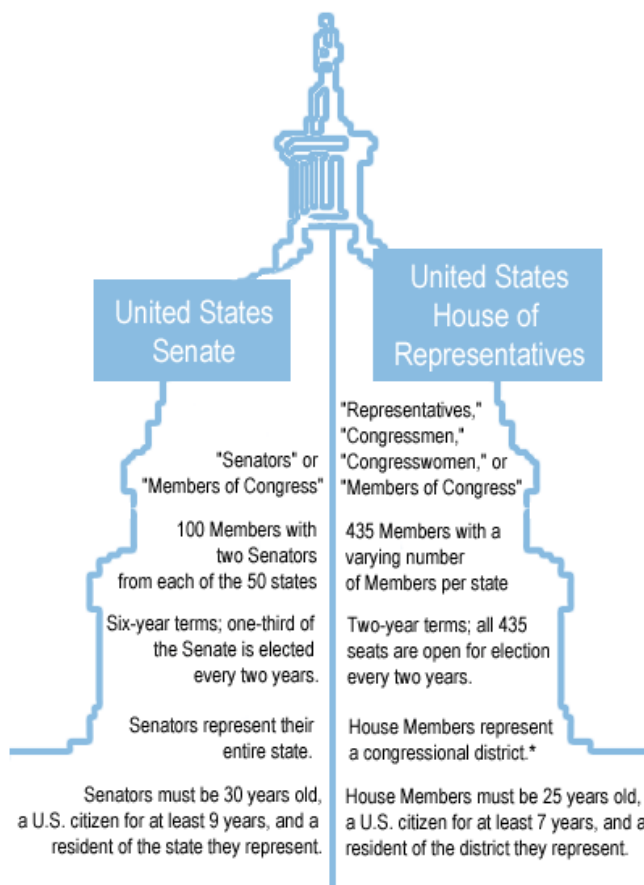
The United States Congress

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

- National elections are held every two years on the first Tuesday of November in even numbered years (e.g., 2008, 2010, 2012).
- The next national election will be held in November 2008.

- 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 2008.

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,

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

everyone has a “Congressional delegation” consisting of three members: two Senators and one Representative.

Timing and Schedule

A "new Congress" begins the January following a November election, lasts two years, and has two sessions. For example, the first session of the 110th Congress will be in 2007, and the second session of the 110th Congress will be 2008. 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.

110th Congressional Make Up	
United States Senate	United States House of Representatives
49 Democrats 49 Republicans 2 Independents who caucus With the Democrats	232 Democrats 203 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 Trent Lott (R-MS)	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 – Roy Blunt (R-MO)

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 that changes to be made. For more about Congressional committees, see Chapter 7.

Chapter 5 Key Types of Legislation

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

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

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

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

³ For a more in-depth discussion regarding how the Congress considers and allocates federal funding to various programs, such as the National Institutes of Health (NIH) and the Nurse Reinvestment Act, check out the ONS Budget and Appropriations Primer (<http://www.ons.org/lac/pdf/Primer.pdf>).

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

Chapter 6

How a Bill Becomes a Law

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

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

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

For a diagram illustrating this process, consult "How a Bill Becomes a Law" (http://www.ons.org/LAC/Bill_becomes_law.pdf).

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

Example 1: Nurse Reinvestment Act in the 107th Congress	
<p><i>The Nurse Reinvestment Act is an authorizing bill. It creates new programs, expands existing programs, and grants authority to the Health Resources and Services Administration within the U.S. Department of Health and Human Services regarding activities in which it can engage to address the nursing shortage. The legislation does not contain any funding, so separate appropriations are necessary to support the programs and activities contained in the new law.</i></p>	
House	Senate
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</p>	

version of the "Nurse Reinvestment Act" (HR 3487) was developed and sent to both chambers for consideration.

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.

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.

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	Senate
The House passed HR 2563, the "Bipartisan Patient Protection Act," by a vote of 226-203 on August 2, 2001 (during the first session of the 107th Congress).	The Senate passed S 1052, the "Patients' Bill of Rights/ Bipartisan Patient Protection Act," by a vote of 59-36 on June 29, 2001 (during the first session of the 107th Congress).

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

The House named conferees, members of the House who serve on committees with jurisdiction over the legislation. These conferees were to be the House's Democratic and Republican representatives to the conference committee.	The Senate did not name conferees. Unless conferees are named by both chambers, a conference committee cannot be convened.
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Therefore, because a conference committee never was convened, both versions of the "Patients' Bill of Rights/Bipartisan Patient Protection Act" died at the close of the 107th Congress, which ended in November 2002. If consensus had developed, the new uniform bill would have been sent back to both the House and Senate for a final up-or-down yes/no vote, with no amendments allowed. If passed by both chambers, the measure would then have been sent to the President for his signature or veto.

Chapter 7

Key Congressional Committees for Nurses and Healthcare Issues

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

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

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

Chapter 8

How to Get Involved in Health Policy Advocacy

If you can write a letter, send an e-mail or leave a brief phone message - just like you do for your patients, friends or family - you can "do" health policy advocacy. It's that easy. Being involved

in advocacy is important. If elected officials do not hear from oncology nurses, they and their staffs will not be aware of our issues or concerns. With a brief phone call, e-mail, note, or letter, oncology nurses can educate Congress about the issues impacting the nursing community and people with cancer.

The first step to get connected to ONS's health policy activities is to sign-up for ONStat. ONStat is the ONS grassroots electronic advocacy network through which ONS members can contact their members of Congress to advance the ONS Health Policy Agenda at the national level. ONStat makes it fast, easy, and effective for ONS members to weigh-in with their policy makers by providing template messages and allowing for them to be linked automatically to their elected officials' e-mail addresses just by entering their zip codes. (To view the zip code link on the Legislative Action Center, visit www.ons.lac.) Participation in ONStat is easy and requires only a minimal time commitment and a willingness to take action on the policies that affect people with cancer. If you opt to participate, you will be contacted when one of your elected officials is faced with a decision affecting oncology nurses and people with cancer.

To find out who represents you in Congress as well as to familiarize yourself with priority ONS issues and the current ONS Health Policy Agenda, visit the ONS Legislative Action Center at www.onslac.org. While there, you have the opportunity to click on links that connect you to the latest health policy information, electronic newsletters, e-mail action alerts, and helpful advocacy tips. If you are not already a member of ONStat, be sure to sign up at www.ons.org/lac/onstat.shtml.

Please help us recruit more oncology nurses to health policy advocacy and ONStat by sending the link to the [online enrollment form](#) to your friends and colleagues and/or by distributing enrollment forms at your next ONS chapter meeting. Mail completed forms to Jennifer DiVito, at the ONS National Office, 125 Enterprise Drive, Pittsburgh, PA 15275. To download a PDF of the form, click [here](#).

Also, the ONS Legislative Action Center links you to important Action Alerts, as well as gets you connected to your State Health Policy Liaison who can help you become engaged in ONS health policy advocacy efforts. For additional health policy resources, visit the Health Policy Tool Kit Resources (<http://www.ons.org/LAC/Resources.pdf>).

If you are not registered to vote, the League of Women Voters Web site allows men or women to register online at <http://register.votenet.com/LWV/> or check out the Health Policy Tool Kit Resources (<http://www.ons.org/LAC/Resources.pdf>) for additional links.

***“All that nurses need to make a difference is a personal story, relevant data, and their own professional experiences to illustrate to policy makers the impact of their decisions,” Coletti says.
“Legislators love and trust nurses. Nurses speaking to elected officials and their staff really does make a difference.”***

*Mary Ann Coletti, RN
ONS Missouri State Health Policy Liaison*

Chapter 9

How to Communicate With Members of Congress

Many ways to communicate with policymakers exist: letters, postcards, e-mail, phone calls, faxes, and face-to-face meetings. Advocates often wonder which method is most effective and whether all are counted equally. Each Congressional office has its own calculus and system for handling and “counting” different 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. For more information, download “Sample Letters to Elected Officials” http://www.ons.org/LAC/Sample_letters.pdf

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.

Chapter 10

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

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

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

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 nursing and cancer. For example: *“As an oncology nurse who lives, votes, and works in your district, I am writing to request your support for increased funding for the Nurse Reinvestment Act.”* If you know the member or staff aide, say so at the beginning of your

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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. Chapter President, Board Member, etc.) be sure to use your title and indicate how many people you are representing for your organization (e.g., as State Health Policy Liaison for Illinois, I represent the ### Oncology Nursing Society members in our state).

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 treat people with cancer – 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 (like those provided at www.onslac.org), please take a few moments to personalize it with your own experience. Also, if you can, include relevant state or local information to explain how the issue affects your community.
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 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. (For a sample letter, see the ONS Health Policy Tool Kit appendix <http://www.ons.org/lac/pdf/HPTK/hptk.pdf>)

Other Tips

Keep in touch with the offices of your Members of Congress to establish a relationship and make yourself available as a local resource on nursing and cancer issues. There are times when you and an elected official will have to “agree to disagree” but over time, you also may find that the policymaker may be supportive and helpful on other matters. Some of the best friends of the cancer community were not always allies but due to a combination of advocates’ tenacity, a history of being respectful, providing reliable information, and making a compelling case – we have won over some terrific champions.

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) or locate them through www.onslac.org. 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.

Chapter 11

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 oncology nurses and supporters to communicate with policymakers on issues of interest and priority. Such a phone call, if done correctly, can result in garnering support for ONS’ 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.

“My name is Jessie Johnson. I am an oncology nurse from San Francisco, and I would like to speak with the health legislative assistant about a nursing workforce issue.”

- 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.**

“My name is Jessie Johnson. I am an oncology nurse from San Francisco, and I am concerned that Congress is not providing adequate funding for the Nursing Workforce Development Programs at the Health Resources and Services Administration to address the current and expected nursing shortage. I urge the Senator to sign the Collins-Mikulski Dear Colleague letter calling for increased funding to address the nursing shortage.”

- 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.

“Our nation already is facing a nursing shortage of unprecedented proportion. The Department of Labor estimates that by the year 2012 the nation will have 1.1 million nursing positions unfilled. With an adequate investment today in the Nursing Workforce Development Programs, we will begin to train enough nurses and have sufficient nurse faculty to help address this anticipated workforce shortfall.”

- 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).

“I urge the Senator to call for increased funding for the Nursing Workforce Development Programs and to show her support by signing on to the Collins-Mikulski 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.

“I would like a letter from your office detailing the Senator’s views on this issue and what she is doing specifically to address the nursing shortage.”

- 8. Provide your full name, mailing address, e-mail address, and phone number.**

“My name is Jessie Johnson. 123 Main Street, San Francisco, CA 94123. My phone number is (415) 555-1234. I look forward to hearing back from your office.”

- 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.

“May I have your first and last name for my records? Thank you very much for your time and for recording my views and seeing that I receive a response from the Senator. Goodbye.”

- 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 (e.g. sign the Collins-Mikulski Dear Colleague); be clear that you would like a return call and/or a letter from the Member on the topic about which you are calling.

“Hello. This is Jessie Johnson from San Francisco. I am an oncology nurse and would like to request that the Senator sign onto the Collins-Mikulski Dear Colleague letter in support of increased funding for the Nursing Workforce Development Programs. I would appreciate knowing the Senator’s position on this funding. I can be reached at 123 Main Street, San

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Francisco, CA 94123. My phone number is (415) 555-1234. I look forward to hearing back from your office. Thank you very much for your attention to my request."

Some of the best friends of the cancer community were not always allies, but due to a combination of advocates' tenacity, a history of being respectful, providing reliable information, and making a compelling case, we have won over some terrific champions.

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

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

- E-mail your U.S. representative through: <http://www.house.gov/writerep>;
- E-mail your two U.S. senators through:
http://www.senate.gov/general/contact_information/senators_cfm.cfm
- Visit www.onslac.org for alerts on priority issues, model correspondence to send to federal policymakers, and quick links and information about how to contact your Congressional delegation.
- For tips about writing to your Members of Congress, see Chapter 10.

Chapter 12

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

Meetings with Members of Congress and/or their staffs are terrific ways for oncology nurses and supporters to communicate with policymakers on issues of interest and priority. Such meetings can be conducted at Congressional offices in Washington, DC, or "at-home" in district offices and if done correctly, can result in garnering support for ONS' 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. See the Appendix for instructions on submitting a meeting request and for a template meeting request letter http://www.ons.org/lac/pdf/Template_MeetingRequest.pdf. 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 (most everything you need is at www.onslac.org) that you will provide to the Member/staffer at the end of your discussion. Spend some time on the ONS Legislative Action Center to familiarize yourself with ONS’s health policy agenda and/or contact the ONS Health Policy Associates for assistance.

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/staffer for his or her time. Be sure that everyone in the group identifies herself/himself – first and last name and connection to oncology nursing and cancer – 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/staffer 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/staffer, 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. For recommended resources for this type of information visit thomas.loc.gov or check out the ONS Health Policy Tool Kit Resources located at <http://www.ons.org/lac/hptk/index.shtml>.

“I am Jessie Johnson from San Francisco, and I work as an oncology nurse at UCSF. We very much appreciate your time today, and want to thank you for your past support of increased Medicare reimbursement for oncology nursing services.”

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/staffer 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). Discuss how the policy change (e.g., increased funding for the Nurse Reinvestment Act, boosting Medicare reimbursement for outpatient cancer care, etc.) will have an impact on your community. Be concise and honest about the issue(s) and the solution(s) and make clear the relevance of the issue(s) to their constituents.

4. **Be polite and listen carefully** to the 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. Some of the best friends of the cancer community were not always allies but became supporters over time.
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 am working against cancer by supporting more funding for biomedical research." 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/staffer's 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 ONS** and any other advocacy partners involved in the issue or effort 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 government.relations@ons.org or call ONS Executive Director, Business Development, Len Mafrica (1 (866) 237-4ONS, ext. 6206) or ONS Health Policy Associates at Drinker Biddle Gardner Carton in Washington, DC.
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 nursing and cancer issues. There are times when you and an elected official will have to “agree to disagree” but over time, you also may find that the policymaker may be supportive and helpful on other matters. Great ways to keep in touch are sending an article of interest from the local paper, e-mailing a copy of the latest ONS News or other publication, or inviting the Member/staffer to attend an ONS Chapter meeting at-home when they next are visiting. For a template thank you/follow-up letter, see the Appendix <http://www.ons.org/lac/pdf/HPTK/516156.pdf>

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.

If you have arranged for a Member of Congress to attend your chapter meeting/conference, inform your colleagues and make all the appropriate logistical arrangements. Be sure to have someone present who can take pictures, and make certain to give copies of the photos to the

Member and his staff, as well as to ONS Headquarters for posting on the Legislative Action Center.

Chapter 13

Being an Effective Advocate at a Congressional Town Hall Meeting

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

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

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

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

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

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

Top Ten Tips for Congressional Town Hall Meetings

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

1. **Sign-up for the alert list for your Members' meetings.** Most Members will announce their schedule via mailings or e-mails to the district and often through the media. However, offices will directly contact constituents who have expressed an interest in knowing the information. In fact, many offices will provide the information on meeting times and locations only directly to constituents. For example, Representative Elijah Cummings (D-MD) offers constituents the opportunity to subscribe to his constituent newsletter (which lists local events and appearances) at his Web site. *Remember: if you provide an e-mail or mailing address, be sure to use your home/personal information and not that of your employer.*
2. **Learn the established procedure.** Upon arriving at the town hall meeting, check to see whether there is an established procedure for the meeting. For example, most offices will provide a place for constituents to sign in. Often there is a sign up sheet for individuals who would like to ask questions. *Remember: check with the staff when you arrive about the proper procedure and be sure to comply.*
3. **Be prepared in advance with your specific question.** Bring supporting materials you can provide to the staffer accompanying the Member. Also, be sure to avoid long, drawn-out questions and do not use jargon or acronyms that people may not know – you do not want to annoy or alienate the Member, staff, audience, or media. *Remember: visit the ONS Legislative Action Center in advance to download any materials or background you may need. ONS Health Policy Associates are available to assist you with your preparation, formulation of a question, and any other advance information you may need.*
4. **Clearly identify yourself and your affiliation with ONS.** Let them know who you are representing. Unlike meetings on Capitol Hill where the Member and staff know with whom they are meeting, anyone can show up at a town hall meeting. Consider your introduction to be an integral part of your question.

“Good afternoon. My name is Jessie Johnson, and I am representing the Oncology Nursing Society. I live in San Francisco and work as an oncology nurse. I am concerned about the current and expected nursing shortage and would like to know what you and your colleagues are doing to address this threat to the nation’s ability to delivery health care to all in need.”

5. **Be polite and professional.** Keep in mind that the media is probably attending as well as other potential allies in your efforts. *Remember: even if the Member does not agree with you or evades your question, you are most effective by being polite, calm, and persistent.*

6. **Ask for a response to your question.** If s/he cannot give you a response, let the Member know you will follow up with his/her staff for further discussion and that you look forward to a response at that time. The point is not to embarrass the Member, but to engage him/her and seem reasonable. *Remember: you can always follow-up from your question at the town hall meeting with a formal letter.* You should reference your attendance at the meeting, giving the date and location, and ask for follow-up from your inquiry. See ONS REACH Team Town Hall Meeting Template Follow-up Letters for ideas regarding how to write an effective follow-up letter. http://www.ons.org/lac/pdf/Template_TownHall.pdf
7. **Use your judgment.** The dynamics of town hall meetings can be shaped by factors beyond your control. If the audience is riled up over an issue unrelated to the concerns of ONS, and you get the feeling that participating would be counter-productive, it might be best to stay silent or pass when given the opportunity to ask a question. *Remember: you will have future opportunities to attend another town hall meeting and/or visit with the Member in a different setting. You can always follow-up with your question via a formal letter.*
8. **Introduce yourself to the Member.** Depending on the setting and the number of people attending, make an effort to say hello and introduce yourself to the Member and the staffer before or after the meeting. Be sure to give them any materials you brought along with your personal/home contact information. *Remember: ask for the staffer's name and request a business card so you know with whom you should follow-up.*
9. **Report back to ONS on the results of the meeting.** Identify any outstanding issues and information that the Member needs. Your report allows ONS Health Policy Associates to echo/follow-up on the message you delivered "at-home" to your Member in Washington and capitalize on your good work at the town hall meeting. *Remember: ONS Health Policy Associates need to hear from you about what you are doing back at home to ensure that ONS has a coordinated approach to our advocacy program.*
10. **Follow-up.** Send (by fax or e-mail, whichever is the office/staffer's preferred mode of communication) a follow-up letter to the Member and staff person. Remind them that you were at the town hall meeting, giving the date and location, and reiterate the issue you discussed. Even if you did not get to ask a specific question publicly, send a follow-up letter about your presence at the meeting. If there was anything that the Member or staff requested, be sure to provide that in your follow-up correspondence. *Remember: you can use the template follow-up letter provided in the Appendix to this tool kit.* http://www.ons.org/lac/pdf/Template_TownHall.pdf

Chapter 14

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 ONS 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 ONS. Local media are always on the alert for local stories. You can be a resource for them.

Look beyond the headlines. You do not need front page articles or a segment on the local news to have an impact. Letters to the Editor are read by Members of Congress and their staff. Be sure not to overlook this important opportunity. Letters must be concise and specific and should include a local angle (e.g., include local/state statistics on the nursing shortage or state specific cancer incidence and mortality data). Each local paper has different rules for submission of Letters to the Editor – typically these guidelines can be found in the front

section of the newspaper on the editorial page or on the online version of the newspaper. Also, some papers have different letters sections in print and online. For most publications, timeliness is a key factor. Time your letter to make it relevant to a recent article or current event if possible. See the ONS Health Policy Tool Kit appendix for sample Letters to the Editor. <http://www.ons.org/lac/pdf/HPTK/516159.pdf>

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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 oncology nursing and know what it takes to provide quality cancer care. Tell your story in a clear, concise, and honest way – just the way you speak with your patients and their family members. Be respectful of their profession as well. Be aware of their deadlines. Understand that you may need to educate members of the media about basic facts. 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 ONS headquarters or the ONS Health Policy Associates.
6. **Be professional, concise, and prepared.** Many of the same standards you use for contacting legislators also apply to the media. In any interaction with the media, the most important rule is to tell the truth and provide facts. It is okay to say “I don’t know, but I will find out.” Then, be sure to follow-up in a timely fashion.
7. **Monitor your Member’s media appearances and respond appropriately.** If s/he is doing a call in show or an online interview, call or send questions. If you like something you heard during an interview, voicing your pleasure in a Letter to the Editor is a perfect way to follow-up and express support.
8. **Create media opportunities,** like press conferences, when appropriate. Take advantage of situations (such as a Member’s Town Hall Meeting) where the media is present to introduce

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yourself. Consider whether events you are organizing or attending (e.g., ONS Chapter Annual Meeting, Town Hall Meeting) warrant media coverage.*

9. **Create a local media directory.** Get to know the reporters who cover ONS-related issues (health care beat, political). Make yourself a source for them. Use CapWiz at the ONS Legislative Action Center (www.onslac.org) to identify local media contact information.
10. **Use Professional Materials.** Contact the ONS Communication Department for talking points, messaging and other questions about interacting with the media.

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Chapter 15

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.

* For more information about how to utilize Town Hall Meetings, see Chapter 13 in this tool kit.

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 healthcare concerns.**

Legislative Correspondent (LC): More common in the Senate than in the House as a result of the volume of mail received in Senate offices, LCs work closely with 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. **Caseworkers are terrific resources for oncology nurses. These staffers are well versed in the challenges of Medicare reimbursement, private insurance, veteran's benefits, and related issues. If you are experiencing a problem of your own or on behalf of a patient, do not hesitate to enlist the help of a caseworker in your Representative's or Senator's office. Often, just one phone call or letter to the Member of Congress can get a complex matter resolved quickly and painlessly.**

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

Chairpeople and Ranking Members typically have staff in their personal offices as well as on the committees and subcommittees on which they sit. For example, Senate Health, Education, Labor and Pensions Chairman 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 healthcare 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.

Chapter 16

How to Work With Congressional Staff

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

- (1) **Remember who they are.** Staff members will be key figures in developing policy that can have an impact on you and others in your state and district.
- (2) **Do not overestimate what they know.** Staff members often require outside expertise. Yet, it is important not to be condescending or use jargon. It is smart to ask staff how familiar they are with a particular subject so you can tailor your remarks to their knowledge level.
- (3) **Do not underestimate their influence.** Legislators trust them, depend on them, and act on their suggestions. These 25-year-old staffers have direct access to Members of Congress and will make recommendations and help direct their positions and actions. Junior staffers often are promoted to more senior positions, so it is important to treat all staffers with respect.
- (4) **Be honest.** Provide accurate, complete information to maintain your credibility. Be reliable; do not over-promise or under-deliver. If you do not know an answer, that is fine, but be sure to indicate that you will follow up. Always follow-up if you have promised additional information.
- (5) **Provide summarized, useful information.** Information should be concise, brief, focused, and have references, as appropriate. More information always can be requested/provided.
- (6) **Visit them before asking for a favor.** If possible, introduce yourself and get acquainted before you request something from a staffer or Member.
- (7) **Do not attack ideas.** 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 whom the staffer can rely. You should make sure that the staffers for your Members receive newsletters, updates, or articles you think may be of

interest and assistance to keep them up to speed on key issues in your community. Be sure not to inundate or overwhelm them, though, as they receive a lot of information and are very busy.

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

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

Conclusion

Advocacy and health policy are integral parts of the ONS mission and have an important impact on what oncology nurses do every day. Unless oncology nurses communicate with policymakers about key issues of concern, legislative and regulatory proposals will be crafted and enacted without the benefit of oncology nurses' expertise and perspective. Oncology nurses are a powerful and well-respected constituency, and their active involvement in health policy advocacy helps policymakers take action on key issues, including the nursing shortage, funding for cancer research and application, and Medicare reimbursement for expenses such as chemotherapy administration. Policymakers and their staff expect, welcome, and appreciate input from constituents, especially those with understanding and experience.

There are times when I feel like nothing will ever change. Nurses will never get the recognition they deserve and cancer patients will not have access to quality care. Then I remember that every vote counts and why shouldn't I be the one to help bring about change. Over the past year, I joined fellow nursing colleagues in articulating the importance of expert oncology nursing care to our government officials. I told patient stories, where care was not available or less than ideal. I advocated for genetic nondiscrimination legislation, for increased funding for the Nurse Reinvestment Act, and for appropriate reimbursement for care nurses provide to patients receiving chemotherapy. I made realistic suggestions on how to improve care for our cancer patients. I represented nursing as a knowledgeable caring profession that makes a difference in the lives of patients. Things probably won't change quickly, but I believe that they can change. Oncology nurses are great at providing realistic hope for our patients. Being a health policy advocate is another way to make our hopes for our patients a reality. My hopes are that the funding will be available for the best possible cancer treatments and that legislation and funding will support the important role of nurses in assessment of patient needs, administration of complex medication regimens, expert patient teaching, and care that enhances quality of life. I am doing my part and I hope other ONS members will join this important effort.

Susan M. Schneider, PhD, RN, AOCN

ONS recognizes that engaging oncology nurses in health policy advocacy is essential to ensuring that our views and priorities are received and addressed by policymakers. Oncology nurses can and should become involved in health policy advocacy. Using ONS's resources, such as this Health Policy Tool Kit, oncology nurses have the tools necessary to be effective health policy advocates at the national, state, and local level. We thank you for taking the time to review and use this tool kit and encourage you to involve your colleagues and others in the nursing and cancer care communities in your efforts. To support your efforts, please use all the resources on the ONS Legislative Action Center (www.onslac.org) and consult "Top Ten Tips For Working Successfully With Other Organizations" located at (http://www.ons.org/LAC/Working_Successfully.pdf), a guide to building partnerships and coalitions.

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

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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 Washington, DC, residents and workers.
Bill	A legislative proposal that becomes law if it passes both the House and Senate in identical fashion and receives Presidential approval. Bills are introduced as "HR" in the House, and "S" in the Senate with consecutive numbering in each respective chamber. Besides bills, joint resolutions are the only other type of legislation which become law [HJRes. or 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 and the House and Senate office buildings.

Casework

Intermediary work performed by Members of Congress for constituents who may have problems, or "cases," with the federal government (e.g., Medicare, Social Security).

Caucus

An informal group of members sharing an interest in the same policy issues. (e.g. the House Cancer 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 A temporary panel of House and Senate negotiators. A conference committee is created to resolve differences between versions of similar House and Senate bills.

Conference Report Refers to the final compromise version of a bill proposed by House and Senate conferees. It also contains the "statement of managers," a section-by-section explanation of the final agreement.

Congressional Budget Office (CBO) The agency that, at the request of Congress, conducts non-partisan economic analysis and research and evaluates proposed bills and amendments, assessing their potential cost.

Congressional District A geographical area within a state from which a member of the House of Representatives is elected and s/he represents in Congress. There are 435 Congressional districts. Each district has approximately 600,000 people.

Congressional Record A daily account of House and Senate floor debate, votes, and members' remarks. 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.

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

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

D

Dear Colleague A letter sent by one or more Members to all fellow members. "Dear Colleague" letters can describe a new bill and ask for cosponsors, may ask for a Member's vote for or against a particular issue, or request fellow Members' support for another priority such as increasing funding for a specific cancer research 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

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

Motion to Strike

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

Motion to Table

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

Motion to Waive the Budget Act

If adopted, this motion temporarily sets aside a specific

provision of the Congressional Budget Act. Without a waiver, the provision would cause the pending amendment to fall on a point of order (defined below). With a waiver, the amendment may be considered even though it violates the Congressional Budget Act. A minimum of 60 votes is required for adoption.

O

Off-Budget

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

OMB

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

Omnibus Bill

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

Override

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

Outlays

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

Oversight

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

P

Paygo

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

Pocket Veto

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

Point of Order

A point of order is made during floor proceedings to assert that the rules of procedure are being violated. A point of order halts proceedings while the presiding

officer rules on whether or not it is valid. In the Senate, the chair's ruling may be appealed by any Senator. The Senate votes on the appeal, and the chair has been frequently overturned. In the House tradition, appeals are also possible, but rarely entered and almost never succeed.

Pork Barrel Legislation When used to describe a bill, it implies the legislation is loaded with special projects (earmarks) for Members of Congress to distribute to their constituents back home. The term suggests that the project funding is act of largesse, courtesy of the federal taxpayer.

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

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

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

Q

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

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

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

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

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

R

Ranking Member

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

Ranking Minority Member

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

Recess

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

Recorded Vote

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

Reconciliation Bill

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

Refer

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

Regular Order

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

Report

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

Reporting Out

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

Rider

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

Roll Call Vote

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

S

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

T**Tie Vote**

A tie vote means the question loses. In the Senate, a tie may be broken by vote of the Vice President of the United States.

Time Agreement

A voluntary pact among senators to limit debate time on a bill or on an amendment.

U**Unanimous Consent**

Unanimous consent means that all members on the floor agree, or consent, to a pending request.

Unfunded Mandate

A requirement imposed by Congress on state or local governments without the provision of associated funding to pay for it.

Up or Down Vote

A direct vote on the substance of an amendment or bill, sometimes referred to as a "clean vote" or "straight up or down." Members simply vote "yea" or "nay" on it.

V**Veto-Proof**

Votes with a margin sufficient to override a Presidential veto, should it occur. Since a two-thirds vote is required to override, a veto-proof majority is 290 votes in the House and 67 votes in the Senate.

Voice Vote

During a voice vote members say "aye" aloud as a group, followed by the group saying "no." No names are recorded.

W**Whip**

A member elected by his/her party to count potential votes and promote party unity in voting. The House Majority Whip is the third ranking leadership position in his/her party and the House Minority Whip ranks second. The Senate Majority and Minority Whip are the second ranking leadership position in their respective party.

Y**Yeas & Nays - House**

A specific type of recorded vote. It requires a seconding of the motion 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."

Z