
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
Physicians' Guide to State Legislation, Fourth Edition

*Authored and prepared under the direction of the 1992-1993 and 1993-1994
State Legislative/Regulatory Committees*

*Revised under the direction of the 2000-2001 and 2011-2012
State Legislative/Regulatory Committees*

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INTRODUCTION

In the early 1990's, the American College of Emergency Physicians responded to requests from chapters for assistance in their state legislative and regulatory advocacy efforts. At that time, only a few chapters were significantly involved in legislative or regulatory activities at the state level. Only five or six chapters had lobbyists and only nine chapters had state political action committees. At that time, most responsibility for health care policy resided with the federal government and in most parts of the country, managed care was little more than a theory of health care delivery. Since then, emergency physicians have seen a significant and dramatic shift in responsibility for health care to the states. Managed care is now an integral presence in the practice of emergency medicine. Most ACEP chapters now have lobbyists and chapter political action committees, and almost all are active advocates for the interests of the specialty within their states.

ACEP has a long history of assisting chapters with advocacy services and resources needed to meet the challenges of representing emergency physicians in a broad range of policy arenas. ACEP provides regular state legislative/regulatory updates to chapter leaders in the executive director's *Leadership Report*, through the State Advocacy Network e-list and other communication vehicles. The College also assists chapter lobbying efforts by offering a

state legislative tracking service, identifying ACEP members' state and federal legislators provided to chapters in quarterly legislative record matches, through legislative planning and presentation of education programs for members, and by providing a state legislative/regulatory clearinghouse of information.

Another example of ACEP's continuing commitment to developing and nurturing the expertise of emergency physicians in legislative and regulatory matters is the *Physicians' Guide to State Legislation*. This *Guide* is designed to provide chapters basic information about the state legislative and regulatory process as well as how to develop an effective chapter legislative advocacy program. In 1998, the American Society of Association Executives recognized the *Guide* with its prestigious national Award of Excellence for Government Relations. The *Guide* includes sections on how a chapter can develop the tools and expertise to achieve its legislative goals. Emergency physicians who have been actively involved in the legislative and regulatory arenas in their states wrote these chapters.

In addition to the legislative/regulatory advocacy tools and techniques, the *Guide* is supplemented with a series of case studies on a variety of issues initiated by various ACEP chapters. These case studies include background

information, legislative history, strategies for identifying and building effective coalitions, and lessons learned from their advocacy experience. Emergency physicians who spearheaded the relevant advocacy efforts for their chapters either wrote or provided information for these case studies.. The case studies include the authors' names and contact information for members who want additional information. The State Legislative Office has also posted the *Guide*

onto the ACEP web site. Members may immediately access this information through the College web site: www.acep.org.

Emergency physicians continue to demonstrate their ability to lead successful legislative and regulatory advocacy efforts for the benefit of the public, our patients and our specialty. We hope you will find the experiences contained in this *Guide* to be helpful and insightful.

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SECTION ONE

UNDERSTANDING THE STATE LEGISLATIVE PROCESS

For you to be successful in influencing your state legislature, you must have a basic understanding of the organization and structure of the state government. It is essential to have at least a general idea of how a state legislature functions, as well as an understanding of its basic structure. To the uninitiated, it may appear there is no “system” at all to what goes on in the legislature. Because many state legislatures try to funnel a whole year’s worth of business into a few short months, the pace is frantic, and it is often difficult for the inexperienced bystander to keep track of all the activity taking place at the same time. There is a normal system of state government operation taking place as well as an informal one, and it is important to have insight into both.

While each legislature will vary in specific aspects, there is a common thread that runs through almost all state governments. Most state legislatures now meet every year, although some still meet every other year. While the average state legislature is still a “citizens” legislature in that it does not meet full-time (and the legislators have full-time or part-time positions in areas other than state government),

study committees often hold extensive hearings between legislative sessions. It is important to know whether your legislature meets every year and if it uses interim study committees when the legislature is not in session.

You can obtain information about your state legislature from a variety of sources. It is important to identify what types of information you need. All state legislatures have web pages and many of them provide very helpful information on legislators, the state’s legislative process and specific bill text and history. Some states have handbooks for new legislators. Such a handbook would be ideal for your use, as long as it is not outdated. Many states also publish “blue books” or reference manuals that explain how state government operates. The legislature itself may publish a procedures manual or booklet specifically designed for the general public. Many states have books written by scholars and others who have analyzed and explained the state legislative process.

Once you have determined what you want, the next step is to identify where to get the material. Try one of your legislature’s staff agencies, particularly one with the word

“research” or “reference” in its name. You can also try the public information office of the state legislature. Although your local legislator may be of some help in locating a useful resource guidebook, do not count too heavily on that source. The local library may be of help in gathering the information you require.

Other possible sources of information about your state government include the state medical society, the state hospital association, the state Chamber of Commerce, and the League of Women Voters. You may be aware of other organizations in your state that are active legislatively and able to provide assistance.

To successfully influence your state legislature can be extremely hard work. It is essential that you take the time to acquire the requisite knowledge concerning the operation and structure of your state government.

The Two Chambers of State Government

State legislatures are made up of three theoretically equal branches of government: the Judiciary Branch (or Court System), the Executive Branch (Governor), and the Legislative Branch. Of these three, the Legislative Branch is the policy making portion of state government. It is the duty of the legislature to make laws for the state. Some examples of the many laws for which the legislature is responsible include those that protect public health, provide a uniform system of taxation to support government services and programs, maintain and support the public school system, and provide for the protection of natural resources.

It is important to understand that although the legislative branch can pass a bill that is signed into law by the Governor, often times the law requires a state agency or department to adopt regulations in response to the legislation. These state agencies or departments in turn write regulations and usually have a formal period in which the proposed regulations are open for public comment. It is during this period when physicians can further influence the “rule making” prior to adoption of the regulations that will ultimately become law. States have different means of disseminating

proposed regulations and many publish a “State Register” which can often be found on the Internet (please refer to Section Fifteen, “Regulatory Agencies.”)

With the exception of Nebraska, all state legislatures are bicameral, which means that they consist of two houses, the Senate and the House of Representatives. In some states, the House of Representatives may also be called the assembly or House of Delegates. The seats or representation in both houses are usually apportioned on the basis of population. Nebraska is the only unicameral (or one-house) legislature among the 50 states.

General Legislative Responsibilities

The house and senate are the policymakers of the state government system. Most legislatures begin in January and complete their session by May or June. A few state legislatures meet into the summer and some meet year round, although this situation becomes clouded because some states hold special sessions rather frequently.

All state legislatures have a responsibility to set the tone and direction of policy within the state. This point is especially important with respect to the state role in determining health care policy. Traditionally, the health-related activities of state and local government are public health, including health monitoring, sanitation, and disease control; the financing and delivery of health services, including Medicaid, mental health, and direct delivery through public hospitals and health departments; environmental protection, including protection against manmade environmental and occupational hazards; and the regulation of the providers of medical care, through certificate-of-need, state rate-setting, and licensing functions. Licensing of health care professionals is conducted by state medical boards. A separate board or agency may oversee ancillary providers such as advanced practice nurses, physician assistants, and EMTs.

Today, the various health-related activities of state government are a significant part of the activity of state legislatures. In recent years, states have seen dramatic increases in the

portion of their budgets consumed by health care costs. Medicaid alone often represents a significant percentage of all state expenditures. With the gap widening between needs and the resources available to meet them, the responsibilities of state legislatures, in terms of health care, will be scrutinized constantly by medical organizations.

Committees in the Legislature

Committees play a vital role in the state legislative system. Legislative bodies conduct most of their work through their committees and the committee process. Each house of the legislature has an internal structure made up of these committees, which, for the most part, carry out the day-to-day operations of the legislature. The number of committees in the senate or house may vary from fewer than ten to more than 30. Committees have a life-or-death hold on bills assigned to them, as it is the responsibility of the committee to prepare the bill for floor debate, line up support, or decide to quietly “bury” the legislation.

Committee chairpersons are an integral part of the committee process because they wield a great deal of power within the legislative leadership. Because they often determine when and if a particular piece of legislation will be considered within their committee, the chairpersons necessarily have the same type of hold on bills as the committee.

Committees are usually divided into such subject areas as public health, agriculture, state affairs, and education. These are usually referred to as “policy committees.” When dealing with the committee process, one can usually focus on a small subset of a state legislature’s committees. For instance, ACEP members in Pennsylvania would probably be interested primarily in the Senate Committee on Public Health and Welfare or the House Committee on Health and Welfare. Members in Michigan would probably concentrate their efforts on the Senate Committee on Health and Social Services or the House Committee on Public Health.

Within each legislature, there are also “fiscal committees,” usually one in each legislative body (house and senate). These

committees consider and vote on legislation that has been approved by a policy committee and that may have a financial impact on the state.

A number of states have standing committees and joint committees. A standing committee is usually considered to be permanent, at least from legislative session to legislative session. A joint committee, when it exists, serves both houses of legislature concurrently. An example of a joint committee might be the administrative rules committee of the legislature.

Significant Leadership in the Legislature

Some type of hierarchy is usually evident in each legislative body of the state.

Senate

In the Senate, the top leadership position is either the president or the president pro tempore. In states where the lieutenant governor presides over the Senate, the majority of the Senate will elect a president pro tempore, who normally is the true presiding officer in the senate. Other important figures in the Senate include: (1) the majority leader, as spokesperson for the Senate, presents executive programs to the Senate and conveys the feelings of the majority party to the Executive Branch; (2) the majority floor leader, the number two position in party leadership, helps plan party strategy and engages in floor debate to promote majority programs and defeat those opposed by the party; (3) the minority leader provides guidance to the minority party in legislative decision-making, introduces legislation, and acts as chief negotiator with the Executive Branch and the majority party; and (4) the minority floor leader assists the minority leader in legislative decision-making and in handling legislative matters on the floor of the Senate.

Senate

- President of the Senate
- President Pro Tempore
- Majority Leader
- Majority Floor Leader
- Minority Leader
- Minority Floor Leader

House of Representatives (or Assembly)

In the House of Representatives (or assembly), the speaker is regarded as the leader. The speaker is elected by a majority vote of the house and, therefore, is usually a member of the majority party. The speaker has more authority and greater responsibility than any other member of the legislature. This person is the presiding officer of the house, appoints all committees and most employees of the house, and votes on all matters.

Other important house leaders usually include (1) the speaker pro tempore, who assumes the duties of the speaker in the event of the latter's absence or in the event the speaker wishes to act as a representative; (2) the majority floor leader, who conducts the day-to-day business of the house; (3) the minority leader, who usually recommends minority committee assignments and designates minority house members; and (4) the minority floor leader, who is responsible for handling legislation on the floor of the house and for minority party procedural matters.

House or Assembly

- Speaker
- Speaker Pro Tempore
- Majority Floor Leader
- Minority Leader
- Minority Floor Leader

Key Players

In addition to the legislators, there are a number of other individuals who, depending on the state, may be involved in the legislative process. This list includes the key legislators' personal staff, committee consultants, and legislative analysts.

The Executive Branch of State Government

Because a particular piece of legislation typically must be signed by the governor after the house and senate have passed it in order for the bill to become law, the Executive Branch of state government should not be overlooked in discussions concerning the state legislative process. In most states, the governor has the

power to veto or kill a bill once it is passed by the legislature. Many governors have line-item veto power that allows them to veto only the sections of bills they oppose.

The administrative operation of state government is carried out by a number of departments, commissions, and boards. The governor appoints the members of most of these agencies (usually with the advice and consent of the Senate). The governor is also responsible for the state's military forces, which may be called on to execute the laws as established by the state legislature.

Probably the most important aspect of the governor's duties is the responsibility for preparing the budget for the coming year and submitting it to the legislature. Through this vehicle, the governor is able to establish the groundwork for the coming year's activities and set the policy course that the state will follow.



SECTION TWO

HOW A BILL BECOMES LAW

The process by which a piece of legislation becomes law is a relatively uncomplicated chain of events that you must understand before you can expect to be effective in influencing the state legislative system. Probably the most important aspect of this process is the identification of the many points of access to a bill before it becomes a law. The advocates of a particular piece of legislation must succeed at every step along the way in order to realize their goal. On the other hand, the opponents of a bill need only succeed at one point in the process to achieve their objective. Whether your ultimate goal is the defeat or passage of a bill will determine the strategy you use. Either is appropriate as long as there is support for your argument and resources available to make your case.

Introduction of Bills

Every member of the state legislature has the power to introduce a bill. In most legislatures, members can file bills prior to the convening of the legislature and continue to file them until a cut-off date specified in the legislature's rules.

After an idea is drafted into bill form, it is introduced and assigned a number. This step is known as the bill's "first reading," which means that the clerk announces the title and number of the bill to the full house or senate. Although the

alphanumeric numbering system for bills differs from state to state, some of the more common notations include SB (senate bill) or SR (senate resolution) and HB (house bill), HR (house resolution), or AB (assembly bill).

Whether you are considering having a bill introduced or planning to oppose a particular piece of legislation, this first stage of the process is an important one. In choosing a sponsor (author) for legislation you want to have introduced, it is imperative to proceed with caution. Be careful to choose a sponsor/author who is respected and who is regarded as having expertise in the subject matter. A senior member of the committee to which the bill will likely be assigned is usually an excellent choice for a sponsor/author of your legislation. Other factors you should consider in order for a bill to successfully pass this first stage include making certain that your sponsor/author will stand behind and work for the bill, and carefully choosing the house in which to introduce it, since there may be less resistance in one house than in the other.

Other elements to be considered at this stage of the legislative process are possible co-sponsors (co-authors) of the legislation and committee jurisdiction. You and your chapter will benefit by identifying and obtaining both majority and minority supporters of the bill at the time of introduction. When a bill is drafted,

the committee referral may influence its content or progress. It is wise to draft a bill so that it is clearly within the jurisdiction of a preferred committee, thus avoiding split or joint jurisdiction.

If the bill being introduced has the potential to unjustly and adversely affect the practice of emergency medicine, your first step is to contact the sponsor of the bill. In lobbying against the legislation, one may either try to persuade the sponsor to “kill” the bill or accept amendments that will make it acceptable to emergency physicians. Although sometimes not easy, it is far better to intervene in the early stages rather than waiting until the bill us up for a vote in the full House or Senate.

Referral to Committee

After introduction, a bill usually is referred to one of the standing committees for consideration. In some states, the speaker in the House and normally the president or a special committee in the Senate automatically refer all bills introduced to a committee. In a few states, a bill sometimes will not be referred to committee.

Whether you are supporting or opposing a bill, the committee assignment is critical, as one committee might favor one bill over another. If you are endorsing a particular piece of legislation, getting a bill assigned to the most favorable committee becomes very important. If you are opposing the bill, you should try to persuade the speaker, the president, or the special committee (those who have responsibility for referring the bill to committee) to assign the bill to the committee that will look unfavorably on its intent, cost, or ramifications.

Committee Considerations

Probably the most important step in the legislative process is committee consideration of a bill. In most states, bills referred to a committee are considered or “heard” by the full committee or subcommittee. Major pieces of legislation usually will have a hearing during which testimony is taken. At this point, the role and power of the committee chair usually determine a bill’s fate.

Some type of notice usually will be given when, and if, a hearing is to be held on a bill. If you are endorsing or supporting a particular bill, it is important for you to work closely with the bill’s sponsor. It is also imperative that you learn as much as possible about the relative power of the committee chairperson and the members of the committee to which your bill is assigned.

Whether the committee holds a hearing or not, it has a number of options available with respect to the bill’s fate. The committee can simply sit on a bill. If you oppose the legislation, chapter members can offer to testify against the bill, explaining why the emergency medicine community foresees problems with it. With this added opinion from the medical community, the legislature may decide to sit on the bill, thus eliminating it from further consideration.

Before testifying for or against a bill, investigate who the interested stakeholders may be. It is best to know in advance your opponents and their arguments. Unanticipated consequences can develop even when you testify in favor of a bill, so remember to do your homework. Typical allies such as state medical societies, other medical specialties, and state hospital associations often share similar interests, but this is not always the case.

The bill also may be reported out of committee, with either a favorable or negative recommendation. The terminology for these reports varies from state to state, so you will need to learn the local language used by your state legislators. You and your chapter should work with the legislators and staff who write the reports, because the report language is sometimes used when the corresponding regulations are developed.

Floor Debate and Amendments

If permitted, the entire House usually debates a bill, and floor amendments are offered at this stage. In most cases, if a committee reports a bill out favorably, the bill is scheduled for consideration. Once scheduled for consideration, the bill usually will be included on a calendar that indicates when it will likely come up for consideration. In most states, bills may be amended at this time. In some, the

introduction of amendments may be difficult at this point. Legislative rules and customs vary a great deal from state to state at this stage of the legislative process, known as “second reading.”

Again, it is important for you to learn, in some detail, how your legislature operates if you are to be successful in your efforts. It is important to know what the formal rules provide, when they are followed, and when they are not. Following procedures based on an in-depth parliamentary knowledge can assist you and your chapter in the passage or defeat of a bill. This knowledge can protect the legislation from defeat or amendment on technical grounds. Parliamentary maneuvers are even more critical and can be quite effective in preventing the passage of a bill.

Final Vote

Following floor consideration, a bill is put to a final vote, sometimes known as “third reading.” In some states, a majority of the total membership of the house is required to pass a measure. In others, only a majority of those voting is necessary. Rules usually provide for a way to reconsider, but whether that actually occurs depends largely on the customs and traditions of your state. If defeated in one house, a bill is usually considered “dead” for the session.

Consideration by the Second House

If a bill passes the first house, it goes to the second house, where it must go through the same process again. Nebraska is the exception to this rule, of course, because it has only one house. If the bill survives the second house, without amendments being added, it goes on to the governor. If the second house amends the bill, the first house may go along with changes, in which case the bill goes to the governor. However, if the two chambers disagree on the amendments added in the second house, a conference committee is formed to resolve the differences between them. The conference committee usually consists of members of both houses.

The way conference committees are formed and the customs they follow vary by state. For the most part, conference committees

are quite powerful and can undo much of what has been accomplished up to this stage of the legislative process. The committee appointments are critical because the members write the conference report, which then must be passed by both houses. The success of your efforts depends on the conference report. To the extent possible, assist the legislators and their staff who are writing the conference report. Usually the two houses can only accept or reject a conference committee’s report, even though the report may substantially alter the bill. In many cases, the choice is between accepting what the conference committee has done or having nothing at all.

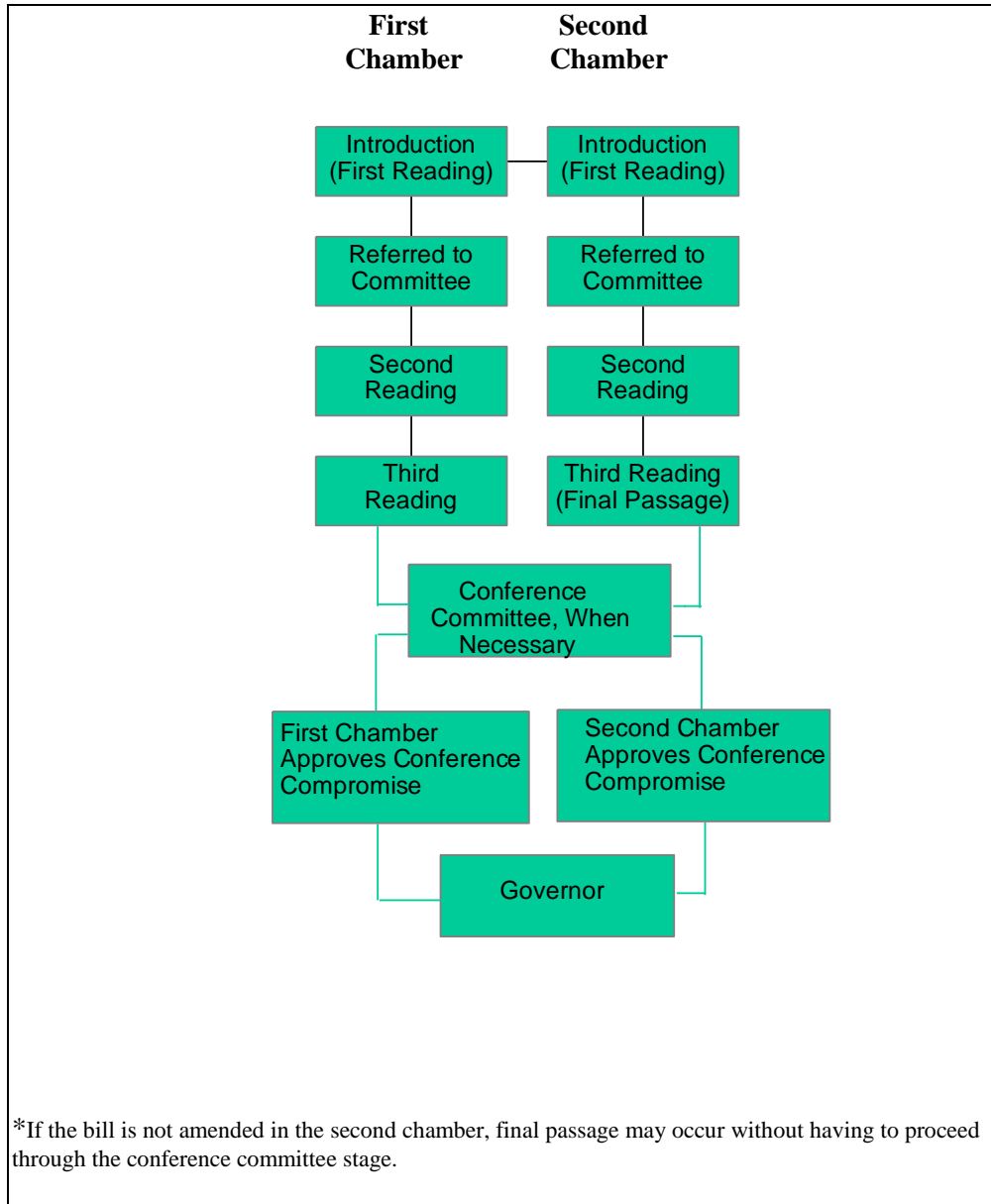
If the legislation is opposed by the chapter but manages to clear the committee structure of the first house, the same effort is usually repeated in the second. If the chapter is supporting the legislation, the conference committee process is especially critical to final passage of the bill.

The Governor

One way or another, a bill that survives the legislative gamut goes to the governor for consideration. The governor of a state has several options when considering the fate of a bill: (1) The governor may sign the bill, in which case it becomes law; (2) the governor may permit the bill to become law without a signature, because there is a specified number of days for the bill to be signed or vetoed (and if the governor does neither, it becomes law as if it had been signed); or (3) the governor may veto the bill.

When the governor vetoes a bill, it is returned, along with the veto message, to the legislature. However, a bill still can be enacted into law if both houses have enough votes (usually two-thirds majority) to override the veto. One other possibility exists in certain states. If the legislature adjourns before the time by which a governor has to sign, the bill expires (thereby preventing return of the bill along with the veto message). In other words, the bill “dies” if the governor chooses not to sign it. This maneuver is known as a “pocket” veto. Finally, some state governors may select particular items from appropriation bills and veto only those items (a “line item” veto).

The following chart depicts the legislative movement of a bill, from introduction to signing by the governor. Although some details of this process will vary from state to state, many of the steps are the same for any state legislature.





SECTION THREE

DEVELOPMENT OF AN EFFECTIVE CHAPTER LEGISLATIVE PROGRAM

A successful chapter legislative effort is very rewarding to the participants and the chapter membership. Planning, organization, teamwork, communication, knowledge, honesty and enthusiasm are crucial to the success of any effort. The credibility and effectiveness of your chapter within the political arena is dependent upon its ability to formulate and follow through on a successful legislative program.

Elements critical to the success of a chapter legislative program are:

- Defining the measure of success
- Organizing the government affairs committee
- Establishing rules of operation and process
- Formulating a mission statement with achievable goals and objectives and preparing a legislative agenda with an action plan
- Focusing on understanding the legislative process
- Developing relationships with policymakers and political organizations
- Developing a code of conduct
- Reviewing the committee's performance

Defining Success

Success in the political arena means meeting your expectations and having a rewarding and gratifying experience. Your primary concern may be the passage of certain legislation, the political education of your members, the formation of political contacts that could be useful in the future, or some other goal. It is therefore important to understand and determine your chapter's expectations and priorities. Having a rewarding experience implies that you have functioned effectively as a legislative committee with your members having a positive experience in the process.

Committee Organization

A government affairs chairperson should enjoy politics, have organizational skills, have experience in legislative matters, and have the time to do the job. The chairperson acts as the coordinator, spokesperson, and leader of the group. The chairperson should periodically update the chapter board, the president, and the executive director.

Committee members should be selected based on interest, but other factors may be important. Gender, or institutional or geographic

diversity, for example, may be considerations, as well as past performance and personal suitability. A flamboyant zealot may do more harm than good.

Committee members should assist in the development of the legislative program, complete assignments, and attend meetings. Committee members assigned to tasks should consult the chairperson prior to taking major action and inform the chair of progress on their assignments.

It is imperative to determine in advance the role of the president, the board, lobbyists, and staff to the committee in setting and implementing the legislative agenda. Some chapters may prefer staff- or lobbyist-driven committees, while others may not. Understanding the chapter's expectations, needs, and resources at the outset is crucial to the effective functioning of the committee.

Operational Rules and Process

The committee should establish a process for determining chapter positions on bills and other politically sensitive issues. Generally, after appropriate background information has been obtained and presented, committee members will vote on a position. Positions on significant issues are often recommended to the board for final approval. Generally, chapters vote to support, monitor, oppose, or take a "no position" on a bill. A process for changing the chapter's position on an issue based on new information or amendments to a bill must be established.

Additional considerations include the following:

- What is the voting process (majority or two-thirds majority)?
- What constitutes a quorum?
- Does the chairperson vote?
- Who makes quick decisions when the committee cannot be consulted (for example, committee, chair, president, person assigned to bill, lobbyist, executive director)?
- What is the role of the board and the president?

- Does the board have final approval on chapter positions?
- What role does the lobbyist play in determining chapter positions?
- How is the membership to be involved – surveys, telephone trees, other means?

It is critical to know who makes decisions and under what circumstances. A good rule of thumb is to ask whether anyone needs to be consulted before making a decision and who needs to be informed once the decision is made. The situation in which different people make conflicting decisions without good communication or understanding of their roles does not serve the committee well, is frustrating, and confuses those in the political arena who interact with representatives of the chapter. Much time can be spent backtracking, getting upset, and correcting what someone else has done. Streamline the process as much as possible.

It is important to establish in advance a policy for dealing with conflicts of interest, that is, committee members representing other institutions or organizations. In general, a policy of doing what is in the best interest of the ACEP chapter should be followed ("wearing the ACEP hat"). Furthermore, understanding ACEP policies and positions is critically important. In general, the committee should be aware of the probability of outside pressure on committee members, staff, and lobbyists by political parties interested in influencing ACEP positions. Do not underestimate the political process! Committee members must understand what is expected of them in supporting ACEP positions and in relating instances of outside pressure to the committee.

Legislative committees should have definite policies addressing non-committee members and non-ACEP members attending legislative committee meetings. A procedure for holding "closed" meetings should be established. Only designated individuals should give statements to or interviews with the media.

Mission Statement, Goals and Objectives, Legislative Agenda

How much a legislative committee can accomplish depends on the interests of individual committee members and a realistic appraisal of the amount and type of effort each individual can contribute. Ask members what issues interest them and whether they would be willing to research issues, write and present testimony, lobby at the capitol, hold campaign fundraisers, attend legislative meetings, serve as key contacts, and so on. It is important for members to be realistic in committing to a level of participation. Be prepared to inform members what is expected if they accept certain assignments. Based on this information, the committee will be able to more realistically develop goals and objectives.

Frequently, committees focus on what they should do rather than what they can do. If chapter staff or lobbyists are available, utilizing their services and expertise can maximize the efficiency and expand the capabilities of the committee. Remember that committee members are volunteers and will prioritize their time to work on projects if they find them personally rewarding.

Goals and objectives must be developed and periodically updated. One goal may be to monitor and adopt positions on all legislation pertinent to emergency medicine. An objective would be to actively work for (or against) any bills on which a position was taken. Form an action plan to assign individuals to those “support or oppose” bills, to testify and/or lobby as indicated. Distribute a specific list of all legislative activities and assignments with timelines.

Schedule a planning session following each legislative session to determine how the committee will proceed before and during the next session. Valuable background work and coalition building can be done prior to the session once issues and a general approach have been determined.

Once the chapter determines its legislative agenda, the next step is to develop an action plan. Decide who to contact and how to research the issues – medically, legally, politically, and in other ways. Making decisions

without adequate understanding of the issues and other perspectives is likely to result in failure. The committee should define specific legislative goals and objectives based on principles for each issue.

It is usually helpful to put yourself in the shoes of other interested parties – legislators, consumers, payers, trial attorneys, hospitals, the state medical association, policymakers, and others. Understand the legal issues and the legislative history. Know who has supported and who has opposed similar legislation in the past. Do not formulate a final opinion until you have objectively looked at the facts and tried to solve the problem from all perspectives. Remember to anticipate unintended consequences that may arise from the position you espouse. Your case then can be argued based on merit and principle. Avoid politically expedient approaches and deals.

Understand the Political Process and Meet the Players

It is difficult to understand the political process unless you follow and participate in it. Committee members must educate themselves by observing the legislature in session, following the legislature through the media, and asking questions of politicians and others. In return, opportunities to educate policymakers about issues affecting emergency medicine should be pursued. Be sure to acknowledge and answer policymakers’ concerns. Discounting them can be damaging to your position. The communication and education process must be a two-way street.

Committee members should try to meet and form strong relationships with their representatives and senators. Physicians are considered experts by most legislators, and their input is appreciated. Legislators, in turn, can be helpful in explaining the “incomprehensibles” of politics, such as the caucus deals and why a particular bill is not getting a hearing.

Developing Relationships

It is important that your chapter establish a working relationship with the state medical association, ACEP, and other medical advocacy organizations such as the state hospital

association and the state chapter of ENA. A good working relationship with the state medical association is desirable, but an independent analysis of issues affecting emergency medicine should be maintained. ACEP can provide assistance and information through its State Legislative Office and State Legislative/Regulatory Committee and can share ideas developed in other states and at the federal level that can be invaluable to your efforts.

Performance Review

Following the legislative session, hold a frank discussion of your committee's accomplishments and disappointments. Feedback enhances the committee's ability to improve its future efforts. Areas of contention or disagreement should be discussed, and a commitment to successful future committee activities should be made. This review should be positive and constructive, not punitive. It is an opportunity to reinforce and feel good about the committee's performance.

Code of Conduct

Individuals operating in the political arena frequently find themselves more comfortable going along with what seems popular rather than what seems right. Unfortunately, certain lobbyists and legislators practice "Doublespeak." Despite the prevalence of misinformation within the political process, the surest way to achieve success for your chapter is to tell the truth.

The path of least resistance is often to say what your audience wants to hear, but remember that inconsistencies in your approach will be discovered and exploited to the detriment of the chapter and its goals. If you become labeled as untrustworthy, you will have a difficult time being effective in the political arena. It takes courage to take a stand – be courageous! Practice the art of diplomacy without duplicity. It is the best way to earn respect and be successful.

Legislative committee members should never misrepresent the chapter's positions. If a member's personal view differs from the chapter's and the member feels compelled to

express that view, it should be made clear that the member is expressing a personal view and not the chapter's position on the issue. If the chapter does not have an official position, the member should say so. Publicly criticizing the chapter's position or members or misrepresenting their views is a serious ethical mistake that serves only to cast doubt on the individual and the chapter.

Agree to respect differences of opinion and immediately resolve tensions within the committee. Nothing can ruin the committee's effectiveness and the entire legislative experience more rapidly than member infighting. Confront problems in a constructive way. Politics seems to attract disagreement, so learn how to resolve conflicts and move forward with your agenda.

Finally, remember that an effective legislative committee works as a team. Victories and setbacks should be shared. When the team works together, it moves forward and the committee makes progress on its agenda. No one can do it alone – it is a team effort.



SECTION FOUR

INTERACTING WITH YOUR STATE LEGISLATORS

As previously noted, the advocates of a particular piece of legislation must succeed at every stage of the legislative process for the bill to become law. For a bill to be defeated, one need only succeed at one stage of the legislative process. To effectively influence legislation, a number of approaches and lobbying techniques are available for chapters to take advantage of these legislative “access” points.

Monitoring State Legislative Activities

To interact successfully with your state legislature, it is imperative that you develop an effective monitoring process. This will provide you with a mechanism for identifying, assessing, and influencing important legislation.

One method of monitoring state legislative activities is to work closely with your state medical society. Many state medical societies have staff charged with reviewing legislation of possible concern to its members. By working closely with the state medical society staff and identifying areas of concern to emergency physicians in your state, you can initiate an effective legislative monitoring system that will provide benefits to both your chapter and the state medical society.

In addition to working with the state medical society staff to monitor legislation, it may also be helpful to request that an ACEP member be placed on the medical society’s legislative affairs committee. Serving on this committee usually will require that the ACEP member also be a member of the state medical society. By participating in the decision-making process of the legislative affairs committee, your chapter may discover an effective means of making your position known to the state medical society on important pieces of legislation.

In addition to the above-mentioned methods of monitoring legislation, many state legislatures publish records of daily legislative activities. Some legislatures also will make available copies of the various committees’ schedules, usually on a day-to-day basis. Copies of the legislative registers can usually be requested through the Secretary of State’s office, from the Secretary of the Senate, or the Chief Clerk of the House. To obtain copies of pertinent committee schedules, you can contact the committee chairperson and ask to be placed on the mailing list for committee announcements. When requesting any information concerning legislative activities, it is a good idea to be placed on a mailing list to receive daily updates, registers, and announcements.

Numerous monitoring services are also available. Such services summarize bills and trace their progress through the legislative process. ACEP offers a service to chapters that tracks legislation in each state covering a variety of health care categories, based on a keyword search system. During a state's legislative session, weekly queries are made for relevant bills that have been introduced or that have advanced in the legislative process. If any bills are identified, reports that include links to the bills of interest are forwarded to the chapter. Chapters can receive this service free of charge from ACEP by contacting the State Legislative Office at 800-798-1822 ext. 3236. One final method of monitoring state legislation is to carefully read your local newspaper. A state legislator often will issue a press release pertaining to a particular piece of legislation before the bill is ever introduced.

Gaining Access to Your State Legislature

To gain access to the state legislative process, you must first gain access to the players who make up the system. Access is most effectively accomplished if the groundwork is laid through individual contacts with state legislators and their staffs, organizational contacts through your chapter, and the development of an effective key contact system.

An important key to gaining access to the state legislative system is to remember that legislators appreciate input from their constituents on various issues, and not just on issues pertaining to the practice of emergency medicine. Legislators who feel they are being contacted only when you want or need something will quickly lose interest in what you or your chapter has to say. Therefore, it is important that you develop a working relationship with your legislators and their staffs, preferably on a personal level.

Getting to Know Your State Legislator

Here are some helpful guidelines for developing effective contacts with your state legislators and their staffs.

Personal contact. Meeting your legislator personally is the most effective way to communicate. You are one of your legislator's constituents and, therefore, important. Developing a one-to-one relationship makes writing and calling a far more valuable and effective means of communicating.

Time and place. Take the time to set up an appointment to meet with your legislator. Whether for coffee, lunch, dinner, or a reception; at home; at your emergency department; or at the state capitol, getting to know your legislator is the basis for all future contacts.

Short and friendly. Unless you already know your legislator, make your first contact short. Thirty minutes at the capitol, your home, or your emergency department when the legislator is in your district is sufficient for the first meeting. Put your legislator at ease by being friendly and sincere, not threatening.

Be prepared. You should be prepared to discuss current topics that may be of interest to your legislator. The legislator may seek your advice on an issue or choose to talk about a topic with which he or she is personally involved. You may also discuss current health-related topics from the newspaper.

Keep track of your time. Do not overrun your appointment. You can always meet again or follow up any last minute points in a letter.

Political contributions. Making contributions to your state legislator, during the legislator's campaign, is well worth the expenditure. Bear in mind that state law governs campaign contributions for state officials and you must familiarize yourself with all statutory requirements and limitations prior to making a contribution.

It is never a waste of time. Even if your legislator does not agree with your position on an issue, the time spent will be educational and informative. Your legislator may support you on another issue of importance in the future because of the personal contact you have made.

Follow-up letter. Follow-up your visit with a letter of thanks. If additional points regarding your issue did not get discussed, include them in your letter. Let your legislator know you appreciate his or her service and specifically the time given to you personally.

Writing or E-Mailing Your Legislator

While no substitute for in-person interaction, letters and e-mails can be a useful way to communicate your position on an issue. Once your monitoring system has alerted your chapter about the need for quick action, a “form” letter or e-mail message should be prepared as a guide for chapter members. It is imperative that chapter members understand that the letter was developed as a guide, and should ideally be customized by each member to include relevant and supportive individual thoughts and experiences before being sent to the legislator. This sample letter or e-mail can then be sent out as an action alert to your members through e-mail, published on your chapter web site or in your chapter newsletter, or mailed directly to chapter members for use in developing their own letters or e-mails.

ACEP provides a free service to chapters to assist them in producing and distributing electronic action alerts so that members can quickly and easily send customized e-mail messages (based on a template letter developed by the chapter) to their legislators. Interested chapters should contact the ACEP State Legislative Office for details on this service.

A letter or e-mail can be used to confirm arrangements or express appreciation to state legislators or officials for their assistance. They are also a useful tool for communicating with a legislator’s staff. In any event, one simple rule addresses the success that may be attained through an effective letter-writing or e-mail campaign: Simply stated, correspondence must be well written and concise to communicate ideas or positions effectively to your state representatives. Some helpful hints to be considered when writing your state legislator include the following:

- Write about only one subject at a time.
- Be brief and to the point.
- If the letter addresses a particular piece of legislation, identify that bill by name, title, and number.
- Describe the impact of the proposed legislation on the specialty of emergency medicine, on your practice, or on your patients.

- Urge your legislator to act, do not demand that the legislator do so. Never be negative or hostile.
- Do not use a form letter. Be personal and use personal language.
- When possible, refer to a previous meeting or something of common interest to help personalize your letter.
- Be timely by writing at the appropriate stage of the legislative process. If you are asking the legislator to follow a particular course of action of a bill, inform the legislator when the bill is scheduled for hearing in committee or a vote on the floor. You should also take this opportunity to ask your legislator to vote aye (yes) or nay (no) on the bill.
- Ask that the legislator reply to your correspondence, stating his or her position on the issue.
- Follow up the receipt of the legislator’s letter, e-mail response or telephone call with a note of thanks or follow-up of your own. Be sure to state the facts of the argument if you intend to refute the response sent by the legislator.
- Make sure to use the appropriate form of address in letters (*See box*).

House of Representatives

The Honorable (*First and Last Name*)
(*State*) House of Representatives
State Capitol
(*City, State, ZIP Code*)

Dear (*Mr./Ms. Last Name*)

Senate

The Honorable (*First and Last Name*)
(*State*) Senate
State Capitol
(*City, State, ZIP Code*)

Dear Senator (*Last Name*)

Governor

The Honorable (*First and Last Name*)
Office of the Governor
State of (*State*)
(*City, State, ZIP Code*)

Dear Governor (*Last Name*)

Administration

The Honorable (*First and Last Name*)

Secretary of (*Department/Agency*)
State of (*State*)

Dear (*Mr./Ms. Last Name*)

or

Dear (*Mr./Madam Secretary Last Name*)

Tips on Testifying

The many public health and safety issues supported by ACEP are excellent opportunities to gain experience and credibility in legislative matters. Such “white-hat” issues allow you to build relationships with legislators by supporting their positions rather than testifying against proposed legislation.

By following the tips listed below, you and your chapter are well on your way to becoming an important link in the state legislative process.

Welcome the opportunity to testify before a legislative committee concerning a subject on which you are well informed. Legislators are receptive to your expertise and input about proposed legislation of interest to emergency medicine. Be prepared to give objective, broad, and factual testimony.

As soon as possible, notify the committee holding the hearings of your desire to present testimony. When announcing public hearings, many committees will set deadlines for acceptance of applications to testify.

Advise your own state senator or representative of your interest in delivering testimony. This may be particularly helpful if one or both serve on the committee before which you are testifying.

Begin preparation of your testimony well in advance of your scheduled appearance. Review it with local ACEP leaders and associates in your chapter to avoid important misrepresentations. Be absolutely certain that you and your chapter have reached a consensus on the testimony you are to give concerning a bill before the testimony is offered. If there is no consensus and the issue does not affect the membership, individuals may testify but should

clearly state that they are speaking as individuals. They should not represent chapter affiliation or titles.

Do some research into the other side of the argument you will be presenting. Often, both “friendly” and “unfriendly” questions will be asked.

If possible, plan on arriving at the state capitol well in advance of your scheduled appearance. You can use this time to attend a hearing of the committee to which you will be testifying to obtain advance knowledge of the committee’s membership, procedures, and the types of questions being asked. If you are unable to attend an earlier committee hearing, you may use this time to do some constructive lobbying with committee members.

Make sure you are well acquainted with everything in your prepared statement.

Visit members of the committee with whom you are personally acquainted to discuss the nature of your testimony. This step might lead to useful questioning by the legislators that will prepare you for the types of questions you may be asked during your testimony.

Follow the rules established by the committee. The rules may require holding your testimony to the time allotted by the committee, providing copies of your testimony to committee members, and compliance with specific procedures dictated by the committee. You also may wish to have copies of your testimony available for interested spectators in attendance.

Provide copies of your testimony to your own representative and senator.

Provide copies of your remarks to your hometown press and other statewide newspapers and media, as well as to other state medical groups to which you belong or that may have a parallel interest in the issue. Section Eighteen,

“Media Relations” offers insight into dealing with the media.

When testifying, relate your own professional and personal experiences with the issue being debated. Inform the committee of the effect that the proposed legislation will have on your patients and your practice. Relating brief, graphic, and real-life cases is advisable. Telling of the injuries received in a bus accident will provide powerful images to a committee considering mandatory seat belts on school buses.

File a written statement if, for any reason, you are not able to testify in person. Copies of the statement should be made available to all persons to whom you would send copies of the testimony.

Study the legislation being considered by the committee as well as any available analyses. Otherwise, the effectiveness of your presentation could be negated by the simple question, “Have you read this bill?” or “Are you aware that the bill has been amended?”

Do not be disappointed if only a small number of committee members are present for your testimony. Committee staff and agency officials are always present, and they will keep the committee informed of the testimony given.

Do not be embarrassed to admit that you do not know the answer to a question. If this occurs, ask permission to write a detailed response to the question at a later date. Never guess at an answer. Often, the questioner will know the answer already, and an incorrect guess could be devastating to your testimony.

Do not hesitate to bring graphs, charts, or other visual aids that will help you make a point. However, first notify the committee that you intend to do so. Provide copies of these materials with your written testimony so that the committee will have hard copies of your visual aids.



SECTION FIVE

HOW TO INTRODUCE LEGISLATION

Much of your interaction with the state legislature may (and probably will) be in response to legislation introduced and encouraged by others. However, there will be plenty of opportunities for you and your chapter to encourage the introduction of legislation on a variety of topics. You may wish to have legislation introduced that will benefit the general public and heighten the visibility of the chapter in the eyes of the state legislature. Such legislation might include stricter drunk driving laws, requirements that all motorcycle riders wear helmets, mandatory seat belt legislation, or more severe penalties for the use of a handgun in the commission of a crime. In any case, there are a number of basic principles you should follow when introducing legislation.

Pick a Sponsor/Author

In order to get legislation introduced, you must first identify a legislator who is willing to introduce your bill. Your efforts at building an effective key contact system (see Section Six, “Key Contact Program.”) may pay off at this point if you can use the system to identify and contact a legislator willing to introduce your legislation. If this method does not work, the state medical society may be helpful in identifying a legislator who is willing to work with you.

If possible, you should approach a potential sponsor/author who has some understanding of and background in the issue being addressed by your proposed legislation. You also should make an effort to identify a sponsor/author who sits on the committee that will be considering the legislation. At this point, you also should begin identifying co-sponsors (co-authors) from both the majority and minority parties so that the sponsor/author will know who the potential supporters of the legislation are even before the legislation is “officially” introduced.

Check Your Facts and Figures

Make sure you check your facts and figures before presenting them to the legislator. You have taken the time to choose a sponsor for your bill who will aid your cause. Do not waste this time and effort by failing to do a thorough examination of the options and consequences accompanying your legislative proposal. Because of their limited staffs, state legislators must often trust outside resources to provide them with all the information necessary to adopt a position on the bill. Do not abuse this opportunity by not doing your homework before you approach the legislator.

You should also remember that no matter how painful it may be to reveal a flaw that is detrimental to your cause, it is always

best to discuss all aspects of the proposed legislation with your sponsor. Nothing will match the damage that can be done to both you and your chapter if the legislator believes that you have not been totally truthful regarding specific legislation being promoted on your behalf. You also may wish to present the legislation to the potential sponsor/author from the standpoint of both the proponents and possible opponents of the bill. In this way, the sponsor/author will not be subjected to unwelcome surprises.

Analysis of a Bill

The following format will help in either drafting or analyzing legislation:

- (1) Title of bill.
- (2) Identify your audience (in most cases your elected representative(s) of committee members.)
- (3) Explain what the bill intends to do.
- (4) Identify the issue and summarize its impact on access to affordable, quality care (when appropriate.)
- (5) Anticipate unintended consequences of the bill.
- (6) Brainstorm a list of potential stakeholders for potential support and opposition of the bill.
- (7) Develop appropriate questions elected officials will have about the issue and the bill.

Support Your Own Legislation

If it is difficult for you to support your own bill or believe in your own position on a bill, do not expect others to do it for you. Legislators are usually very quick to detect a lack of wholehearted support of a proposal. In an activity that depends so heavily on trust and sincerity, you or the chapter can little afford to have your reputation tainted by endorsing a piece of legislation that you do not fully support.

Follow Your Legislative Proposal to its Conclusion

It is very important that you follow your bill, once it is introduced, through each stage of

the legislative process. Get a hearing scheduled for your bill as early as possible. Several legislative offices, such as the bill status office, the office of the secretary of the senate, or the office of the chief clerk of the house, will be able to supply information on the status of a particular piece of legislation. Bill status is also often available on the legislature's web site, but be aware that not all web sites are updated promptly. This information may include where a bill has been assigned (committee), whether it has been approved by the committee, whether it was amended, and the result of the floor vote.

Another means of monitoring legislation of importance to you or the chapter is by contacting the committee to which the bill has been assigned. A number of newspapers publish daily listings of bills introduced in or acted upon by the house or senate.

This is also a good time to provide information to the sponsor/author of the legislation so that this person can provide background to the media or other legislators. This information should provide the reader with an easy-to-understand explanation of what the bill is designed to accomplish. Write the introductory speech for the bill sponsor/author as well as the news release to be distributed to the press. To be properly prepared for this step in the process, be sure to have enough copies available for other legislators, staff, media professionals, executive staff, and other interested individuals or groups.

Work closely with your bill's sponsor/author to ensure that the legislation is called up for each required reading. Most important of all, follow your bill after the legislature acts favorably to make sure the governor signs it. Many a worthwhile bill has been lost in the Executive Branch because it was vetoed or because it was never signed. Realize that politics play a more important role than proposed policy changes and often bills are not advanced because the "politics of the day" do not allow the bill to move forward. There are many examples in modern history of great ideas, but until there was enough public sentiment and support for such changes, politicians are reluctant to move forward.

Give Credit Where Credit is Due

It is often best to give all credit for legislative victories to the sponsor of the bill. As an ACEP chapter or member, you merely supported the legislation to serve the bill's larger purpose. Many legislators resent suggestions that they acted as pawns of pressure groups in sponsoring legislation. The goal of the chapter is to get legislation enacted that benefits not only the emergency physician, but also the patient and the general public. The emphasis should always be on the latter.

Promoting the passage of favorable legislation and working to block unfavorable bills are among the most valuable services an ACEP chapter or member can perform. Far from corrupting the political process, an active chapter can enhance good government while promoting the interests of patients and its members. In a representative democracy, this type of activity will always be needed.

Some of the most important and often most overlooked activities related to having a particular bill introduced are writing your legislator, testifying, and personal contact with the legislature. Because of the proliferation of state government activity, accompanied by an increased complexity in the subject areas considered by state legislatures, these activities are extremely important to the success or failure of your legislative programs. Failure to effectively participate in letter writing, testifying, and personal contact activities can spell disaster for even the least controversial issues you wish to address through the legislative route.

The First Step

If the identified key contact has previously established a relationship with the legislator, the coordinator should document the extent and details of the contact, keeping notes on any specific details that may be of use in the future. Perhaps a key contact's sister is a fundraiser for a legislator – this is valuable information that should be readily accessible to the coordinator. This fact should be documented in the file for this key contact and legislator.

If the identified key contact does not know his or her legislator, the coordinator should make arrangements for them to meet. Merely suggesting that the key contact make an appointment to meet with the legislator may not be sufficient. In this case, the coordinator should call the legislator's office, explaining that the coordinator has identified an emergency physician in the district to serve as a liaison between the legislator and the state chapter. The coordinator should ask if the legislator could meet with the key contact at the legislator's convenience. Many new key contacts who have never met with their legislator may feel intimidated by the process, and assistance on the part of the coordinator is usually welcomed.

The first meeting with a legislator should be friendly and non-business in nature. It is imperative that the key contacts offer themselves as a resource to legislators in instances where the legislators or their staff may have questions or constituency problems with the medical community. In other words, the key contact should initially impress the legislator with a willingness to assist the legislator when the need arises. In this manner, if the key contact needs to approach the legislator with a particular problem, the legislator will be much more receptive to him or her.

The importance of meeting with and maintaining contact with the legislator's staff cannot be overemphasized. It is the staff that often controls the flow of activities in the office, as well as access to the legislator. The vast majority of the key contact's communication may be through a legislative aide. Even if the key contact has a long-standing personal relationship with the legislator, an uncooperative staff member can seriously impede the effectiveness of a key contact.

To be effective, a key contact must do the following.

- Be informed. The key contact should be knowledgeable on the issue but need not be an expert on each item of the chapter's legislative program. The key contact must be able to respond intelligently to questioning, yet have the presence to defer when unsure of an answer.

- Make sure that comments reflect the chapter's policy. If the key contact cannot promote a particular policy, someone else should be asked to make the contact on a particular issue. Key contacts must be honest in all their dealings to ensure credibility. If they must express an opinion in opposition to the chapter's policy, it should be identified as personal opinion.
- Understand the legislative process. This guide and the State Legislative Office are resources for developing the requisite knowledge and expertise.
- Know the legislator. While they may not be close personal friends, the legislator and emergency physician can maintain a relationship that will allow the legislator to develop confidence in the key contact and his or her opinions. Foster the relationship by meeting several times during the year (not just when there is an issue to discuss.) Create or participate in opportunities for contacts in such social settings as parties, dinners, golf games, fundraisers, or similar activities.
- Keep colleagues informed of the legislator's assistance and make sure the legislator knows of the chapter's appreciation for the support. Too often, a legislator is forgotten after a critical vote. It is courtesy and good politics to thank legislators for their efforts and to provide follow-up on positive outcomes of their support.
- Report results of legislative contacts as soon as possible to your chapter's staff and government affairs committee.
- Be persistent with a legislator, but once the message has been delivered, allow the lobbyist or chapter members to follow up the message with personal contacts, e-mails, letters, or phone calls.
- Be well briefed by you chapter and lobbyist before encountering the legislator. Have sound reasons to back up a policy position.
- Use more than one visit, if necessary, to sell a position. The legislator may need time to review additional information and talk to others before giving a firm commitment.
- Develop a relationship with the legislator's staff to assure that messages are delivered. A good relationship with staff cannot be overemphasized.



SECTION SIX

KEY CONTACT PROGRAM

One of the most effective ways to interact with your state legislature is by implementing and using a key contact system. A key contact system is a grassroots network established for the purpose of accessing state legislators as a supplement to or in lieu of a professional lobbyist. The goal is to identify physicians in the state who already have a personal relationship with the legislator or who would be willing to establish that relationship. Once this vital link exists, that physician is designated as the key contact for the legislator, and the physician will be asked to help ensure that legislation of interest is acted on in a manner conducive to the chapter's interests.

Description

Ideally, the key contact is an emergency physician who has had some previous personal or professional contact with the legislator. For example, the key contact and legislator may have gone to school together or may have children in the same school. They may belong to the same church or synagogue, the same country club, bridge club, or other social club. The key contact's spouse may have had some personal or professional contact with the legislator, such as working in the legislator's

office. The key contact may have treated the legislator or a member of the legislator's family on a professional basis. An emergency physician who has worked on a legislator's campaign can be an excellent candidate to be a key contact. In short, the ideal key contact has an existing personal or professional relationship with the legislator and is amenable to maintaining that relationship on a personal, as well as professional basis.

An emergency physician who is willing to contact a legislator or a legislator's staff is an excellent key contact candidate. Suggestions on how to affect this contact are discussed later. An alternative is to seek a recommendation from the legislator for a key contact. Emergency physicians will be surprised to find that the legislators encourage this working relationship because they are generally uneducated about emergency medicine and welcome the opportunity to have the key contact as a resource to whom they can turn for advice and counsel.

In order to establish an effective key contact system, you must have your goals and methods clearly outlined. The goal is to identify a key contact for each of the state's legislators and to coordinate the system

through the government affairs committee of your state chapter. Every state chapter should have a standing legislative or government affairs committee, whose chairperson will take the responsibility for keeping the key contacts informed of upcoming legislation and who will coordinate the activities of all key contacts.

Initial tasks of the coordinator include the following.

- **Identifying the key legislators in the state, the districts they represent, and potential key contacts who live in those districts.**

ACEP provides chapters with quarterly reports identifying which chapter members live in each state legislative district. This report can be a tremendous help to chapters in locating and recruiting active and interested members to serve as key contacts in as many legislative districts as possible, particularly those districts represented by key legislative leaders and committee chairs. If no members live in some districts, look for hospitals that are located in those districts and try to identify members who work in those hospitals who could serve as key contacts for the legislators representing those districts. A large map of the state is particularly helpful for outlining the various legislative districts as well as highlighting large cities, hospitals, or other landmarks.

- **Contacting potential key contacts.**

Announce the need for key contacts at your chapter's annual meeting. Encourage those emergency physicians who have previous or present contact with a legislator to make themselves known to you so they can be recruited.

Other methods include publishing an announcement in the chapter newsletter, with a form or e-mail address or link asking potential key contacts to send in their name, address, and telephone number if they

have an interest. Finally, the coordinator may need to call some of the larger hospitals or emergency department groups to recruit key contacts. One chapter executive built her key contact system by contacting the ED Director at each hospital and asking them to either serve as a key contact or to recommend someone else who works in that ED to be the key contact.

- **Assembling a starter kit for the key contacts.**

Assume that the key contacts know little about the legislative process and, using the resources of this guide, put together a how-to manual for the prospective key contact. This manual should include a welcome and thank-you letter, a description of the key contact's functions, suggestions on how to make initial contact with the legislator, a biography of the legislator, a primer on the legislative process, a list of the other key contacts in the state, and a "where we go from here" note. Some sample and template starter kit materials are provided at the end of this chapter.

- **Making contact with legislators easy for your members.**

It is vitally important that the coordinator maintain frequent contact with key contacts to keep them informed of legislative action and needs. Chapters can create e-lists of their key contact members to facilitate sending out regular updates and calls for immediate action in contacting legislators about pending legislative action on important issues.

In sending out action alerts to key contacts, chapters can utilize ACEP's online advocacy tool, which allows members to send key advocacy messages to their legislators by email with just a few simple keystrokes. Chapters wishing to utilize this service should contact the ACEP State Legislative Office. Chapters will be

asked to draft a sample message to legislators that they want their key contacts to use. Once the message is provided to ACEP and uploaded onto the online advocacy tool system, chapters can send their key contacts an action alert that explains the issue of concern and directs members how to quickly and easily modify and send the preloaded message directly to their legislators.

ACEP also provides a tool to help key contacts communicate with their legislators at any time. A page on the state advocacy section of the ACEP web site provides contact information for numerous state officials in each district. Members can access this information by [clicking here](#) and entering their zip code.

A newsletter and chapter web sites are also excellent ways of communicating non-urgent information and updates on legislative activities.

You can also supply your key contacts with wallet or Rolodex cards with their legislators' names, addresses, telephone numbers and email addresses.

- **Getting Feedback on Your Key Contacts' Activities.**

To help determine how active and effective your key contact program is, you will want to develop a formal or informal system for encouraging and collecting feedback from your key contacts whenever they communicate with their legislators. Ask your key contacts to copy you on correspondence they send or to alert you about any conversations or meetings that may have taken place, and what the content of those discussions were. Knowing what was discussed and how legislators reacted to the issue can be extremely helpful in refining your advocacy strategy. Let your key contacts know that their feedback is an important component

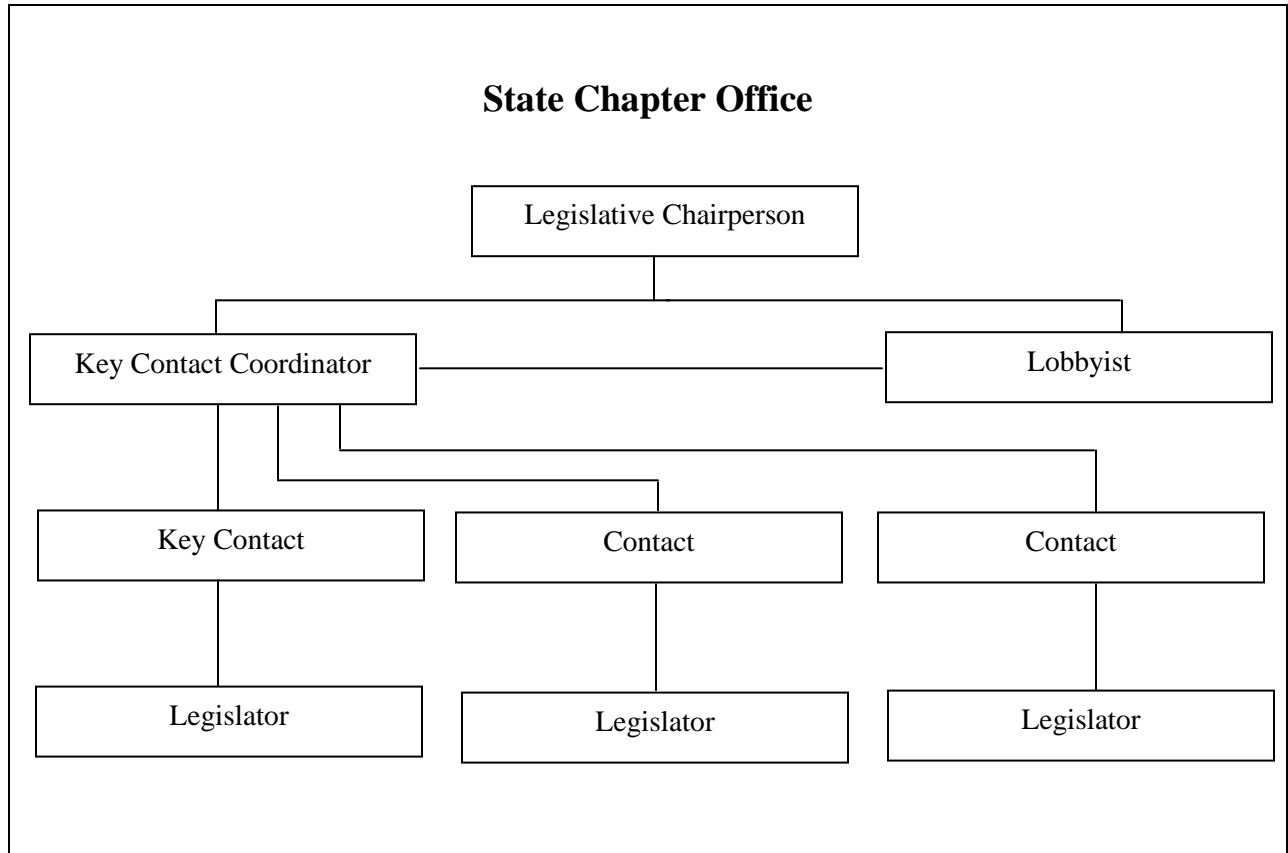
to your overall state advocacy program.

- **Maintaining Your Key Contact Database.**

Once you've built a key contact program, occasional efforts will be needed to ensure that your database of members is up to date and that your program functions at the highest possible level. As some key contacts inevitably move or retire, you will want to try to keep track of such developments and try to replace them with other members from those districts. If your key contact system is limited in size but includes coverage of key districts where legislative leaders reside, you will want to make sure you still have key contacts in the right districts in case state election results or redistricting changes the political landscape. A chapter executive, other chapter staff or volunteer leader could serve this role in ensuring the current key contact membership covers the proper districts and is as large and as effective as possible.

Organization

Organization is vital to a successful key contact system. A suggested flow chart is shown below. All key contacts should report to the coordinator who, acting in cooperation with the state lobbyist (if one exists), ultimately reports to the legislative chairperson. From time to time, you may wish to distribute an "action alert" through the appropriate coordinators to the key contacts. If the key contact system is large enough, you may elect to identify several coordinators and divide the state into districts. Under this scenario, however, be sure to coordinate all key contact activities through the legislative chairperson (or some similar central figure).



Key Contact Starter Kit Template

Sample Welcome Letter to Key Contacts

Dear Dr. _____:

Thank you for agreeing to participate as a member of the state key contact system for the _____ chapter of the American College of Emergency Physicians. Your active participation in this program will significantly support our efforts to effectively advocate on behalf of emergency medicine and the patients we serve.

As a key contact, your primary role is to ensure that state legislators in your district are aware of the emergency medicine perspective on key issues identified by the chapter. When a significant issue arises, members of the key contact system will be provided with information about the issue so they can communicate with their legislators and solicit their support for the chapter's position.

The most effective key contacts are those who lawmakers come to know and trust. You can achieve this status by establishing and maintaining relationships with your legislators so that you become a credible and valuable resource on issues related to emergency care. Meeting with legislators in their home districts or hosting them for a visit to an emergency department are excellent ways to foster such a relationship and to educate these key policymakers about the problems and issues plaguing the emergency care system in the state.

Attached is contact and biographical information about the legislators in your district. We encourage you to make contact with them as soon as possible to introduce yourself and set up an initial meeting. We are also including a primer on the legislative process in the state and other resources that should be helpful to you in enhancing your effectiveness as a key contact.

Of course, your chapter leadership is also available to assist you in any way we can. If you should have any questions, concerns or issues, please feel free to contact the chapter office or us at any time.

Thank you again for your participation in this important endeavor.

Sincerely,

Chapter President
Contact Information

Chapter Legislative Committee Chair
Contact Information

Key Functions of the Key Contact

Typical key contact activities include:

- Communicate with assigned legislators by phone, e-mail, or in person several times a year. These communications may be general in nature or issue specific.
- Familiarize yourself with assigned legislators' political views, interests, committee assignments, and preferred means of interaction with constituents.
- Understand the legislative process.
- Review key contact alerts and contact assigned legislators in a timely manner to provide the chapter's perspective on the issue and to seek the legislators' support.
- Provide feedback to the chapter on interactions with assigned legislators and their reaction to the chapter's position.
- Stay abreast of key emergency medicine issues, particularly those pending before the legislature.
- Serve as a resource to assigned legislators in educating them about emergency medicine.
- Remember that you are a representative of the chapter in interactions with legislators and that personal opinions in opposition to the chapter's position should never be expressed in these interactions.

Contact Information on Your Legislators

(Information may be available through state legislative web sites or published legislative guides)

Representative:

Name: _____

Capitol Phone Number: _____

District Office Phone Number: _____

Capitol E-mail Address: _____

Other E-mail Address: _____

Capitol Address: _____

District Office Address: _____

Senator:

Name: _____

Capitol Phone Number: _____

District Office Phone Number: _____

Capitol E-mail Address: _____

Other E-mail Address: _____

Capitol Address: _____

District Office Address: _____

Biographical Information on Your Legislator

(Information may be available through state legislative web sites or published legislative guides)

Representative _____

Political Party:

Hometown:

Age:

Occupation:

Education:

Family Status:

Legislative Positions Held/Committee Membership:

Voting History Related to Emergency Care Priority Issues:
(Information to be supplied by chapter lobbyist and/or leaders)

Senator _____

Political Party:

Hometown:

Age:

Occupation:

Education:

Family Status:

Legislative Positions Held/Committee Membership:

Voting History Related to Emergency Care Priority Issues:
(Information to be supplied by chapter lobbyist and/or leaders)

Understanding the Legislative Process in the State of _____

(Information may be obtained from the state legislative web site, a legislative guide, chapter lobbyist, chapter leaders or the state medical society)

Items in this section should include:

- Frequency/Duration of Legislative Sessions
- Special Sessions
- Chambers of the Legislature
- Leadership in the Legislature
- Committees in the Legislature (identify those most likely to deal with emergency care issues)
- Introduction of Bills
- Referral of Bills to Committee
- Committee Procedures
- Amendments
- Floor Debate/Vote
- Consideration by the Second Chamber
- The Governor

How to Communicate with Your Legislator

Meeting Your Legislator in Person:

It is always preferable to meet your assigned legislator for the first time in an informal, in-person meeting where there is no pressing agenda. Ideally, this meeting should be arranged in the legislator's home district, free from the distractions and competing demands associated with a meeting in his or her legislative office.

Setting up and holding an introductory meeting:

- Call the legislator's district office to set up a brief meeting, providing as much advance notice as possible.
- Explain the purpose of your meeting, such as to meet the legislator and talk briefly about the state of emergency care in his district.
- At the beginning of the meeting, introduce yourself as a constituent and establish your credentials as an emergency physician who wants to ensure that the people in your community have access to the best emergency care possible.
- Be prepared to discuss the current state of emergency care in your hospital, including any pressing issues. While ideally, the first meeting should not focus on specific legislative initiatives, be prepared to respond in the event the legislator brings up the subject.
- Do not assume that your legislator knows anything about emergency care and avoid medical jargon or acronyms.
- Throughout the conversation, focus your concerns on patients (not yourself or the physician community). Your patients are your legislator's constituents, and he should share your concerns.
- Offer to be an ongoing resource to your legislator on any health care related issue.
- Give your legislator your business card or provide your contact information.
- Keep the meeting short and do not exceed the amount of time allotted for the meeting, unless the legislator wants to extend the meeting.
- Follow up your meeting with a thank you note to be sent via mail or e-mail.

How to Speak to Your Legislator:

In all communications with a legislator, key contacts should always be honest and gracious. You want to build an ongoing relationship with the legislator in which you become a trusted resource. Even if the legislator disagrees with the chapter's position on an issue, a key contact should always remain polite and respectful. After all, there will be other issues in which that legislator's support will be wanted.

Additional tips on speaking to your legislator include:

- Conversations on the phone and in the legislator's office need to be concise and to the point.
- When talking about a specific piece of legislation, identify the number of the bill you are discussing, the contents of the bill and the chapter's position on the bill.
- Whenever possible, provide an anecdote from your own experience that illustrates the importance of the issue and its impact on emergency care in the legislator's district.
- If you don't know the answer to a legislator's question, tell the legislator you don't know but that you will try to get an answer. Immediately after the meeting, contact the chapter to try to get the needed information and follow up with the legislator.
- Avoid any and all references to past or future financial support for the legislator's campaign or participation in any fundraising events.

SECTION SEVEN

WORKING WITH A PROFESSIONAL LOBBYIST

The First Amendment to the Constitution guarantees “the right of the people to petition the government for redress of grievances.” This right has nurtured the development of a host of activities that have come to be known as lobbying. While certain abuses of the process have caused some to view lobbying with a jaundiced eye, it is, in reality, a vital component of our political process.

Legislators cannot function properly in a vacuum. They need the input and assistance of concerned citizens who have intimate knowledge of the area to be addressed by proposed legislation. Unfortunately, most citizens, including emergency physicians, are unable to give the legislative process their complete and undivided attention. They are often unaware of when matters of vital interest to them are being considered. Even when citizens are aware of such matters, it is often impossible to monitor and participate in the process with maximal effectiveness. It is for this reason that professional lobbyists have assumed such an important role.

Deciding if a Professional Lobbyist is Right for Your Chapter

Most chapters that have decided to enlist the services of a professional lobbyist have done so only after long periods of analysis and soul-searching. Effective lobbying can be expensive and resource intensive. It requires a significant commitment of time and expertise by a core group of chapter members who are willing to support the activities of the professional lobbyist with testimony, letter writing, and phone calls. It also requires a commitment of significant chapter staff time that is then not available for other activities.

Because of these significant direct and indirect costs, it is crucial that any chapter considering hiring a lobbyist proceed only after a careful analysis of its unique situation. The following are just a few of the many questions that a chapter should ask.

- Does the chapter have a legislative agenda that requires a lobbyist?
- If so, is this agenda already being represented effectively by the chapter membership or the state

medical association? Could the chapter better utilize the existing services available through the state medical association's lobbyist or could the chapter consider additional collaboration with the state medical association to better address the chapter's lobbying needs?

- Is the chapter's legislative agenda realistic and achievable?
- Does the chapter have the resources needed to carry out a professional lobbying program?

These resources include:

- **financial** – the direct and indirect costs are variable
 - **chapter staff** – at least five to ten hours per week are usually required for mailings, telephone calls, copying, and support of the government affairs committee
 - **physician leadership** – dedicated members must be willing to commit themselves for “the long haul” or any lobbying effort is likely to fail
 - **support structure** – does the chapter have a political action committee, is it a member of any strong coalition groups, does it have the support of the state medical association, and does it have established positions on key issues (for example, position papers, model legislation)
- Even if it has the necessary resources, is the chapter willing and able to commit those resources to a lobbying effort?

Determining the Duties of the Lobbyist

Once a chapter has determined that it is in its best interest to embark on a professional lobbying effort, it is crucial that

it develop clear objectives and goals for that effort. This planning process should take place prior to hiring a lobbyist, as it is only through this process that the chapter can define who is the right lobbyist. The chapter leadership must decide if it is looking for a lobbyist who will work for them full time or only on an as-needed basis. Some chapters may consider They must define the scope of the lobbying effort. Are they looking for someone to be the chapter's eyes and ears at the state house, or are they looking for an advocate who will work on the chapter's behalf to introduce, amend, and kill legislation? Are they looking for an educator as well as a representative? Do they want representation in the regulatory as well as the legislative halls of government?

More resources related to the evaluation of potential lobbyists are available to chapters through ACEP's State Legislative Office.

Strategies for Finding a Lobbyist

Contrary to popular belief, quality lobbyists cannot be found in every nook and cranny of the state house. When looking for a good health care lobbyist, it is best to start by asking the state medical association for its recommendations. It is also useful to talk with other professional organizations, legislative staff, other lobbyists, and the legislators themselves. Many legislators, who rely on lobbyists to provide them with good information, may be willing to assist you in identifying individuals or firms that can provide them with good information on health care issues.

Choosing the Right Lobbyist for Your Chapter

Before beginning the interview process, it is crucial that the chapter leadership develop a very specific job description and expectations for their professional lobbyist. The basis for the job description should include the answers to the questions raised during the discussion that

led to the decision to hire a lobbyist. Specific attention should be paid to the following issues.

- Issues identification
 - The chapter leadership must set the legislative agenda, not the lobbyist.
 - The chapter should identify immediate and long-term goals.
 - The chapter leadership may wish to create several scenarios to which the lobbyist is expected to respond.
- Level of representation:
 - “Eyes and ears” only?
 - As needed in specific situations?
 - Active representation?
- Scope of the representation you expect:
 - Legislature only?
 - Regulatory agencies?
 - Fundraisers?
- Nonlegislative services:
 - Assistance setting up a political action committee and key contact program?
 - Filing required reports with state government?
 - Chapter newsletter articles?
 - Member educational activities?
 - Frequency and types of reports? Attendance at board meetings?

Once these decisions are made, it is time to begin interviewing candidates. It is important to approach this activity with an open but critical mind. The chapter leadership and key staff should be involved in the interview process. Pay close attention to gut feelings. If any candidate makes you uncomfortable during the interview, this person is probably not right for you.

Although not always easy to find, some chapters have hired the same professional group to perform lobbying and chapter management services.

It is important that you choose a lobbyist whose personality is a good match for your chapter. Most chapters will probably want a low-key individual rather than a wheeler-dealer who is used to working with lots of financial resources. While it is not important that the lobbyist have a medical background, this expertise definitely helps. At the very least, the lobbyist should demonstrate a genuine interest in emergency medicine and a willingness to learn about what emergency physicians do.

Be sure to provide all candidates with written materials that describe the structure, history, resources, and philosophy of your chapter. Position papers, annual reports, and promotional materials from ACEP are often helpful.

As in most interview situations, open-ended questions are best. You should guide but not dominate the discussion. It is important that you develop a feeling for the candidate’s general lobbying philosophy and that the candidate demonstrates the ability to ask pertinent questions and learns from your answers. If your initial feelings are positive, proceed to a discussion of your specific issues, projects, and requirements, and ask for a fee proposal. Request references and a list of past and current clients, and check with them. It is of critical importance to review the list of current clients for any potential conflicts of interest. Many health care lobbyists work for various medical specialties that may not share the same interests as your chapter.

You should plan to interview several candidates, even if one of the early candidates strikes you as the right choice. Interviewing a variety of candidates will give you the opportunity to get a better understanding and appreciation of the range of services available and the quality of the individual that you choose. It will also give you a better idea of the appropriate fee for the services that you desire.

Once you have chosen a lobbyist who agrees to represent you, have the courtesy to let the other candidates know that you have made your choice. It is not fair

to leave them hanging and it is unwise to alienate individuals with whom you or your new lobbyist may have future encounters.

The Lobbying Contract

An attorney should draw up the contract between your chapter and your new lobbyist. At the very least, it should include the duration of the contract, scope of the activity expected, fee amount and payment schedule, expense reimbursement policy, and a termination clause. You should also identify a clear chain of command from whom the lobbyist will take direction and to whom he or she will direct feedback and questions. Sample lobbyist contracts are available from the State Legislative Office.

experience usually indicates that you either chose the wrong person to represent you or that a government affairs program using a professional lobbyist was not really the best alternative for your chapter.

Evaluation of the Lobbyist's Performance

A lobbyist should be evaluated using the same procedures that the chapter uses to evaluate other employees. Goals and objectives should be agreed on in writing by the chapter leadership and lobbyist prior to the start of a session. The lobbyist's performance should be evaluated annually or semi-annually, based on achievement of those goals and objectives; responsiveness to calls, needs, and requests; timeliness and quality of reports; and overall chapter satisfaction with the lobbying experience.

The individuals responsible for the evaluation of the lobbyist should take every opportunity to observe the lobbyist in action – testifying, interacting with legislators, monitoring committee hearings – to have as complete an understanding as possible of the lobbyist's skills, credibility, integrity, commitment, and contributions.

Perhaps the best question to ask at evaluation time is, "Did we get what we paid for, and do we want to buy more?" If the answer is "Yes," your chapter's lobbying experience has probably been a positive one that should continue. If not, it is time to re-evaluate the entire program; begin with the initial needs assessment. An unsatisfactory

SECTION EIGHT

WORKING WITH YOUR STATE MEDICAL SOCIETY

In many instances, the state medical society has already developed and implemented an effective mechanism for monitoring and influencing state legislation. Unfortunately, this valuable resource is often overlooked in the race to understand and interact with the state government. The state medical society is generally one of the best sources of information on government activities, as well as a potential ally for your position on medical/public health issues. If the state medical society employs its own lobbyist or staff that deals specifically with government affairs issues, they usually will have, or know where to find, virtually any information you require.

Given the state medical society's resources and the groundwork it has already laid in establishing a state legislative program, it may be advisable to establish a close working relationship with the society. If you or your chapter intend to become a part of the state medical society's legislative monitoring and interaction system, however, it becomes vitally important that you plan an active role in the formulation and implementation of the state medical society's overall government affairs strategy

to ensure that the interests of emergency physicians are represented appropriately.

There are a few specific actions that you should consider in working with your state medical society. You and your chapter should make every effort to get chapter members appointed to the state medical society committee charged with monitoring and responding to state legislative activities. Other actions your chapter may wish to consider include the following.

- Inviting the state medical society lobbyist or chairman of the government affairs/legislative committee to address your chapter's board of directors on a regular basis
- Making frequent calls to the state medical society's lobbyist between formal meetings to stay informed about important state legislative actions. Ideally, this practice will develop a relationship in which the lobbyist will contact you and your chapter when issues develop that are of interest to emergency physicians.
- Providing the state medical society with your chapter's positions on key issues

- Submitting resolutions on pertinent issues to the state medical society

As a final note, you and your chapter should not depend totally on the state medical society. ***The capability for independent action must be developed to prevent situations in which the state medical society does not respond to issues of importance to emergency physicians and their patients.***

SECTION NINE

BUILDING SUCCESSFUL COALITIONS

Coalitions provide a structure for organizations to more effectively harness and focus their collective resources. This structure is usually created for a defined period and for the specific purpose of collectively planning and implementing an issue-based program or strategy. Coalitions can avoid duplication and contradiction between member groups while promoting complementary and synergistic actions that will create the greatest impact.

A coalition is but one approach to legislative influence. It is important to ascertain the appropriateness of a coalition for the task at hand before investing time, effort, and other resources. Consider the following questions.

- Is a coalition necessary or appropriate to achieve the required funding?
- Is another effective and efficient organization already in place?
- Do others see the issue as a priority?
- Are other organizations willing to relinquish control of the issue to a coalition, or do they simply want advice?

Creating a Coalition

If the concept of a coalition appears appropriate, consider the following issues to determine if it will serve the desired purpose.

- Establish a framework for developing consensus and guidelines for coordinating and managing resources
- Turn neutral groups into allies
- Stimulate interaction, cross-agency collaboration and trust, thus reducing turf battles
- Provide a powerful and diverse constituency
- Support funding, if needed
- Serve as a means to access critical officials and decision makers
- Achieve goals that may be otherwise unaffordable to smaller groups
- Effectively lobby, petition, publicize, and organize
- Establish priorities, combine perspectives, and provide leadership
- Provide volunteer support
- Develop and distribute information and educational materials

Once the decision to form a coalition has been made (by an individual, small group, or large organization), the task of forming the coalition begins. There is considerable variation in the process; however, the following steps are common.

- Analyze needs, problems, and resources. The results of the analysis will provide the framework for a purpose statement and assist in formulating the scope and direction of an action plan.
- Identify principles and goals.
- The leadership of the coalition should propose goals and objectives to the membership for consideration. These goals should be flexible initially so that the membership can help establish discrete goals and objectives that are relatively uncontroversial and widely supported. It is usually best to first achieve a wide consensus to reduce the likelihood of future disagreements.

Try to design early goals and objectives with a high probability of success. Early success helps increase credibility, motivation, funding, and volunteerism. There should also be a mechanism for adding or changing goals and objectives over time.

- Address coalition longevity. The chapter membership often desires a specific life expectancy for a coalition. Consider goal completion in terms of one year, six meetings, the end of next year's legislative session, or the accomplishment of a specific objective or objectives.
- When it is appropriate to name the coalition, it is advisable to name it after an issue rather than an organization in order to attract the largest number of supporters (for example, "The Coalition for Health Care Reform").

Leadership is the vitality of the coalition. It is essential to identify the small group of representatives that has the vision, knowledge, and communication and problem-solving skills to create and sustain the support of others. If your chapter is initiating the development of a coalition, a chapter member should be the coalition chairperson or, at the very least, on the steering committee. When joining an existing coalition, inquire about opportunities to represent your chapter in the leadership of the group.

This leadership may be an individual, group, or existing organization, and will serve the following purposes.

- Perform the initial steps in forming the coalition
- Be responsible for all communications
- Provide information and management expertise
- Facilitate consensus building
- Provide physical and personnel resources
- Assume fiscal and fiduciary responsibilities, if any
- Supervise fundraising activities, if any

Membership

The heart of the coalition is its membership. In the world of public policy advocacy, "strange bedfellows often make powerful alliances." It is said, "coalitions thrive with uncommon members who work uncommonly hard."

Coalitions should encourage membership representing diverse, multifaceted skills, temperaments, and levels of involvement. Because coalitions require a range of talent, it is best to invite all who express a desire to be involved and then make them feel welcome and assist in defining their roles. When the issues or goals are shared, political philosophy and affiliation should not be a consideration. It is important that the public and media view the coalition as a group representing a broad social movement, not a narrow sectarian cause. . A list of organizations that are

potential coalition members is available from the State Legislative Office.

Some coalition members can offer financial support, staff, and professional expertise; others will bring media access, political influence, and geographic representation. It is important to have widespread support and representation, but it is equally crucial to ensure that the coalition has a measurable depth of commitment to the issue. When the opposition increases its efforts to defeat your proposal, the time and talent of the coalition members are most needed.

Individuals and organizations that comprise the membership of a coalition must remain committed to the original plan rather than change positions midstream and accept compromises that have not been discussed by the entire group. Any degree of mistrust or unreliability can weaken or even destroy a coalition.

The Coalition Message

The organizers of a coalition should be concerned with its image from the beginning. Materials should provide a clear and concise description of the coalition and its members, goals and objectives, accomplishments, membership information, and facts on the coalition's issue. Once these materials are available, they can be used to develop the coalition's membership meetings and requests for participation.

Finances

Financial resources for coalition activities may be available from various sources.

- Membership fees may offer start-up capital (though rarely enough to cover ongoing operations) and serve to selectively identify committed individuals and organizations.
- Corporate contributions may be available from businesses with a stake in the issues of the coalition.
- Grants may be available to non-profit organizations but require

investigation, submission of applications, and hard work.

Managing the Process

As the coalition moves toward achieving its goals, it is important to maintain a sense of vitality among the membership. This is a particular challenge in volunteer organizations. Some symptoms of decreasing vitality are decline in membership, decreasing enthusiasm, production of less than excellent projects and programs, low attendance at meetings, and lack of follow-through. Some contributors to decreasing vitality are:

- Meetings that fail to produce results (meetings that consist primarily of reports and announcements)
- Frustration with bureaucracy
- Power struggles and attention seeking
- Poorly defined decision-making
- Resentment of assignments
- Goal displacement
- Media cycles (high versus low visibility)

Coalition leadership must be attentive to these signs and effectively manage problems. Specifically, they should use some of the following techniques to maintain and renew vitality.

- Clarify the decision-making process
- Specify achievable goals
- Maintain close contact with the membership
- Define and fairly apportion tasks
- Conform to the logistical needs of members
- Secure approval for projects and plans
- Establish short-term goals to fuel enthusiasm
- Facilitate conflict resolution and negotiation
- Measure actual results against planned goals
- Keep leadership and membership informed

- Address concerns early and suggest solutions
- Produce tangible products
- Conduct educational workshops
- Recognize accomplishments publicly (and respect anonymity when requested)
- Avoid “using” members as token representatives
- Maintain high levels of communication among the membership
- Provide “time out” (avoid full speed all the time)
- Have fun and celebrate

Coalitions can be powerful tools for promoting issues, focusing attention, and synergizing effort. The key to success is the commitment of the membership, which is a reflection of effective leadership. This type of advocacy process is particularly fulfilling when members enjoy and take pride in their participation and contributions. Individuals and organizations can efficiently and effectively influence change, and collective resources can be focused on common goals with appropriate organization and structure.



SECTION TEN

CAMPAIGN INVOLVEMENT

Many elected officials identify people who act as advisors throughout their political careers. Such advisors are usually individuals in whom the legislators have developed trust and confidence. No one can expect to assume an advisory position with an elected official or candidate simply by being an expert in the field. Relationships often take years to develop, and many advisors have gained their roles because of long-term involvement in the elected official's political career.

The process of election to office often begins years before the official announcement to seek the office. Many political figures begin their involvement locally by serving on school boards, county commissions, and city councils. Some candidates come from the business community. Most successful candidates have developed broad-based community support.

The purpose of a campaign, contrary to popular belief, is not just to raise money. It is to build support for the candidate and the candidate's views.

The Physician as Advisor

Early involvement in a candidate's political career is the best way to gain the candidate's trust and confidence and can later lead to an invitation to serve as a high-level advisor. As

such, it is important for you to identify candidates you can support philosophically and financially. Candidate involvement with the community frequently will begin in such groups as the Kiwanis or Rotary, or in a church or synagogue. Involvement in these types of organizations will often be the candidate's first step in a political campaign. Your active involvement in such groups can give you the opportunity to meet potential candidates and learn their views, philosophies, and goals.

Political Party Involvement

Physicians who have strong views regarding political party alliance may choose to become involved in one of their local or state political parties. Through the party system, emergency physicians can position themselves to identify strong potential candidates and begin to work with them at the start of their political careers.

The Election Campaign

The election campaign is an intense activity that frequently bonds the individuals involved. Although most states have rules limiting campaign involvement by organizations

or groups, there are rarely any restrictions on individual participation.

Much of the focus of the campaign will be in the following areas.

Fundraising. No candidate can be elected to an office unless there are adequate funds to get his or her message out to the people. Funds are necessary for posters, flyers, media time, and professional campaign strategists.

Interaction with constituents. All the funds in the world will not produce voters. People tend to vote for candidates they have met, and so it is very important for the candidate to meet as many potential voters as possible. Emergency physician involvement in this area can be very useful given physician stature in the community. Arranging speaking engagements and hosting parties or receptions at which the candidate can speak is an extremely effective way to assist the candidate in gaining exposure.

Assistance with position statements. Many first-time candidates (and also some incumbents) have not developed cogent and cohesive position statements on health issues. Emergency physicians can play a significant role in educating the candidate on current issues and shaping the candidate's position and message. It is important that emergency physicians try to present all views in order to allow the candidate to have a complete understanding of the issues. Keeping abreast of current events and developing knowledge of the political players, their agendas, and the realities of the political process in your community and state can make an emergency physician a valued advisor to both new and seasoned candidates.

Endorsements. People frequently rely on the judgement of people they respect for advice in election campaigns. Emergency physicians may demonstrate their support for a candidate in a variety of ways, including having their names listed in campaign literature, placing one of the candidate's signs in their yards, or writing letters to their colleagues and friends indicating why they are supporting the candidate. Emergency physicians can use their contacts to secure other valuable endorsements by individuals and groups.

Election day. The critical last day of the campaign provides an excellent opportunity to

demonstrate support for a particular candidate. Visibility is extremely important, and many candidates spend the day on a busy street corner with their supporters, holding placards with the hope of influencing voters on their way to the polls. A physician who stands on a corner with a candidate will be considered a friend indeed.

The Next Campaign

An elected official's next campaign begins the day the candidate is elected. It is important to reach those who did not vote for the candidate but also to maintain support from those who did. Once elected, there are numerous fundraisers and community meetings to attend. Underlying all this activity is the critical need to raise funds for the next election. Because those already in office can more easily obtain contributions, it is little wonder that incumbents have a significant advantage in election campaigns. This process allows for early involvement in a candidate's (now elected official's) pre-election efforts.

The Ultimate Campaign

Experience gained working on a candidate's campaign can prepare the emergency physician for his or her own run for office. Physicians are serving with distinction in state legislatures and in Congress. Emergency physicians must bring their unique expertise on a broad range of issues to the political arena if the best interests of our patients and our profession are to be served.



SECTION ELEVEN

STATE POLITICAL ACTION COMMITTEES

A Political Action Committee (PAC) is an organization created by a group of citizens with common interests to help them better represent themselves and their interests to their legislators. A PAC allows a group to pool its resources (volunteers, staff, dollars) to maximize its voice in the legislative process. A PAC solicits contributions from its supporters, pools these funds, and uses them to support those legislators who best represent the group's point of view and goals. PAC contributions are not used to "buy" votes. They do, however, provide a legislator with tangible evidence of the issues that are important to a group of concerned citizens. A PAC contribution, coming from a large group of voters, often carries more weight than a letter or contribution from a single voter. As such, a PAC contribution can provide a group with enhanced *access* to a legislator for purposes of education and assistance.

Some PACs are organized to represent a group's interest to the federal government (for example, the ACEP National Emergency Medicine Political Action Committee [NEMPAC]); others are designed to deal with issues that are specific to an individual state. Many ACEP chapters

have already formed state PACs.. ACEP chapters that are considering creating their own state PACs can use the following basic information to accomplish that task.

Needs Assessment

Political activity and the capacity to make the decision to financially support candidates are necessary prerequisites to the creation of a state chapter PAC. It is important that you determine whether your chapter has a political agenda that differs significantly from that of the state medical association. It may be to your chapter's advantage to actively support the state medical association PAC rather than form your own. Each chapter must determine whether its interests will be best served if it is recognized as an independent entity or as a team player with the overall House of Medicine.

Most chapters that have formed PACs have found it beneficial to hire a lobbyist first to help them decide if and when the formation of a PAC was appropriate. An experienced lobbyist can give valuable insight and advice that otherwise might not be available to the chapter.

It is also important that a chapter realistically determine what resources it has available and is willing to commit to the development and maintenance of its PAC. These resources include, but are not limited to, personnel for administrative support and lobbying, office supplies, office space, and legal counsel to ensure compliance with all applicable state laws. Finally, it is crucial that a chapter has a “critical mass” of dedicated members who are willing to contribute their funds and their time to support the PAC.

The First Steps

Laws governing the formation and operation of PACs vary from state to state. Most chapters will find their state medical association to be a valuable resource for this type of information. State law generally requires that a PAC’s funds, bylaws, and officers be segregated from those of its sponsoring organization. All states have regulations governing who may contribute to a PAC (individuals, corporations, members versus nonmembers) and who can receive contributions from the PAC. Many states place restrictions on the size of contributions, and most differentiate between “hard” dollars that are contributed by individuals and “soft” dollars that are contributed by corporations. All have specific requirements regarding financial accounting and the filing of reports. The state medical association or other professional organizations can suggest qualified legal counsel to assist in establishing and registering a PAC with the appropriate state governmental entities.

PAC Bylaws

Like most organizations, PACs require bylaws that define their goals, structure, chain of command, and general operations. It is important that each PAC’s bylaws be consistent with pertinent state law. A copy of the Ohio chapter ACEP Emergency Medicine Political Action

Committee bylaws is included at the end of this section as an example.

Fundraising

It is difficult to set a threshold value for how much money is needed to start a PAC (although, obviously, the more the better). As a general rule, it is best to focus on the chapter’s political agenda and use it, along with input from the chapter’s government affairs committee and lobbyist (if one is available) to develop a strategy to best use available funds.

ACEP chapters have used several approaches to member solicitation. Most solicitations provide for different levels of participation (for example, contributor, founder, family, bronze, silver, gold) with successive levels requiring greater contributions. Larger contributors also can be provided with such additional perks as ribbons, plaques, program recognition, and special receptions with candidates. Ideas and guidance can be obtained from the State Legislative Office.

Funds should be solicited annually with “special” requests reserved for elections that are of vital importance to the chapter. Some chapters have added a line item for a PAC contribution to their dues statement from ACEP. However, state law will guide whether the use of the dues statement generated by the national organization to solicit and collect funds for chapter PACs is allowable. Several practical matters must be addressed prior to member solicitation. These include, but are not limited to:

- Completion of all registrations required by state law.
- Development of bylaws.
- Opening of a separate bank account for the PAC.
- Development of a budget for initial activities.
- Election of a board of trustees.
- Development of an initial membership campaign strategy.

- Design of forms (logo, letterhead, membership application).
- Development of an accounting system, either journal entry or computerized.
- Lapel pin and ribbon design.
- Development or purchase of mailing lists or labels.

The PAC as an Ongoing Activity

Once you have established and funded the PAC, it is important that sufficient resources be dedicated to it to ensure its continued viability and

compliance with state law. While most contributions will be made to candidates during election years, the tasks of fund raising, member political education, and accounting/reporting are ongoing. From a practical standpoint, the PAC is nothing more than a very special bank account through which the chapter funds political activities. A strong government affairs committee, combined with an educated and politically active board of directors and membership, is vital to the success of the chapter's political agenda and the PAC.

SAMPLE OF POLITICAL ACTION COMMITTEE BYLAWS

OHIO EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE BYLAWS

Article I

Name and Definition

The name of this Organization is the “Ohio Emergency Medicine Political Action Committee,” hereinafter sometimes referred to as “Ohio EMPAC.” It is a voluntary, non-profit, unincorporated Committee of individual emergency physicians and others, and is not affiliated with any political party.

Article II

Purposes

The purposes of the Committee are:

- 1) To promote and strive for the improvement of government by encouraging and stimulating emergency physicians and others to take a more active and effective part in governmental affairs.
- 2) To encourage emergency physicians and others to understand the nature and actions of their government, the important political issues, and the records of officeholders and candidates for office.
- 3) To assist emergency physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.
- 4) To maintain Ohio EMPAC finances as a separate segregated fund maintained and administered by the Ohio Chapter of the American College of Emergency Physicians, (Ohio Chapter ACEP) and to contribute to political candidates and engage in other activities as deemed appropriate by the Committee.
- 5) To perform other functions as necessary or desirable for the attainment of the purposes stated above.

Article III

Membership, Dues, and Contributions

Section 1 – Members

Individual and Family Memberships shall be available to emergency physicians, their spouses, members of their immediate families, and the staff of the Ohio Chapter of the American College of Emergency Physicians.

The Board of Trustees of Ohio EMPAC is authorized to establish additional categories of membership subject to the limitations of state law.

Section 2 – Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Trustees of Ohio EMPAC. Minimum annual contribution as determined by the Ohio EMPAC Board of Trustees will be required to be a member of Ohio EMPAC.

Section 3 – Annual Contributions

Contributions to Ohio EMPAC from emergency physicians, their spouses, members of their immediate families, and the staff of the Ohio Chapter of the American College of Emergency Physicians, shall be subject to the approval of the Board of Trustees and such funds shall be disbursed at the Board’s discretion.

Ohio EMPAC may accept contributions which are less than those amounts qualifying for Individual or Family Sustaining Membership, but those contributions will not entitle the contributor to the benefits of full membership. Ohio EMPAC may also accept contributions greater than those amounts indicated, subject to the limitations of state law.

Ohio EMPAC is a separate segregated fund maintained and administered by the Ohio Chapter of the American College of Emergency Physicians. Voluntary political contributions to Ohio EMPAC must be written on personal checks.

Article IV

Board of Trustees

Section 1 – Composition of Board; Designation of Trustees and Their Terms of Office

The Board of Trustees of Ohio EMPAC shall consist of six (6) members: one (1) of whom shall be the President of the Ohio Chapter ACEP and a member of Ohio EMPAC; one (1) of whom shall be the President-Elect of the Ohio Chapter ACEP and a member of Ohio EMPAC; one (1) of whom shall be the Chairman of the Ohio Chapter ACEP Government Affairs Committee and member of Ohio EMPAC; two (2) of whom shall be At-Large Members and members of the Ohio Chapter ACEP and Ohio EMPAC; and one (1) of whom shall be the Executive Director of Ohio Chapter ACEP.

Section 2 – Duties

The Board of Trustees of Ohio EMPAC shall have general supervision, management and control over the affairs and activities of Ohio EMPAC, shall establish and carry out all policies and programs of Ohio EMPAC, and shall make use and disbursement of Ohio EMPAC’s funds only for the purposes defined herein.

Section 3 – Election of Trustees and Terms of Re-election

- (A) The Ohio EMPAC Board of Trustees will recommend a slate and also accept nominations from the floor at the Annual EMPAC Meeting. At the Ohio EMPAC Annual Meeting, the Ohio EMPAC membership shall elect to a term of two (2) years, two (2) At-Large members. The terms of such newly-elected Trustees shall begin at the close of the Annual Meeting at which they are elected and qualified and they shall continue to serve until their successor is elected and qualified.
- (B) A notice shall be published in the summer issue of the Ohio Chapter ACEP newsletter, EPIC, calling for nominations.

Section 4 – Vacancies

In the event of death, resignation or inability to serve as a Trustee, the remaining members of the Board of Trustees of Ohio EMPAC shall elect a successor to serve the unexpired term of such Trustee.

Section 5 – Removal

Any Trustee may be removed from office by a three-quarters vote of the members present at any annual or special meeting. Such a recall must be initiated by a petition signed by members numbering at least one-third of the voting members present at the meeting at which the Director

was elected. At least three voting members who signed the recall petition must be present at the recall meeting. Any vacancy created by a recall shall be filled by majority vote of the members present at the recall meeting, with nominations accepted from the floor.

Article V

Officers

Section 1 – Designations, Election, and Terms

The officers of Ohio EMPAC shall consist of a Chairman and a Vice Chairman and they shall be chosen by the Board of Trustees of Ohio EMPAC from among the members of such Board. The Executive Director of the Ohio Chapter of the American College of Emergency Physicians shall serve as the Secretary/Treasurer of the Board. The officers of the Board of Trustees will serve one (1) year terms.

Section 2 – The Chairman

The Chairman of the Board of Trustees is the chief executive officer of Ohio EMPAC. He or she shall preside at all meetings of the Board of Trustees. He or she shall appoint all chairmen and members of committees subject to the approval of the Board, and serve as an ex-officio member of all committees.

Section 3 – Vice Chairman

The Vice Chairman of the Board of Trustees shall be elected by the Board of Ohio EMPAC from among its members and shall assist the Chairman in the discharge of his or her duties. At the request of the Chairman or in his or her absence, the Vice Chairman will assume and discharge all duties of the Chairman.

In the event of the death, resignation or inability to serve of the Vice Chairman, his or her successor shall be elected by the Board of Trustees to serve the unexpired term of such office.

Section 4 – Secretary/Treasurer

The Secretary/Treasurer shall keep the minutes of the Ohio EMPAC meetings and shall perform such duties as are customarily performed by a treasurer and prescribed by the Board of Trustees of Ohio EMPAC. The Secretary/Treasurer shall be the custodian of the funds of the Committee. He or she shall coordinate the collection of dues and other funds of Ohio EMPAC. He or she shall disburse all monies in accordance with the instructions of the Board of Trustees. He or she shall keep accurate accounts, prepare, sign, and file all reports to governmental authorities required by law or directed to be filed by the Board of Trustees.

Article VI

Meetings

Section 1 – Annual Meeting

The Annual Meeting of Ohio EMPAC shall be held at such convenient date as may be designated by the Chairman. Notice of the time and place of the Annual Meeting shall be given by the Secretary/Treasurer to each EMPAC member at least thirty (30) days in advance of such Annual Meeting.

Section 2 – Special Meetings

Special meetings of the Board of Trustees of Ohio EMPAC shall be called by the Chairman on his or her own initiative or upon the written request of three members of the Board.

Section 3 – Quorum

Four (4) voting Trustees shall constitute a quorum. A simple majority of the Trustees present shall carry any motion, subject to the Rules of Order.

Article VII

Committees

Ohio EMPAC shall have such committees as the Board of Trustees of Ohio EMPAC determines are necessary and desirable for carrying out its purposes and objectives. The chairmen and members of such committees shall be appointed by the Chairman of Ohio EMPAC subject to the approval of the Board of Trustees.

Article VIII

Books, Records and Finances

Section 1 – Books and Records

Ohio EMPAC shall keep books and records of account.

Section 2 – Deposits

The funds of Ohio EMPAC shall be deposited to the credit of Ohio EMPAC in such banks or other depositories as the Board of Trustees may select.

Section 3 – Fiscal Year

For purposes of financial accounting and reporting on Ohio EMPAC funds, the Ohio EMPAC fiscal year shall coincide with a calendar year.

Article IX

Rules of Order

The deliberations of all meetings of the Ohio EMPAC Board of Trustees and meetings of such committees shall be conducted in accordance with parliamentary usage as defined in Sturgis' Standard Code of Parliamentary Procedure, unless otherwise specified in these bylaws.

Article X

Amendments to Bylaws

These bylaws may be amended, or new bylaws adopted, at the Annual Meeting of Ohio EMPAC, or at any special meeting called for such purpose, by a two-thirds vote of the Trustees present and voting; provided, however, that a copy of such proposed amendment, or of such proposed new bylaws, and a written notice stating the date on which final action will be taken on such proposal shall have been mailed or delivered by the Secretary/Treasurer to each member of the Board at least thirty (30) days in advance of the meeting at which final action on such proposal is to be taken.

SECTION TWELVE

LEGISLATIVE RECEPTIONS

Hosting a legislative reception is an effective method to increase emergency medicine's visibility within the legislative arena. Receptions provide an excellent opportunity for emergency physicians to interact with legislators, regulatory officials, and key staff members on an informal basis. The atmosphere of a reception is much more conducive to easy discussion of issues. A discussion initiated at a reception can be followed up with an office visit.

Organizing a Reception

Organizing a reception requires early planning. Your planning process should include the following points:

- Appoint a chapter member or staff member to serve as coordinator.
- Determine objectives and identify target groups for the reception. Decide if all legislators, or only selected ones, are to be invited. Also decide on the advisability of inviting other key individuals, such as regulatory officials, key staff members, other medical society leaders, and the press. The goals or issues that your chapter advocates should guide your choices.
- Develop a proposal and budget for the reception for board review and approval.
- Determine the day, time, and location of the reception as early as possible. It may be necessary to schedule the reception at least one year in advance to ensure that a suitable site is available. Depending on the purpose and target group of the reception, scheduling it during the legislative session may be advantageous. If so, have the reception early in the legislative session on either a Tuesday or Wednesday evening (providing it does not conflict with the legislative session), and select a site in or near the Capitol.
- If all legislators are to be invited, request that the event be included on the legislative social calendar by contacting the Capitol, Clerk's office, or Chamber of Commerce.
- You may wish to seek outside sponsorship to offset expenses. Emergency medical practice groups, individual chapter members, and others may be willing to help defray the cost of the reception. Sponsors must understand, however, that the chapter is

holding the reception, and the chapter will make all arrangements and final decisions on the guest list, program, and other aspects. Sponsors should be identified and their support acknowledged through the chapter newsletter, by letter from the president, or by other means. Acknowledging the sponsors at the reception may be appropriate.

- Promote participation by chapter members through chapter e-lists, the chapter web site, the chapter newsletter, letters from the president, and reminder calls from board members immediately before the event.
- Invitations to legislators and other invited guests should be sent at least two to three weeks in advance. Information about emergency medicine and the chapter should be included in the invitation. It is best to request a RSVP, which should be made by e-mail or telephone to the chapter office or to one of the coordinators.
- Prepare name badges for all expected participants. Use different colors for Senate/House members, regulatory officials, legislative staff members, and others, if possible. Have blank nametags available for unexpected attendees. Have a greeting/registration table at the entrance to the reception and have two or three chapter members or staff as greeters.
- Determine if a chapter leader should make a statement at some point during the reception.
- Promptly follow up with thank-you notes to special guests, sponsors and others.

commitment to issues affecting emergency medicine is to sponsor a reception in the home of an emergency physician who is a constituent of the legislator. In addition to chapter members, the guest list should include the media and local/constituent representatives of groups associated with emergency medicine such as emergency medical services personnel, hospital administrators, and nurses. If the media does not attend, local newspapers can use photographs of the event provided by the chapter if the quality of the photograph is good and all individuals are clearly identified. This type of reception is a particularly effective forum for presenting an “Emergency Medicine Legislator of the Year” award because it affords the legislator valuable publicity and voter contact in his or her home district.

Recognizing a Particular Legislator

An effective way to recognize a particular legislator for his or her

SECTION THIRTEEN

DOCTOR-OF-THE-DAY PROGRAMS

Many state medical associations have doctor-of-the-day programs through which a physician delivers medical services to legislators and staff. Such programs provide an opportunity for physicians to gain a better understanding of the legislative process, as well as improving relationships and increasing interactions between legislators and physicians. Because of the unique nature of their practice, emergency physicians are especially qualified to provide physician coverage for this type of program.

Purpose

The purpose of participation in any doctor-of-the-day program is to increase emergency medicine's visibility among state legislators, to observe firsthand the legislative process, and to promote issues affecting emergency medicine. Physicians who participate are not expected to be lobbyists, nor should they act as such while "on duty." However, they can and should be able to discuss pertinent issues with any legislator who may ask their opinion. Before or after their assigned shift, they should also visit with their own legislators, attend committee hearings, or listen to floor

debates in the house or senate. When physicians are exposed to the legislative process, it becomes much less mysterious and intimidating. They then are more likely to understand the importance of political activity to the future of emergency medicine.

Getting Involved

If you are uncertain if someone is already providing physician coverage to the legislature, you can obtain this information by calling the office of the state medical association or the security office at the state capitol. If there is already a doctor-of-the-day or similar program in place, contact the sponsoring agency and inform the staff of your willingness to participate. In the rare situation when no such program is operating, your chapter has a great opportunity to take the lead and institute one. Information on how to develop such a program is available from the State Legislative Office.

Coordination of the Program

Even if the doctor-of-the-day program is already in place and administered

by the state medical association or other medical group, proper coordination of your chapter's participation in the program is critical. An extremely negative situation for your chapter could occur if an emergency physician was scheduled to serve as doctor-of-the-day and did not keep the commitment. A member of your chapter's staff, government affairs committee, or board of directors should be assigned to coordinate the physician participation portion of the program. All members who volunteer to serve as doctor-of-the-day should be contacted in advance of their scheduled shift and be reminded of their participation. It is also important that participating physicians be aware of the chapter's position on issues that are being considered by the legislature.

Scope of Services Provided

In most state capitols, only basic care such as blood pressure checks, and the distribution of bandages, aspirin, or Tylenol is provided at the medical facilities. The emergency physician may be expected to bring certain equipment (such as a stethoscope). The policies and procedures on dispensing sample drugs, writing prescriptions, documenting the consultation, and privacy should be available for review. A physician participating in this program may be asked to perform brief evaluations on legislators, staff, or capitol employees who become ill or injured, but these evaluations are not expected to be comprehensive or definitive. Advice on whether patients should go home or to an emergency department, or see their own physician is usually all that is required. If a serious illness or injury occurs, the emergency medical services system should be activated.

The program coordinator for your chapter or the state medical association should provide specific information on the extent of medical care and advice expected of participating physicians.

Professional Liability Issues

Because of the minor nature of the medical problems usually encountered in a program of this type, the risk of medicolegal liability is low. Unfortunately, that does not mean it is absent. Participation in this program for no monetary compensation may or may not be considered an activity covered under the Good Samaritan laws of your state. Most state medical associations that sponsor such programs have obtained an opinion from their legal counsel concerning liability issues. If they have not, your chapter should seek an opinion from the state attorney general's office or from an attorney familiar with professional liability issues in your area before agreeing to participate in the program.

A physician's professional liability (malpractice) insurance carrier also may or may not consider this type of activity to be within the normal scope of practice for an emergency physician. Participants should consult their insurance carriers in advance and obtain a letter from them stating that their participation will be covered under the terms of their current policy.

It is always prudent to advise your members to activate the local EMS system for any illness or injury that is questionable or potentially serious. Participating physicians should not forget that they will be working in a first aid station, not an emergency department, and their threshold for referral should be adjusted accordingly.

Physician Behavior While Staffing the First Aid Station

While actually on duty at the first aid facility, it may not be appropriate for physicians to promote or discuss medical issues with legislators or staff who come in for treatment. These individuals are there for medical care (even though the problem may be very minor), and to institute a discussion of politically sensitive issues may not be proper. However, if asked an opinion, it is usually acceptable for the physician to explain his or her views or the chapter's

position on the matter. If the issue is complex and not amenable to a brief discussion, you can arrange a meeting with the legislator or staff member at some other time. While working at these facilities, physicians should always remember that they are there primarily as physicians, and they should give opinions on medical issues only when asked specifically.

In contrast to the above advice, it is certainly appropriate for emergency physicians to promote their views when they encounter legislators before or after a scheduled shift as doctor-of-the-day. Encourage members who will be participating to arrange their schedules so that they will have time to spend at the capitol in addition to the time actually on duty. It is your chapter members' right and responsibility as citizens, and their increased exposure and involvement in the political process is the major benefit of this type of program.

In one state, a doctor-of-the-day program was the target of a negative television report by an investigative journalist. The reporter essentially portrayed the program as an effort to circumvent the state's lobbying and disclosure laws by the medical profession. His logic was that no other professional group provided similar "free" service to state legislators and that the physicians involved in the program were basically undocumented lobbyists.

This type of accusation demonstrates the importance of advising all participating physicians to express their opinions on pending legislative matters only when requested to do so, or when they are not actually on duty as doctor-of-the-day. Although it is unlikely that this type of negative press coverage will occur in other states, your chapter president or government affairs committee chairperson should have a response planned in case this type of accusation is made.

Coordination of the Message

Because the physicians who participate in this program may be asked for

their opinions on matters before the legislature, it is important that all participating physicians be aware of your chapter's or the state medical association's official position on pertinent or controversial issues. To have physicians expressing contradictory opinions on legislative matters is very damaging to your chapter's political goals.

An orientation session or information packet with position summaries is an excellent way to have all participants informed of the chapter's views on important issues. A phone call from your chapter's program coordinator or government affairs committee chairperson to the member scheduled to be the doctor-of-the-day can help avoid misunderstandings. It is critical that all participants be aware of your chapter's official positions and feel comfortable promoting them. The time to reconcile differences of opinion on political issues is before the members' interaction with their state legislators, not after.



SECTION FOURTEEN

EMERGENCY MEDICINE PROCLAMATIONS

Each year special interest groups approach governors and state legislators requesting official proclamations designating a day, week, or month relative to their cause. Proclamations help to publicize and promote the organization and its issues.

Chapters can promote a special issue and emergency medicine through an official proclamation. “Emergency Medicine Day” or “EMS Week,” as proclaimed by the governor, is an excellent public relations effort to increase awareness of emergency medicine. A chapter-sponsored proclamation for an official Emergency Medicine Day or EMS Week can be combined with a legislative seminar, lobbying efforts, meetings, emergency medicine-related exhibits, and demonstrations.

The method for seeking an official proclamation varies from state to state. It may be less complicated to seek a proclamation from the governor than from the legislature unless your chapter has a close relationship with a legislator willing and able to sponsor it. To determine the appropriate method for seeking an official proclamation, contact the governor’s office. It is important to request the following:

- **Format for proclamations.** Samples of other proclamations are usually available, and conforming to them can expedite the approval process.
- **Contact.** Determine the person in the governor’s office to whom the request for an official proclamation should be submitted.
- **Time frame.** Be aware of the time required for review and approval.

Once you receive the proclamation in writing, publish it in the chapter newsletter and submit it to the media with appropriate background information. Chapter members appreciate knowing that the chapter is promoting their profession and specialty.

SECTION FIFTEEN

REGULATORY AGENCIES

Regulatory agencies are the governmental entities that administer the laws passed by the legislature. These bureaucracies interpret and enforce legislative mandates. They can reverse significant legislative victories by your chapter if they choose an adverse interpretation or administration of a new or existing law. Conversely, working with these same agencies can sometimes mitigate a legislative defeat. It is, therefore, essential to work with the appropriate regulatory agencies as soon as impactful new laws are passed.

The regulations ultimately drafted will benefit from your input. Regulators may attempt to use terminology that is inaccurate, problematic, or not commonly accepted by your profession. They may define terms or address issues in a manner that is not meaningful in the real world. If the regulatory agency's administrators disagree with the intent of the law, they may search for a way to mitigate or circumvent the legislation. In addition, where no law exists, states may give their regulatory agencies significant power and latitude in enforcement. It is essential that you and your chapter be familiar with the regulatory

agencies involved in interpreting and enforcing laws that affect your patients and to deal with them effectively.

Early Steps

The first step in this process is to determine which agencies will receive the laws that your chapter has actively supported or opposed in the legislative process. Become familiar with the process for disseminating the laws to various agencies for interpretation and enforcement.

Ask that your chapter be placed on the distribution list for the publication, (usually called the Register), which announces rules and proposed regulations of state agencies. Monitor the agencies' activities. Assistance in regulatory tracking is available upon request from the State Legislative Office. There are multiple web-based subscription services that track state legislation and regulations should you not have a lobbyist that participates in such a program.

It is important to know the mechanisms for the development of regulations in your state. Become familiar with the publication dates, comment period, schedule, and other aspects of proposed

regulations. Determine whether a public hearing will be held or whether the agency can enact regulations “quietly.” Finally, know the appeals process if the adopted regulations are unacceptable. Once a regulation is adopted, often it is difficult to change unless a new law is written.

The Process

There are two significant opportunities for influencing proposed regulatory language: during the drafting or development of the proposed regulation and when proposed regulations are submitted for comment or public hearings.

Regulators are usually very committed to the success and reputation of their agency. A few regulators, may briefly pass through the agency on a career track, but most others are long-term employees. In either circumstance, they generally are committed to formulating good, workable regulations. Consequently, they are often receptive to the opinions of those who have expertise or who will be most affected by the regulations.

Coalitions

A coalition effort can be extremely effective in dealing with regulatory agencies. If a coalition was formed to address an issue in the legislature, it may be advisable to keep the coalition together, informed and focused on the issue, until the regulations are finalized. Many of the guidelines for effective coalitions are the same in the legislative and regulatory arenas. There are, however, some important considerations when a coalition is dealing with regulators.

Coalition members should determine common ground and agree on a unified front before dealing with a regulatory agency. There may be issues that affect coalition members differently, but members should agree to exclude them from the coalition’s discussions with regulators. Coalition members should separately address with regulators their unique issues at

another time and thereby avoid jeopardizing the coalition’s common goals.

Teamwork is critical. A team must be developed that can deal effectively with the staff of the regulatory agency. There may be times when the entire team should meet with regulators. This approach provides many “ears” to hear what is being said and is particularly important if an agency has a reputation for changing its views or positions during negotiations. This tactic also allows for multiple viewpoints and perspectives from your side. The varied input may help you to develop a solution that otherwise would not have been considered. This team approach is especially important in the early stages of discussions.

There may be other meetings that are appropriate for only certain members of the coalition to attend. Certain meetings may be scheduled on short notice, or issues may arise that require a quick response. It may be best to strategically limit the attendance so that a decision can be deferred for further review. “Sounds OK to me, just let me bounce it off the others and I’ll get back to you,” is a great line to appear cooperative without making a commitment. Remember, it is likely that you will almost always be facing similar tactics from the regulators. It is rare for the individuals who will be making the final regulatory decisions to attend most of these meetings.

Know when to divide issues. The time may come when members of the coalition need to separate and negotiate their own issues. Dividing the issues is a coalition decision and should be done after careful thought and discussion between coalition members. Do not allow the regulatory agency to divide and conquer.

It is essential that the most current information flow among members of the negotiating team, the entire coalition, and the leadership of the represented organizations. Avoid the error of having discussions between the representatives of an agency and other coalition members who may not be current on the status of negotiations. At the very least, your

credibility will be hampered. At the worst, commitments might be made or undone that could jeopardize previously negotiated concessions or successes.

Communication between members of the coalition is crucial, particularly if you have separated your issues and are having individual meetings. Make definite plans to talk after anyone has a meeting with the agency, especially if the discussions have resulted in any agreements. Do not allow your agreements to be undermined by another member of the coalition who is unaware of your arrangement when interacting later with the agency contact.

Negotiations

Try to define your purpose at the outset of the negotiations. Be sure to frame your purpose in a manner that goes beyond the self-serving. The people with whom you will be dealing are government employees and as such may be unsympathetic to issues that are focused primarily on maintaining or enhancing your lifestyle. Remember that they are also likely to be lobbied by consumer groups and others with a stake in the proposed regulations. Accentuate the aspects of your position that benefit patients or are otherwise in the public good. It is acceptable to express concern about payment for health care services, but it is best to frame any financial discussions in the context of ensuring patient access to timely and quality emergency care.

Maintain focus on the “issue” throughout your discussions. Many distractions and diversions will occur. Constantly remind the agency of the overriding commitment to benefit the patients and public that we are all trying to serve. Whenever possible, identify the decision makers within the agency and deal directly with them. If this tactic is not possible, deal with senior staff who are most knowledgeable in your area.

Try to understand and give credence to the agency’s issues. The agency may have legitimate concerns that initially appear contrary to your purpose or direction.

Together you may be able to work out a mutually acceptable solution. Sometimes you have to help the agencies in their work. Regulatory agencies are frequently short staffed, and such assistance as providing accurate information and preparing drafts may expedite decisions and improve your chances of success.

Know where you stand with respect to public opinion on your issues and which powerful organizations and individuals share your viewpoint. The commonly used negotiating style of good guy/bad guy usually does not work. Neither do threats, except where you may threaten to invoke a negative public opinion, outcry, or other similar response. Remember that regulatory agencies and their “bosses” (elected officials) depend on positive public opinion. In addition, make sure that your suggestions make good policy sense and are permissible within the agency’s legal authority.

Regulatory agency workers function under different requirements than those of other legislative bodies. Contributions in the form of money or other tangible products are generally prohibited. Regulatory agencies are receptive, however, to accurate, complete, and timely information.

Follow up

Consider offering to continue working with the agency on a periodic or regular basis after rule enactment has occurred. This involvement will assist the agency in evaluating the effects of final regulations and allow them to be proactive when changes need to be made. This interaction can enhance credibility for your future contacts with the same agency.

Tips

- Try to understand the perspective and goals of regulatory agency staffers. Work with them, but remember that their major concerns may be different from yours.
- Do not get frustrated by agency staff turnover. If your discussions are

- lengthy, you may work with many different agency personnel.
- Do not be too avant-garde or futuristic. Regulatory agencies and their staff are generally not risk takers unless public support is apparent.
 - Share successes, processes, and failures with other chapters and ACEP. Circulate copies of public comment.



SECTION SIXTEEN

THE MINI-INTERNSHIP PROGRAM

A mini-internship program is a grass-roots effort to improve understanding among emergency physicians, the media, elected officials, and other leaders in the community. The program involves inviting laypersons to visit an emergency department and spend clinical time with the emergency physician. As with traditional medical training, the “intern” is allowed to directly observe and learn from interactions among ED personnel, the emergency medical services system, patients, family members, and other health care providers. The goal is to foster a better understanding of the realities and challenges of the practice of emergency medicine, and to build relationships that could prove helpful for emergency medicine in the future.

Background

With the prevailing perception that medical costs are out of control and that health care delivery must be “reformed,” legislative efforts tend to focus exclusively on cost containment, especially when dealing with access to EDs. Unfortunately, problems of access to other primary care providers and the unique difficulties of dealing with patients experiencing an emergency medical condition are not often appreciated by the lay public, and

the importance of personal interaction between physicians and patients tends to be overlooked. The mini-internship is designed to focus more on the “art” of the practice of medicine by allowing the intern to experience the doctor/patient relationship from the emergency physician’s point of view. This has proved to be a very effective method of building support for emergency medicine’s goals among political leaders and other influential members of the community.

Advantages

This type of program offers advantages to both the physicians and the interns who are involved. It promotes better understanding between physicians and community leaders by revealing the realistic, human aspects of health care delivery problems. It can be a cost-effective community relation’s tool and has the added advantage of increasing the involvement of ACEP members in the chapter’s political activities. Perhaps the best result from the physician’s standpoint is the establishment of positive relationships with legislators and community leaders. Over time, these relationships can be of great value in achieving the chapter’s long-term goals. The interns also benefit by receiving a perspective on the

delivery of emergency medical care that is not often available to the layperson. It also affords an opportunity for policymakers and political leaders to develop contacts and resources within the medical profession, which they can rely on for advice when making decisions that will affect the future delivery of health care in their communities. Done properly, it can be a “win-win” situation for all involved.

Organization

Your ACEP chapter, through its board of directors or legislative committee, should coordinate the mini-internship program. Give careful thought to which legislators and community leaders should be invited to participate. Those who should be considered for invitation include state and federal elected officials and their aides, members of key legislative committees, industry and business leaders from the community, members of the media, clergy, and leaders of service groups. It is usually best to have one or, at most, two interns observing in an ED at any given time.

When the list of potential interns is determined, letters of invitation should be sent to these individuals (see example at end of this chapter). Try to offer at least three dates when EDs will be available to host the interns. An excellent time for elected officials to visit is during legislative recess periods, when they have fewer commitments at the capitol and tend to be in the area to meet with constituents. Once the intern has accepted, send an acknowledgement letter with specifics regarding date, time, location, etc. Include a confidentiality agreement for their signature (see example at end of this chapter).

Choose an ED (or EDs) that will demonstrate a patient population best illustrating the chapter’s key issues. The physicians involved also should be chosen carefully, and should be knowledgeable and conversant with the issues important to both the local and national emergency medical communities. They should be ready to discuss these issues without preaching and in a nonargumentative way, and should use patient interactions to demonstrate important points to the intern. Permission for the

visit should be obtained in advance from the administrators of the hospitals involved. Be prepared to discuss with the administrators the advantages that this type of program provides for the hospital as well as for physicians and the community.

The Intern Visit

Have the intern report directly to the ED at the agreed-upon time. Intern visits can be arranged at any time of the day or night, depending on the intern’s schedule, but busy ED times are preferable. Provide a white lab coat for the intern to wear. A nametag or badge identifying the intern by name or as a “visitor” can be used, depending on hospital policy. If the intern is an elected official, it may be appropriate to have a photographer present to document the visit for the media. If this is considered, discuss the idea with and secure an approval from the intern’s and hospital’s media relations aide (press secretary) prior to the visit.

Some programs have the intern follow a physician who is actually on duty and responsible for patient care, but if the shift is busy, there may be little time for discussion between the intern and the physician. An alternative is to have the intern hosted by a physician who is not actually scheduled to work. This physician then can see selected patients with the intern and take as much time as needed to discuss patient care and other important issues between and during patient encounters. Meanwhile, other staff physicians can handle the majority of patient care.

The physician should introduce the intern to each patient who is to be evaluated. Ask the patient’s permission for the intern to observe the evaluation and treatment. The intern will need to leave the examining room if the patient so chooses. Obviously, interns should not be present during any part of the physical examination that may be embarrassing to the patient (such as genital examinations), during questioning or counseling of a sensitive or private nature, or if the intern is acquainted with the patient. Use common sense and respect patient confidentiality and feelings. Be particularly careful when dealing with situations

concerning death and dying. This is something that emergency personnel deal with frequently, but these situations can be extremely difficult emotionally for laypersons. Be especially cognizant of and sensitive to the intern's level of comfort in these matters.

Interns should not be allowed to inspect patient records, but ED documentation and related paperwork (such as transfer forms) can be demonstrated. The intern thus will have the opportunity to learn about the paperwork burdens of an emergency practice. Allow interns to listen to your interactions with the ED staff, other physicians, and family members, and explain the significance of these conversations with the intern.

Interns can observe procedures, but they are not medical assistants and should not be expected to function as such. They are in your department to observe and learn, not to be put to work.

Take every opportunity to discuss the issues important to your chapter and encourage any questions that the intern may have on various aspects and problems of emergency medical care. Always remember that the intern is not likely to be fluent in medical terminology or abbreviations, so speak in layperson terms and avoid jargon. The program's goals are more likely to be accomplished by open, frank, and honest discussions of real problems and issues.

After the Visit

Consider hosting a dinner (as a debriefing session) at the end of the program, especially if several interns have visited different EDs. Allow each intern and physician to express impressions of the visit and provide time for an open forum to discuss questions, observations, concerns, etc. The cost of this function should be covered by the chapter or sponsoring organization.

A thank-you note and an evaluation form should be sent to the interns and physicians who participated in the program. The evaluation form should ask for the impressions of the participants and should solicit suggestions as to how the program can be improved. Consider sending a "certificate of completion" of the mini-internship program to the individuals involved (see example at the end of this chapter).

For an example of an effective chapter mini-internship program, the NJ chapter provided [these resources](#), which include recommended action steps in setting up a mini-internship, as well as sample letters, forms and talking points. For more information on this program, contact the State Legislative Office.

Initial letter to intern candidates

Date

Name

Title

Firm Name

Address

City, State, ZIP

Dear Name:

We are all busy people, and we know your time is valuable. But we would like to extend to you an invitation to share a unique experience that will take two to four hours of your time.

We invite you to participate in (*chapter name*)'s Mini-Internship Program. Through shared experiences, this project is designed to open lines of communication and expand perspectives on important health care issues.

Our mini-internship offers an opportunity for people who affect, carry out or report on health care policy to observe the practice of emergency medicine and to experience firsthand the drama and rewards of this essential part of our health care delivery system.

(NOTE TO PROGRAM ORGANIZERS: The following paragraph isn't appropriate for your first mini-internship, but can be used for subsequent internships.)

Names of interns from previous programs are enclosed for your information.

As an intern, you will be assigned to an emergency physician who is one of your constituents, and will accompany him/her on an actual shift in an emergency department. We recommend you allow from two to four hours for the internship and suggest scheduling it for a Friday or Saturday night.

You may call the chapter's (*title*) (*name*), if you have any questions about the program. He/she will be happy to discuss program details with you.

Mini-internship is a two-way communication project designed as an information exchange to broaden the perspectives of all participants – including our member physicians.

Please join us for this unique program.

Sincerely,

Name

Title

Enclosures: Response Form
Return Envelope

Intern Response Form

- Yes, I will be happy to participate as a (*name of chapter*) Intern.
- No, I cannot join the Mini-Internship Program at this time, but I would like to be invited to participate in a future program.
- No, thank you. I have no time to commit to this program.

Comments: _____

Your Name (please print): _____

Daytime Phone: _____

Home Phone: _____

E-mail address: _____

Please instruct my assigned physician(s) that I will need a size _____ lab coat.

(*Name of Chapter*)

Mini-Internship Program

CONFIDENTIALITY AGREEMENT

I, (intern name) _____, will be participating in the (*Chapter Name*) Mini-Internship Program. Recognizing the importance of preserving the integrity of the physician/patient relationship, I promise to honor the confidentiality of each patient whose care and treatment I am allowed to observe with the doctor as part of my participation in the program.

I agree that I will not reveal to anyone the names of the individual patients whose care and treatment I observe as a result of my participation in the program, nor will I discuss with anyone any details of the mini-internship experience that might cause any patient's identity to be revealed.

Date: _____

Signature: _____

Printed Name: _____

Please return your completed agreement to the ACEP chapter in the enclosed reply envelope. Thank you.

Initial letter to prospective physician faculty

Date

Physician's Name

Facility Name

Address

City, State, ZIP

Dear Dr. Name:

(Name of your chapter) invites you to serve as a physician “faculty member” for our Mini-Internship Program (*dates*). The committee has selected you on the basis of your personal qualities we consider important to the program’s success.

The people we will invite to be interns include your elected or appointed officials and media. Interns will spend two to four hours with you on a shift in your emergency department and will be encouraged to ask questions and discuss their concerns openly during these visits.

You are expected: (1) to make any necessary arrangements with your hospital administration and (2) to provide your intern with a lab coat for his/her use during their visit.

We know this invitation asks considerable commitment of your time and expertise, but ACEP chapters across the country have found the program worthwhile and the response from participating physicians and interns overwhelmingly positive.

Our primary goals are: (1) to spotlight the physician/patient relationship, and (2) to open lines of communication between the emergency medical community, federal and state officials, and the media.

(NOTE TO PROGRAM ORGANIZERS: After you have conducted several mini-internships, you can use evaluation comments from Interns as testimonials for the program.

Please read the enclosed Program Guidelines before you decide whether or not to participate.

We sincerely hope you will be able to take part in this important project. Please feel free to call (*name, title*) at the chapter office if you have any questions. We look forward to your response.

Sincerely,

Name

Title

Enclosures: Program Guidelines
Physician Response Sheet
Reply Envelope

Program Guidelines

A mini-internship program is a grass-roots effort to improve understanding among emergency physicians, the media, government officials, and other leaders in the community. The program involves inviting laypersons to visit an emergency department and spend clinical time with the emergency physician. As with traditional medical training, the “intern” is allowed to directly observe and learn from the interactions among ED personnel, the emergency medical services system, patients, family members, and other health care providers. The goal is to foster a better understanding of the realities and challenges of the practice of emergency medicine, and to build relationships that could prove helpful for emergency medicine in the future.

Background

With the prevailing perception that medical costs are out of control and that health care delivery must be “reformed,” legislative efforts tend to focus exclusively on cost containment, especially when dealing with access to EDs. Unfortunately, problems of access to other primary care providers and the unique difficulties of dealing with patients experiencing an emergency medical condition are not often appreciated by the lay public, and the importance of personal interaction between physicians and patients tends to be overlooked. The mini-internship is designed to focus more on the “art” of the practice of medicine by allowing the intern to experience the doctor/patient relationship from the emergency physician’s point of view.

The Intern Visit

Have the intern report directly to the ED at the agreed-upon time. Intern visits can be arranged at any time of the day or night, depending on the intern’s schedule, but busy ED times are preferable. Provide a white lab coat for the intern to wear. A nametag or badge identifying the intern by name or as a “visitor” can be used, depending on hospital policy. If the intern is an elected official, it may be appropriate to have a photographer present to document the visit for the media. If this is considered, discuss the idea with and secure an approval from the intern’s and hospital’s media relations aide (press secretary) prior to the visit.

Some programs have the intern follow a physician who is actually on duty and responsible for patient care, but if the shift is busy, there may be little time for discussion between the intern and the physician. An alternative is to have the intern hosted by a physician who is not actually scheduled to work. This physician then can see selected patients with the intern and take as much time as needed to discuss patient care and other important issues between and during patient encounters. Meanwhile, other staff physicians can handle the majority of patient care.

The physician should introduce the intern to each patient who is to be evaluated. Ask the patient’s permission for the intern to observe the evaluation and treatment. The intern will need to leave the examining room if the patient so chooses. Obviously, interns should not be present during any part of the physical examination that may be embarrassing to the patient (such as genital examinations), during questioning or counseling of a sensitive or private nature, or if the intern is acquainted with the patient. Use common sense and respect patient confidentiality and feelings. Be particularly careful when dealing with situations concerning death and dying. This is something that emergency personnel deal with frequently, but these situations can be extremely difficult emotionally for laypersons. Be especially cognizant of and sensitive to the intern’s level of comfort in these matters.

Interns should not be allowed to inspect patient records, but ED documentation and related paperwork (such as transfer forms) can be demonstrated. The intern thus will have the opportunity to learn about the paperwork burdens of an emergency practice. Allow interns to listen to your interactions with the ED staff, other physicians, and family members, and explain the significance of these conversations with the intern.

One chapter once used its mini-internship program to allow the intern to call the insurance company for authorization to evaluate and treat the patient, providing the intern with valuable insight on the difficulties and delays in receiving such authorization.

Interns can observe simple procedures, but they are not medical assistants and should not be expected to function as such. They are in your department to observe and learn, not to be put to work.

Take every opportunity to discuss the issues important to your chapter and encourage any questions that the intern may have on various aspects and problems of emergency medical care. Always remember that the intern is not likely to be fluent in medical terminology or abbreviations, so speak in layperson terms and avoid jargon. The program's goals are more likely to be accomplished by open, frank, and honest discussions of real problems and issues.

Physicians Response Sheet

Please print your name: _____

- Yes, I will serve as a faculty member in the Mini-Internship Program.
- No, I cannot participate this time, but please invite me to the next program.
- No, I will not participate in the program at any time.

I will make arrangements (including notifying all appropriate persons at hospitals or other facilities I will be using) for interns to accompany me. I will comply with all hospital protocols and see that staff in my department (or other facility) is apprised of these visits and know when to expect visitors.

NOTE: Please provide an explicit meeting time and place. It is not enough to specify "Hendricks Memorial Hospital." Please state exactly where and when you will meet, such as: Hendricks Memorial Hospital Physicians' Lounge or Emergency Department Lobby or Admissions Information Desk, etc.

Following are dates and times I am available to participate in the internship:

Date: _____

Date: _____

Time: _____

Time: _____

Meeting place, address, directions

Meeting place, address, directions

Date: _____

Date: _____

Time: _____

Time: _____

Meeting place, address, directions

Meeting place, address, directions

Acknowledgement letter to accepting interns

Date

Name

Title

Firm Name

Address

City, State, ZIP

Dear Dr. Name:

Thank you for agreeing to participate in the Mini-Internship Program of the _____ chapter of the American College of Emergency Physicians. We look forward to sharing with you this unique opportunity to observe firsthand this essential part of our health care delivery system.

Our Mini-Internship Program has two guidelines. First and foremost is your agreement to have absolute respect for the patient's right to confidentiality. As an intern, you must divulge no information about individual patients – who also have the option of refusing your presence in the examining room. This option is seldom exercised in a Mini-Internship Program. On those few occasions, the interns have admitted they would have felt uncomfortable observing those patients.

Enclosed is a brief confidentiality agreement. Please read it over, then sign and return it in the enclosed reply envelope.

Second, we seek your active participation throughout the internship. We hope you will express your views about health care and come prepared to ask questions during your visit.

We appreciate your cooperation and look forward to working with you.

Sincerely,

Name

Title

Enclosures: Confidentially Agreement
Reply Envelope

Mini-Internship Program – INTERN EVALUATION

1. In your opinion, was your participation in the program “time well spent”?
 Yes No _____

2. Did you experience any difficulty with the medical facility’s staff with respect to in-hospital procedures during your participation?
 Yes No _____

3. Patient attitude: Were the majority of the patients receptive to your presence?
 Yes No _____

4. What further role could the chapter have played in facilitating the mini-internship program?

5. Do you feel that you developed a working relationship with your emergency physician mentor?
 Yes No _____

6. Would you feel comfortable discussing medical issues with this physician in the future?
 Yes No _____

7. What do you feel the physician gained from the time he/she spent with you?

8. Do you feel that _____ hours were the appropriate amount for time for the internship?
 Yes No _____

9. What other community members would benefit from participating in a mini-internship program? List specific people if possible. _____

10. Any general comments or observations are welcome.

Name (optional): _____

Physician(s): _____

Please return this form in the enclosed envelope to: (*Chapter name, address, city, state, ZIP*)

Thank you letter to interns

Date

Name

Title

Organization Name

Address

City, State, ZIP

Dear Dr. Name:

Thank you for sharing your time with us as a participant in the (name of chapter)'s Mini-Internship Program. We welcomed your input and were pleased to include you in this project.

The mini-internship's success undoubtedly stems from interns' wholehearted participation; we are grateful for your interest and insights.

Thank you again for participating in our Mini-Internship Program. If we can ever be of service to you, please give us a call.

Sincerely,

Name

Title

Enclosures: Photo (optional)
Certificate (optional)

Thank you letter to physicians

Date

Physician's Name

Facility Name

Address

City, State, ZIP

Dear Dr. Name:

Thank you for joining in the Mini-Internship Program. This project is designed to open lines of communication and expand perspectives on health care issues – for community representative and physicians alike.

We are planning another Mini-Internship Program (*dates*). If you are interested in serving on the faculty, please let us know. Also, we'd appreciate your recommending any colleagues you think are good faculty candidates.

The Mini-Internship Program couldn't exist without the cooperation of physicians like you. Thank you again for making this program possible.

Sincerely,

Name

Title



SECTION SEVENTEEN

THE LEGISLATIVE SEMINAR

A legislative seminar is a meeting sponsored by a state ACEP chapter that focuses on the legislative interests of that chapter. Its purpose is to educate physicians and promote the chapter's legislative agenda to elected officials, legislative staff, and regulatory agencies. These seminars have proven to be extremely valuable in advancing the issues important to emergency medicine at the state level, and chapters that have held such meetings have found that they often become one of their best-attended educational functions.

Advantages

There are several advantages to holding a legislative seminar. It is an excellent opportunity to educate the membership about a chapter's legislative and policy initiatives and increase the members' understanding of the political process. Members then can visit and educate elected officials and their legislative staffs on pending bills that could affect patients and the practice of emergency medicine in their state and on other issues of concern to the chapter. Meetings such as these can solidify physician commitment to the chapter's legislative agenda. They are excellent opportunities to recruit colleagues into state "key contact" programs, because members who attend legislative seminars are individuals who tend to become more involved in chapter activities. Finally, an annual legislative seminar

will increase ACEP visibility at the state capitol with legislators, regulatory officials, and their staffs, which can be extremely valuable in achieving the chapter's future political goals.

Overall Organization of the Meeting

The chapter's board of directors must decide if the legislative seminar is to be a one – or two-day event. The board also should appoint a chapter member or chair of an appropriate committee (such as the chapter's legislative or government affairs committee) to plan and coordinate the meeting. Chapters must commit time and some resources, but these seminars can be held at minimal expense; some chapters spend as little as \$200 for an entire meeting. As with any chapter educational or lobbying activity, the board will need to determine a budget in advance.

If time or resources are limited, a one-day event is the most reasonable choice. This format usually starts with a morning session, during which the chapter's political goals and objectives are presented and discussed. Legislators and other policy makers also can be invited to this morning session to make presentations on topics pertinent to these goals. The afternoon should be reserved for members to visit their elected officials or other key members of state government.

A two-day legislative seminar allows for a more extensive educational program and can focus on a specific topic of interest to the chapter. For example, the second day of the seminar can focus on the issue of firearm violence, family violence, trauma system funding, or helmet laws. Legislators can be invited to make presentations about their pending or proposed bills relating to the topic. Speakers both for and against the issue can be invited to express their views or participate in a panel discussion on the topic. With the longer seminar, it is usually possible to hold related chapter activities, such as a board of directors meeting, state political action committee board meeting, or other related committee meetings (for example, legislative/government affairs). A two-day event also affords more latitude in scheduling legislative speakers and member visits to their elected officials.

Timing of the Seminar

The chapter must decide on the most advantageous time to conduct the conference. The scheduling is usually dictated by the legislative calendar. Obviously, a meeting of this type should be held when the legislature is in session, or else there will be few or no legislators to visit and fewer influential individuals available to speak. If the chapter has a bill under consideration, consult with the sponsors of the legislation to determine the best time to have members at the capitol to lobby for the measure. The rules concerning debate and consideration of bills in committee and on the floor of the legislature will vary from state to state, so be aware of the time that your chapter's bill may be facing a crucial vote and try to schedule your meeting accordingly. A chapter lobbyist, if available, can be an invaluable resource in determining the best timing for a legislative seminar.

Location of the Seminar

It is usually best to hold this meeting at the state capitol or in nearby facilities. Rooms may be available in the capitol building or in adjacent government offices at little or no cost if they are reserved through a legislator. Check

with the staff of a state legislator, your chapter's lobbyist, or the state medical association for information on the possibility of using these facilities. If such space is not available or for sessions requiring larger facilities, a hotel near the capitol, especially if legislators or their staffs frequent it, is usually a good choice. Other organizations, such as the state medical or hospital association, also may have a convenient building available for sessions. With little effort, some type of facility usually can be found that will meet the chapter's needs at minimal or no expense.

Organizing the Program

The individual or committee in charge of the seminar will need to decide on the program's agenda. If possible, the agenda should be prepared several months in advance to allow sufficient time to schedule the most appropriate speakers. Once the chapter's board of directors approves the program, the organizing physician or chapter staff can begin to contact the legislators being considered as potential speakers. If the legislator has an appointments secretary or scheduler, it is generally best to talk to this individual first to ascertain whether the legislator is available on the proposed date. If there is no secretary or scheduler, call the legislator directly, obtaining the telephone number from the capitol operator or from the headquarters of the legislator's political party.

Try to invite speakers from the legislature based on their leadership positions, committee assignments, or their history as an ally of the chapter's activities. You also may wish to invite those elected officials identified as "rising stars" in the legislature because their exposure to ACEP at this stage of their careers could prove valuable in the future. If a legislator agrees to participate, a letter confirming the date, time, location, and topic of the speech should be sent, along with any written materials that you could provide about your chapter and/or national ACEP. It is sometimes helpful to have an emergency physician who is a constituent of the legislator reinforce the invitation with a telephone call or letter.

As the date of the seminar approaches, it is important to maintain close contact with the legislators or their schedulers to be certain that they are still able to honor their commitment. Like physicians, legislators tend to lead chaotic, busy lives, especially during the legislative session, and they frequently have to make changes in their schedules at the last minute. The key to any legislative seminar's speaking program is flexibility. Be prepared to change speaking times on short notice. It is always a good idea to have a back-up presentation (or two) available just in case a legislator is forced to cancel.

In addition to elected individuals, other government officials, including members of the governor's staff, heads of state agencies, regulatory officials, or others with jurisdiction over issues that could affect emergency medicine, can be invited to speak. Other candidates to consider as speakers are political journalists/commentators from the print and electronic media, who can give interesting "insider" views of the legislature. The State Legislative Office staff or members of the State Legislative Committee may be available to provide presentations on several topics of interest to emergency physicians.

Written materials you may want to provide seminar attendees include the following:

- Agenda
- Brief biographies of the speakers
- The chapter's and national ACEP's policies, position papers, or talking points on relevant issues
- Recent media articles on relevant issues
- Capitol map
- Directory of legislative offices and telephone numbers
- Lobbying tips
- Key contact report form
- Seminar evaluation form

Examples of chapter legislative seminar materials are available from the State Legislative Office.

Organizing a "Special Issue" Session

If time is available, in addition to political speakers, you may wish to choose a single issue to serve as the focus of a "special issue" or "special topic" session at the seminar. Although tying the issue to one of the chapter's major legislative initiatives is ideal, the topic need not be related to the chapter's current political goals. Reimbursement issues, the impact of managed care on emergency medicine, violence-related topics, or public safety issues are just a few examples of subjects that could be addressed.

Once a topic is chosen, invite speakers with a special interest or expertise in the area. These could include legislators with pending bills related to the topic, individuals from appropriate government agencies, experts from the academic community, or practicing emergency physicians. If appropriate, those with opposing views also could be invited to speak. If the issue is topical and newsworthy, members of the media can be invited to participate and/or attend the session. If the issue and speakers are chosen carefully, a special topic session can provide a great deal of positive publicity for the ACEP chapter and its political goals.

Organizing Member Visits to Legislators

The major focus of any legislative seminar is direct contact between legislators and their constituent emergency physician. These visits are often key to the success of a chapter's legislative agenda and are the cornerstone of grassroots political activity. Although it is true that many laws and policies are determined by "back-room" political wheeling and dealing, the power of a visit by a constituent (or even better, a number of constituents) to a legislator should never

be underestimated. Seminar organizers should check the legislative calendar and plan the program agenda so that visits can be made at the most opportune time, and not when the legislators are scheduled to be in active session.

Appointments to visit legislators must be made in advance. All chapter members who will attend the legislative seminar should be advised by the organizing committee or chapter staff to contact the office of their state representatives and senators to arrange for appointments. The Legislative Record Match Service provided by the State Legislative Office can be helpful in organizing these appointments prior to the seminar. If more than one member will be visiting a legislator, these visits should be combined or at least coordinated by someone at the chapter. There should be a specific time for these meetings in the seminar agenda, but flexibility is again essential due to the unpredictable nature of the demands on a legislator's time. The physician must understand that even if the legislator is not personally available, a productive and valuable visit still can occur with the legislator's staff.

If possible, the chapter's lobbyist or legislative committee chair should provide a brief overview of the chapter's legislative program and goals to all members prior to the legislative visits. Any emergency physician with an established or special relationship with any elected official should try to visit that individual. Key contacts should establish or renew contacts with their assigned legislators. Newcomers to the process ideally should be accompanied by a more experienced member on their first visit, or have an arrangement to observe a "veteran" physician before meeting their legislator. If possible, it is valuable to provide participants with brief background information about their legislators and their voting

histories (friend or foe) on medical matters. Printed material may be available from the legislator's staff, or the state medical association.

In addition, all physicians who will be visiting an elected official should understand the basics of interacting with their state legislators, a topic covered in more detail elsewhere in this Guide. Remind members that they are expected only to have a brief and friendly interaction with their legislator and to provide basic information about themselves, their chapter, and emergency medicine in general. Every legislator probably has had an experience – good or bad – in an emergency department, and the physician will likely hear about it.

Specific concerns of your chapter can and should be discussed, but physicians must not argue, demand compliance, or threaten legislators if they do not agree with a particular point of view. Members must always be polite, even if the legislator is hostile. If a physician disagrees with, or does not feel comfortable defending the chapter's official position on an issue, that member should not make a legislative visit as a representative of the chapter. Money issues, such as personal donations or political action committee contributions, should never be addressed, especially if legislation important to the chapter is being discussed at the same visit. Printed material on the chapter's position should be available to give to the legislator, if requested.

After the visit, a physician should complete a "debriefing" sheet. This report should include a brief written summary of the visit, the topics discussed, and any definitive statements made by the legislator concerning issues important to the chapter. Any request by a legislator or staff member for more information should be relayed to the

organizing committee or chapter staff, and the information should be provided as soon as possible.

Related Activities

Depending on time and space availability, other functions can be scheduled in conjunction with the legislative seminar. As mentioned before, these might include a chapter meeting, board of directors meeting, political action committee board meeting, related chapter committee meetings (for example, government affairs committee, emergency medical services [EMS] committee, or reimbursement committee), or joint meetings with other professional associations. A legislative reception can be held, using the guidelines provided elsewhere in this Guide. If a social program or meal function is planned and legislators or other government officials are to be invited, review the lobbying and disclosure laws of your state to be sure that the chapter complies with all applicable regulations. Your chapter's lobbyist or the state medical association can be a valuable source of information on these regulations.

Emergency Medicine Day

One technique to maximize the effectiveness of your chapter's legislative seminar is to hold it in conjunction with "Emergency Medicine Day" or "Emergency Medical Services Day." This is a specific day officially proclaimed by the governor to honor those who provide emergency medical services to the public. The specifics of obtaining such a proclamation are covered elsewhere in this Guide.

If staff and member support is available and if it is part of the chapter's legislative strategy, Emergency Medicine Day can be promoted by distributing press releases to legislators and to the media a day or two prior to the event. These releases should contain information about emergency medicine,

and can announce that emergency physicians will be at the capitol on a certain date to speak to legislators on issues affecting patients and the specialty.

It is often useful to create a theme for Emergency Medicine Day. Examples could include "Emergency Medicine, the Safety Net for Health Care" or "Emergency Medicine, Treating Every Disaster, Every Day." If a theme is to be used, buttons and banners proclaiming it can be produced and distributed and are generally effective public relations tools.

If Emergency Medical Services Day, honoring all emergency care providers, is the proclamation, it may be appropriate to coordinate activities with other organizations, such as the Emergency Nurses Association, paramedics, and various EMS groups. These organizations often can provide exhibits to display at the capitol and usually can bring in large numbers of members to assist with planned activities. If several groups are involved in the effort, all should decide jointly in advance which will be primarily responsible for planning and coordinating the event; be sure that all members understand their roles and responsibilities.

Financial contributions can be solicited to help defray the expenses of a legislative seminar and Emergency Medicine Day activities. Emergency physician groups, billing companies, pharmaceutical firms, and medical equipment companies sometimes provide funds for this type of program. All contributions should be acknowledged in the seminar's printed material and / or in the chapter newsletter.

As with any chapter activity, the success of an Emergency Medicine Day program will depend on the amount of time committed by members, staff, and volunteers to plan, coordinate, and host the event. Lack of organization could cause legislators, regulators, and their

staffs to lose respect for emergency medicine, thus ultimately harming the chapter, its members, and its legislative goals. If a chapter chooses to hold an Emergency Medicine Day program at the capitol, it should take great care to plan it carefully and to do it well. The rewards are usually well worth the effort.



SECTION EIGHTEEN

MEDIA RELATIONS

Emergency physicians can have a significant impact on the legislative process through the news media, using a variety of techniques and powerful communication tools. Conducting media relations and developing relationships with reporters are powerful means of accomplishing your strategic objectives and affecting the perceptions and behaviors of elected officials.

The news media has undergone a tremendous transformation in the past decade. Fewer reporters cover more beats, which means they may be less knowledgeable about the issues you care about. They have less time to devote to news stories, because the news cycle moves at lightning speed. In addition, they have less time to participate in press events.

Social media has had a significant impact on the way the news media communicates. For example, print media not only publish print stories, they produce video stories for their websites. They also have blogs, Twitter feeds and Facebook pages. Broadcast media not only produce stories that are aired on television, they publish print stories and employ social media tools to engage their viewers.

Social media has transformed the way people receive news and communicate. This presents opportunities, as well as challenges, for all organizations.

Many tools and strategies are available for your ACEP chapter to deliver messages

effectively. These communications tools are discussed in this chapter.

Press Release

One of the most valuable tools for delivering your messages to the news media is the press release. This traditional means of communication is still one of the most important ways of conveying information, even though the means of delivery is now electronic, and it often includes hyperlinks and may be accompanied by video, photos and other background materials.

Writing an effective press release can help you present your messages in a way that generates positive press coverage. Conversely, if a press release is poorly worded or in the wrong format, it can signal that your organization is less credible.

The *Associated Press Stylebook* is the guidebook that all reporters use for writing and editing. You also should use this as your writing stylebook for communicating with the news media.

Press releases are influential documents, so take the same time and effort to prepare them, as you would with a scientific article or an important patient record.

Two of the most important parts of a press release are the headline and the first paragraph — also called the “lead” paragraph.

Reporters look at these first to decide whether or not to continue reading. You need to capture their attention right away.

The lead paragraph should summarize, in one or two sentences, what the press release is about and provide some details (the classic who, what, where, when, and why).

Journalists debate over what is considered “newsworthy,” but key factors include:

- News hook. This is the most important part of any press release. You must have a news hook to generate coverage. News hooks include surprising results of a new study, tips or “how-to” advice, announcement of a major achievement or your response to a breaking news story.
- Timing. Are other stories in the news about the same issue? If so, then reporters may be looking for new angles. Is it a seasonal topic? If so, then reporters may be looking for stories about it. Also, the timing of distribution matters. If possible, distribute before 3:00 pm in your time zone (if a local release), because most reporters are in meetings or on deadline for filing stories in the late afternoon. Distribute during weekdays when most reporters are working. If you distribute a release on Friday, realize that means the story may run over the weekend or possibly be bumped until the next week.
- Significance. Does the news affect a lot of people, or do a lot of people need to know about it?
- Local angle. Quoting a local spokesperson or having local data will increase the perceived newsworthiness in a local media market.
- Novelty. There’s an old saying in the news business, “When a dog bites a man, no one cares. When the man bites back – now that’s a news story.” You can increase the likelihood of generating coverage by being provocative or novel.

- Controversy. Is there conflict? People and reporters are naturally interested in conflict.
- Call to action. Especially for advocacy press releases, include a call to action.

The following are general tips for writing press releases. See example of a press release with an acceptable format at the end of this chapter. Also see *Speak Out! A Grassroots Guide to Promoting Emergency Medicine* for additional tips.

- Consider using a press release distribution service, such as PR Newswire or US Newswire. Otherwise, obtain a media list from national ACEP. The list will provide you with e-mail addresses in an Excel spreadsheet, which you can cut and paste into an e-mail (if you e-mail to a large list, you should paste the addresses in the blind copy portion of the email).
- Use an electronic letterhead if you are writing for your chapter. If letterhead is not available, include the name and address of your organization.
- Include contact information (especially telephone) in case reporters have questions or want to do interviews. This contact person does not have to conduct interviews, but must be able to link reporters with physicians willing to be quoted. Include any of your social media sites that you would like the press to visit. Identify and prepare your spokespersons in advance.
- Most press releases are “For Immediate Release.” Embargoes may be used when studies are released, but are used less because most reporters today want to post news as soon as they receive it.
- After the lead paragraph, use a pyramid structure that leads with the most important information first, then provides more detailed supporting information.
- Use short, declarative words, sentences and paragraphs that make direct points.

Avoid jargon, and don't drift away from the subject or try to cover too many points.

- Use quotes from key leaders, starting in the second paragraph. Quotes tend to liven up the copy and emphasize points more strongly.
- Spell out the first use of any acronym.
- At the end of the release, type “# # #” to signal the release has concluded.

Multimedia News Release

The downsizing of news organizations and the growth of social media mean that journalists are looking for more than just text press releases.

Multimedia news releases can include a written press release, as well as a 60-second video featuring an expert, along with B-roll (video footage), photographs, and PDFs of reports or brochures, plus links to background materials.

This is a way to encourage news organizations to cover your issues by giving them something extra to work with. The aim is to attract favorable media attention and to make it as easy as possible for journalists to cover your story.

Interviews

Interviews are key tools for advocacy and for promoting emergency medicine in the news. Select spokespersons from your chapter who are strong communicators and willing to communicate your key messages. Help them prepare by developing talking points on your key issues and encouraging them to take an ACEP media training class. For more tips on interviews, see *Speak Out! A Grassroots Guide to Promoting Emergency Medicine*.

Messages and Talking Points

Develop three to four key messages on your top issues that can be incorporated into talking points to be used in press materials and by your spokespersons in interviews. The key to getting your message across is repetition.

For ACEP's national talking points on key issues, visit the advocacy tab of ACEP.org.

Website

Today's journalists expect organizations to have on-line newsrooms on their websites. An on-line newsroom should contain the press releases of your organization and contact information. In addition, include fact sheets about important issues, photos, embedded video files, audio files, key reports, links to background information and links to your social media sites.

Media Relations

Developing relationships with the news media generates credibility and trust, which can translate into increased press coverage. It's also not as difficult or time consuming as it might seem. A public relations professional can help you employ effective strategies to reach your target audiences and develop press materials that are newsworthy. However, you also can be effective by employing some basic strategies on your own.

- Target and maintain a contact list of key journalists. Know what they write about. E-mail “thank you” messages or positive comments when they write good news stories.
- Make them aware of who you are and offer to be a source for them about emergency care issues. Make sure you have spokespersons willing to conduct interviews before you make this contact.
- Most journalists prefer the first contact to be by e-mail, but phone calls also are a valid tool. Don't contact after 3:00 pm when most journalists are on deadline. Always be concise in your contacts, and don't make multiple contacts with information they are not interested in. Otherwise, you risk being perceived as a “press pest.”
- When a reporter calls you, respond quickly — within an hour, if possible.

Otherwise, they will move on to other sources.

For more tips on media relations, see *Speak Out! A Grassroots Guide to Promoting Emergency Medicine*.

Letters to the Editor/Op-Eds

Letters to the editor express your views about recently published articles or editorials. They are easier to get published than op-eds, because there is less competition.

Both are valuable because they inform a broad segment of the public about your issues and concerns. Surveys show these letters are among the most-read features in any newspaper, and they also can be an effective form of lobbying because they are likely to come to the attention of lawmakers.

Most legislators assign staff members to scan the editorial pages of the major and capital city newspapers of their states looking for news about the issues they care about.

To increase the chances of your letter appearing among a paper's letters to the editor, remember the following:

- Follow exactly the newspaper's directions for submission. Specific instructions are on the newspaper's website. If you ignore the rules, the editors will ignore you. Letters are typically 200 words or less. Op-eds are typically longer. Tie your letter with a news story published on the day you submit the letter. The faster you submit a letter, the more likely it will be published.
- Be concise and avoid complex language. Write for a fifth-grade level. Make your first sentence brief and compellingly catchy. Consider illustrating your point with a new statistic or relevant personal story based on your experience as an emergency physician.
- Start with a positive message, even if you write to criticize
- Don't repeat negative statements in your letter. Instead, indicate that you are

correcting the record and state the correction.

- Consider using a policymaker's name in your letter if appropriate. That also will get their attention.
- You must provide your full name, a phone number and an email address. They will use this information only to verify that you submitted the letter, and to let you know if/when your letter will be published.

You most likely will be contacted by the newspaper within a day or two if your letter is to be published. You likely will not hear from the newspaper if the editors are not going to publish your letter. Wait a few days before submitting to another newspaper. Don't be discouraged if your letter is not published. It sometimes takes several attempts. Never send the same letter simultaneously to multiple newspapers in the same media market.

Audio News Releases

ANRs are press releases for radio. They can be highly effective for generating broadcast stories with your messages. Unlike paid advertising, ANRs are offered to radio stations, which choose to use them or not. You will need the following to produce and distribute an ANR

- A service to help you write, record and distribute the release. It typically costs \$5,000 to \$6,000 for a national release.
- A release that is exactly one minute in length and includes voiceover (provided by the service) with quotes.
- A spokesperson to record the quotes.
- A release that is concise with a straightforward message.

The ANR can be provided to you as an MP3 audio file, which you can post to your website or social media site.

Press Conferences

Your main objective when reaching out to the media is to generate press coverage on your issues that reflect your key messages. The traditional press conference used to be one of the most popular tools for doing this.

However, in a new age of electronic communications and social media, the press conference is fast becoming a communications tool of the past. It's much too easy for reporters to get everything they need without leaving their desks. News organizations have had drastic budget cuts, which means reporters can't attend every press conference in person. Exceptions to this trend include press conferences by the President of the United States or breaking news involving scandals and crises.

Hold a press conference only if there is important news to break. Realize you are taking a risk, because your news will be one of hundreds of items considered for coverage by a newsroom — most are not covered.

Offer ways for reporters to cover stories without having to physically be present at events. Consider hosting a live event via the web (Webinar) or a conference call for the press. Make it as easy as possible for journalists to do their jobs.

Tips on Press Conferences

If you decide to host a press event, spend time and attention on the details and logistics to ensure its success. The following are general tips. These do not necessarily apply in all circumstances, such as a crisis communications situation.

- **Scheduling:** In setting a date, seek to avoid competition with other news events. Scan the news and Internet for possible conflicts — it's helpful if you can gain access to the Associated Press daybook, a schedule of news events that reporters review to plan their activities.
- Set the time of the press conference between 10:00 am and 2:00 pm local

time.

Keep an open mind that cancellations happen and schedules change. Plus, when breaking news happens — all bets are off. Press conferences should last a half hour to 45 minutes, and no longer than one hour, including a reasonable period of time for Q&A.

- **Location:** Identify a central, easily accessible place that can accommodate several dozen (or more) people, plus television cameras. The facility should have sufficient lighting and be able to accommodate a sound system and the needs of electronic media. Consider using a visual backdrop, such as a hospital or emergency department, which can spark interest by television media. Try to match the size of the room to the expected attendance. Consider inviting representatives of supportive organizations and colleagues to sit in any empty seats, especially if you know TV cameras will be there.
- **Room Set-Up:** There are various ways to set up the room. For example, you could have a simple podium (if more than one speaker, they could stand and take turns speaking) or a podium with a head table with chairs for multiple speakers. You could set up 30 chairs for reporters and leave space at the back for television cameras. At the very least, you need lighting, a sound system with microphones or wireless mics and electrical outlets for broadcast media. If you plan to use PowerPoint, you will need a monitor/screen, laptop and LCD projector. Have a press table at the entrance to the room to register press and distribute press kits. Consider visuals, such as posters. It is highly recommended to have a technical person available during the press conference to trouble shoot any problems with the lighting, the PowerPoint or the electronics.

On the day of the event:

- Arrive well in advance to make sure the room is set up correctly. Have press kits ready. Press kits should include an agenda, a press release and biographies of the speakers. You could also include background materials, including statements by your spokespersons and copies of PowerPoint slides. A representative of your organization should greet reporters at the door and ask them to sign in.
- Begin promptly at the stated time. Reporters, like most professionals, become irritated when kept waiting.
- Have your spokesperson introduce himself/herself and welcome attendees. He or she should open with a brief statement or overview about the subject of the press conference and introduce any other speakers.
- When the statements are concluded, the first spokesperson should open the session for questions from the floor. Keep the press conference statements short and provide adequate time for reporter questions.

Remember, there are risks to any press conference. In addition to the risk of having an empty room, your spokesperson, for example, could undergo public interrogation. Make sure your spokespersons are prepared to handle difficult questions. To do this, anticipate difficult questions in advance and formulate potential responses. Hold a rehearsal the day before and practice using these questions.

For more tips on conducting a press conference, see *Speak Out! A Grassroots Guide to Promoting Emergency Medicine*.

Types of News Media

The following are the general types of news media with tips for dealing with each.

Print Media

Print media traditionally consist of newspapers (daily, weekly), magazines, journals and newsletters. Today's print media also have websites, which may include video stories, blog stories, a Facebook page and a Twitter feed. Communicating with the news media means reaching out to all these facets.

Most print interviews are conducted over the phone with a reporter who may be taking notes or recording the interview to ensure accuracy. Remember that you are always on the record with a reporter unless it is specifically agreed to prior to the interview. Otherwise, what you say is fair game.

If asked to do a print interview, find out:

- What does the reporter want to discuss? (so you can be prepared)
- How long will the interview take? (It's best to set a reasonable limit, such as 15 minutes, unless you feel comfortable taking time to educate the reporter or building a relationship.)
- Has the reporter talked with other people before talking with you? If so, who were they? (This can give you insight into the reporter's angle.)

Always take time to prepare for an interview. Decide what your key messages will be. Never conduct an interview without preparing.

Radio

There are thousands of radio stations in America. Some are local, and some are national, such as CNN Radio and Wall Street Journal Radio. Some are statewide radio networks, such as the Ohio News Network, and some are affiliated with national news networks, such as ABC Radio. Some are publicly funded stations affiliated with National Public Radio, such the Florida Public Radio Network.

Today's radio stations have websites with print stories and employ social media, such as blogs and Facebook to engage listeners.

Most radio interviews are conducted by telephone or in a studio. If you are asked to do a radio interview, find out:

- What is the topic? What kinds of questions will be asked?
- Will the interview be live or taped and how long will it take? If taped, then when will it air?
- Will other people be interviewed at the same time (a panel discussion)?
- Will there be listener call-in?
- Who will conduct the interview? For example, will it be a local personality with a controversial reputation? Make sure you know how to pronounce the person's name.
- Will the interview be on a talk radio show or during the news?

Television

The television industry includes national networks, such as ABC, CBS, FOX and NBC, which have locally owned and operated stations, as well as affiliate stations, in cities across the country. The industry also includes cable networks, such as Fox News, CNN, MSNBC and ESPN. These networks are owned by larger parent companies. Public broadcasting stations have a mission to enlighten the public. They receive funding from sources including the general public and corporations.

Today's television stations also have websites that include print stories, along with social media, such as blog stories and Twitter feeds.

If asked to do a television interview, find out:

- What is the topic? What kinds of questions will be asked?
- Will the interview be conducted in a studio or remotely? Or will a news crew come to your location?

Television is a visual medium, so reporters are looking for interesting

visual environments and activities, such as an emergency department.

- If you are going into the studio, will a makeup artist be available to help you look your best for the camera?
- Will the interview be live or taped and how long will it take? (Again, set boundaries on the time you will be available.)
- If it's taped, how does the station plan to edit it?
- What kind of format, such as one-on-one interview or a panel discussion?
- When will the story air?

Again, always take time to prepare for an interview. Decide what your key messages will be. Never conduct an interview without preparing.

Wire Services

Wire services, such as Associated Press, Bloomberg Business News and Reuters, provide news stories to news organizations that subscribe to their services. As the news industry has evolved, other kinds of services have evolved, such as Kaiser Health News, which is a nonprofit news organization that provides news stories about health policy issues to their subscribers.

If you want to invite the news media to an upcoming event, notify the daybook editor of wire services in your state, especially Associated Press. AP distributes a daily schedule to its subscribers. Local editors and reporters scan this daybook for ideas on where to assign reporters.

To be considered for inclusion in the daybook, send information in a media advisory about the event at least one week in advance. Be sure to include facts on the nature of the event; its purpose, location, and time; and the name and telephone number of a person to contact for more information. For more information about media advisories, see *Speak Out! A Grassroots Guide to Promoting Emergency Medicine*.

Web Media

More and more mainstream publications are going to an all-web format, for example, *The Huffington Post*. It's operated primarily the same as print publications, but everything is on the web exclusively and not in print.

One of the benefits of this is that news can be posted online in an instant and the public does not have to wait for an article to appear in print. Another benefit is that unlike most print articles, web articles can be changed instantly if a correction needs to be made.

Social Media

Social media and mobile technologies have changed the way people receive information and news.

Facebook

Facebook is one of the most popular of all social media tools. It allows you to create a personal account or an organization fan page. It creates an environment in which your members can interact with you and with each other.

If you develop a Facebook Fan page for your organization, it's important to promote this page to your members and keep refreshing the content to keep people engaged. You can use Facebook to promote and link materials for others to see and comment on.

Twitter

Twitter has grown in popularity in just a few years. This online social network service enables its users to send/ "tweet" and read text-based posts of up to 140 letter characters. This is great platform to promote new data and news from your organization. An example of a Twitter "tweet": Great story in [@LATimes](#) by Noam Levey on ER care, uninsured, #EMTALA. <http://lat.ms/MFdng> . This simple, short and to the point format quickly shows the subject and then links to other

material. Use a website such as www.tinyurl.com to shrink an otherwise long URL web address into fewer characters that will fit into a Twitter format. Like Facebook, Twitter also has the ability to reach tens of thousands if not millions of people around the world.

YouTube

YouTube is a video sharing service. For example, if you produce a video featuring your president, you can then upload it to a YouTube page that you create. Say you use the term "emergency medicine" in your video title. When someone types in "emergency medicine" into YouTube, they may see your video. Basically, YouTube has given anyone in the world who wants one – their own television station.

Monitoring Media Coverage

Some organizations find it helpful to monitor their press coverage through a clipping service, such as BurrellesLuce or Cision. These services hire people to review news coverage in every medium that might carry your message – and find it for you.

You can also use Google Alerts, which is a free notification service operated by Google. It automatically notifies use when new content from news, web, blogs, video and discussion groups appear on the Internet. You can set up an account and automatically search on key words, such as your organization's name, or "college of emergency medicine" or "emergency medicine." When these terms pop up in the news, you will get an email alert with the link. It can be very beneficial for tracking media coverage.



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NEWS RELEASE

For Immediate Release
May 23, 2012

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Follow ACEP on Twitter -- go to
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MOST PEOPLE VISIT THE ER BECAUSE “ONLY A HOSPITAL COULD HELP;” CDC REPORT HIGHLIGHTS LACK OF ACCESS TO CARE

WASHINGTON —The president of the American College of Emergency Physicians, David Seaberg, MD, FACEP, today issued a statement in response to a new report from the Centers for Disease Control and Prevention (CDC) regarding emergency department use among adults aged 18 to 64 in 2011. The report focuses on a subset of the least sick and injured patients; it does not include the elderly, children or patients admitted to the hospital from the emergency department.

“This confirms the results of a recent ACEP poll in which 85 percent of Americans with regular health care providers who visited the ER said they could not have waited to see their regular providers. The CDC report draws similar conclusions, even though it excludes the nearly 27 percent of emergency patients admitted to the hospital who are, by definition, the sickest patients. It also excludes seniors who tend to have more complicated health problems and are more likely to be admitted to the hospital from the ER.

“With those groups excluded, the report still finds more than half (54.5 percent) of adults going to the emergency department because ‘only a hospital could help.’ And two-thirds (66 percent) reported visiting the ER because of the seriousness of their medical problem. The majority of patients (79.7 percent) also identified lack of access to other medical providers as a reason for visiting the ER, which is backed up by other data from the CDC showing two-thirds of emergency visits happen after normal business hours.

“No matter how we slice and dice the data, the results always say the same thing: people come to the ER because they feel they need to be there. No patient should be self-diagnosing his or her medical condition. They cannot distinguish between discomfort that is a minor problem and discomfort that could be a killer. That is the emergency physician’s job.

“We treat 135 million patients a year, 92 percent of whom need care within 2 hours, and we do it all for two cents out of every American health care dollar. When people think they are having emergencies – whether it’s in the middle of the night or on a Tuesday morning – they seek emergency care because they know we will take care of them.”

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

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GLOSSARY

ACT- A bill that has been passed by both chambers of a legislature or the Congress and has been approved by a governor or president. A bill that has become law. Bills also may become acts without the approval of a chief executive in certain situations.

ADJOURNMENT-Termination of a daily session of a legislature or the Congress, occurring at the close of a day's official business, with the date and hour of the next meeting established before the declaration of adjournment; also referred to as "adjournment to a day certain."

ADJOURNMENT SINE DIE-Literally, "adjournment without a day." Termination of a regular session of a legislature or the Congress without an established date for reconvening. Usually used to indicate the completion of an entire session of a legislature or the Congress.

AMENDMENT-Any alteration made or proposed to be made in a bill, motion, or clause thereof, by adding, changing, substituting, or omitting certain language. Amendments can be proposed by a committee while it is studying a bill or by a legislator when a bill is being debated on the floor of a house or senate. An amendment is often printed, debated, and voted on in the same manner as a bill.

AMENDMENT IN THE NATURE OF A SUBSTITUTE-An amendment that seeks to replace the entire text of a bill. Passage of this type of amendment replaces the entire body of the bill with new language that may contradict the intent of the original bill; also referred to as a

"strike all amendment" or a "committee substitute."

APPORTIONMENT-A determination of the number of representatives that a state, county, or other political subdivision may send to a legislature or the Congress.

APPROPRIATION-A directive given by a legislature to a treasury to obligate or spend funds for a specific purpose. Bills that contain a fiscal note (those that require funding) are sent to an appropriations committee, which in turn establishes a monetary figure that is to be committed to the program or activity established by the bill. Appropriations do not always match the recommendation made by the authorization section of a bill.

ASSEMBLY-A term used in some states to describe the "lower house" or chamber of a legislature; a house of representatives.

AUTHOR-A title used to identify a legislator who has introduced a bill into a legislature. Also referred to as "sponsor" or "patron."

AUTHORIZATION-A monetary amount stated in a bill that serves as a reasonable estimate of the cost of a program or activity. Authorizations serve as a guide for appropriations committees and limit the amount of money that can be allocated for the provisions established by a bill.

BICAMERAL-Literally, having two rooms. A term referring to legislative bodies with two chambers, namely a house of representatives and a senate. The Congress and all state legislatures, with the exception of Nebraska, are bicameral.

Nebraska has a unicameral or one-room legislature.

BIENNIAL, BIENNIUM-A two-year period. A term often used to describe the two-year session of many state legislatures and the Congress. Elections are generally held after the close of the second year of a biennium for members of the US House of Representatives and many state legislatures.

BILL-A proposal, introduced into a legislature, for the enactment of a new law, the amendment or repeal of an existing law, or the appropriation of public funds. Bills move by agreement of a majority of the membership through the various legislative stages of committee consideration, chamber debate and vote, and approval or disapproval by a chief executive.

BUDGET- A suggested allocation of public funds presented annually to legislatures and the Congress by governors and the president, respectively. Many states have agencies that assist governors in preparing budgets. State legislators and members of Congress often present independent budget proposals as well. Final state and federal budgets are often a combination of the proposals from the executive and legislative branches of government.

CALENDAR-A group of bills or other legislative business items listed in order of their intended presentation to a legislative body. State legislatures and the Congress may have several calendars for their business. State legislatures may have separate calendars for committee hearings and for bills that have been reported out of committee and will be considered by the entire chamber. The US House of Representatives uses five legislative calendars; the US Senate organizes its business on two calendars. Also referred to as the “order of business,” the calendar informs legislators and the public about the anticipated schedule of business of a chamber.

CARRY-OVER BILL-Legislation held over from the first regular session of a legislature to the second regular session. All legislation that has not been defeated during the first session is technically considered “alive” in the second session. Most states carry bills over from the odd-numbered year of the session to the even-numbered year.

CAUCUS-A meeting of a group of members, in this case legislators, usually from the same political party or sharing a similar background or interest, assembled to discuss strategy on selected topics.

CHAMBER-The area reserved for the members and staff of a legislature for conducting legislative business. A generic term used to describe a house of representatives, assembly, or senate. Also referred to as a “house” of a legislature.

CLOTURE-A legislative rule or procedure that ends debate, especially unreasonable debate or a filibuster, in order to permit a vote to be taken. Also used, in some states, to describe the deadline for submitting requests for bills and resolutions to be considered during a legislative session.

CODE-A compilation of laws, rules, or regulations generally arranged by subject matter. Many states have published official codes of all laws in force, including common law and judicially interpreted statutes that have been enacted by legislatures and compiled by code commissions. Also referred to as “annotated statutes,” “revised statutes,” “general statutes,” “general laws,” and “codified statutes.”

COMMITTEE-A division of either of the chambers of a legislature or the Congress entrusted to complete assigned tasks, such as formally reviewing bills and investigating related issues, on behalf of the entire legislature. Committees generally hold hearings and recommend a course of action on a bill to their parent chambers. Most committees are permanently established by chamber rules, and membership and rank are usually determined by party affiliation and seniority. A member of the chamber’s majority party usually chairs committees.

COMMITTEE OF THE WHOLE - An informal session of a chamber of a legislature in which all its members meet as a committee for deliberative purposes. A chairperson is generally appointed by a speaker of the house or a senate president to preside over a committee of the whole.

COMPANION BILL-A bill introduced in one chamber of a legislature that is identical to another introduced in the other chamber.

CONFERENCE COMMITTEE-A committee comprised of members from each chamber of a legislature or the Congress appointed to reconcile differences between a bill passed by one chamber and an amended version of the same bill passed in the other chamber. Bills that are passed by both chambers with only minor differences are not always sent to a conference committee. In some cases, the leadership forges an informal compromise; in other cases, one chamber may “concur” with the other chamber’s amendments, thus completing action on the bill.

CONSENT CALENDAR- Generally an action of a house in which a noncontroversial bill is placed on the calendar to be given immediate consideration.

CONSTITUENT-A citizen residing within a legislator’s district.

CONTINUING RESOLUTION-A legislative action that provides for continuing appropriations for specific ongoing programs and activities of the government. Because many programs have statutorily established revenue sources, there is no need for them to be appropriated on an annual basis. This legislative action also can be useful in states where the legislature does not meet every year and in the Congress when it has not yet acted on all appropriation bills for the year. Also referred to as a “continuing appropriation.”

CONVENE-To assemble or call together a meeting of a legislature. Legislatures convene daily, weekly, and, depending on the state, annually or biennially. Special sessions of a legislature can be convened by governors or, in some states, by a joint proclamation of the presiding officers of both chambers of a legislature.

DEBATE-In a legislature, the discussion or consideration of the arguments supporting and opposing the passage of legislation or the adoption of a resolution.

DISTRICT-One of the territorial areas into which an entire state, county, municipality, or other political subdivision is divided for judicial, political, electoral, or administrative purposes. Most districts are created by law and are based on population.

DIVISION VOTE-A vote in which the number of proponents and opponents are counted. It differs from a roll call vote in that a division

vote does not attribute a particular vote to a certain legislator; it differs from unanimous consent or a “voice vote” in that votes are counted because there is no apparent unanimity among members. A division vote may also be referred to as a “standing vote.”

EFFECTIVE DATE-The date on which a law is considered to be enforceable. Most legislation provides a specific effective date in the bill text.

ELECTORATE-All persons qualified to vote in an election. Those constituents with the power to elect an individual to public office or with the power to approve or reject a ballot initiative or referendum.

EMERGENCY CLAUSE-A section of a bill establishing that it will become law immediately upon approval of a governor or the president. A bill not containing an emergency clause becomes law on the date specified in the bill or on a standard date established by law, for example, 30, 60, or 90 days after the governor’s approval or January 1 of the next year.

ENACTING CLAUSE-A statement at the beginning of a bill or statute that indicates the authority by which the law is made; for example, “Be it enacted by the State of Illinois represented in the General Assembly...”, “Be it enacted by the People of the State of Maine...”, or “Be it enacted by the Senate and House of Representative of the United States of America in Congress assembled...”

ENACTMENT-The procedure by which a bill that has been passed by both chambers of a legislature or the Congress is approved by the appropriate chief executive.

ENGROSSED BILL-The final copy of a bill that has been passed by both chambers of a legislature or the Congress, complete with amendments, if any, and has been certified by the chamber leadership or the house clerk or the secretary of the senate. An engrossed bill then moves to the other chamber for consideration. In some states, a bill is considered to be engrossed when it is written as a final draft just before a vote by a chamber of a legislature.

ENGROSSMENT- The copying, often in a large quantity, of a final draft of a bill.

ENROLLED BILL – A piece of legislation that has been passed in identical form by both chambers of a legislature of the Congress and signed by the proper officers of each chamber.

In some states, a bill is not considered enrolled until it is signed by the chief executive and filed in the official code. An enrolled bill rule is a legislative action whereby it is conclusively presumed that a statute that has been signed by the proper legislative and executive officials and has been placed in the official code is the same bill that was enacted by a legislature.

ENROLLMENT – The act of recording or registering a bill.

EX OFFICIO-A member of a board or committee by virtue of the office that the person holds, opposed to a regularly appointed member. Ex officio members do not have voting privileges.

FILIBUSTER-A tactic used to obstruct and delay legislative action by prolonged and often irrelevant speeches delivered on the floor of a legislative chamber. Chamber rules in some legislatures prohibit filibusters.

FIRST READING-A term used to describe the method of introduction of a bill in a legislature. At the time of the first reading, a bill is generally read by title and number only and is referred to a committee for review. Legislative rules commonly require that bills be read three times, with each reading taking place on a separate day before it is voted on by the chamber. This provision is intended to prevent the passage of hasty and ill-considered legislation and to inform the legislators and the public of the contents of the bill. Some states constitutions contain provisions that allow for the suspension of this rule in emergency situations. (See **SECOND READING** and **THIRD READING**).

FISCAL NOTE-A portion of a bill that estimates the cost or describes the economic impact of the program or activity being proposed. Bills containing fiscal notes are referred to appropriations committees for review. Fiscal notes usually are removed from the text of the bill at engrossment.

FISCAL YEAR (FY)-The 12-month period established for state budgeting purposes. Most state fiscal years run from July 1 to June 30 of the following calendar year. The number following the abbreviation FY reflects the calendar year in which the fiscal year ends. Thus, during the 2000 legislative session, appropriations will be made for FY 2001.

FLOOR-A term figuratively used to describe a chamber of a legislature and the action occurring in a chamber. Floor is used to distinguish actions taking place in the chamber from actions taking place elsewhere, such as lobbying “in the halls” or committee hearings.

FLOOR AMENDMENT-A method of altering the text of a bill when an entire chamber is considering it.

GENERAL ASSEMBLY-A term used in some states to refer to a legislature.

GOVERNOR-The elected chief executive official of a state or territory of the United States. Governors serve terms that range from two to four years and may be limited in the overall number of terms that they can serve. Governors possess legislative approval and veto power (with the exception of North Carolina’s governor), pardon and reprieve powers, the power to call special sessions of a legislature, and numerous other administrative, appointive, and financial powers.

GRANDFATHER CLAUSE-A provision in a new law or regulation that exempts people or other entities that are already engaged in an activity or part of an existing system that will be restricted or regulated by the new law.

HEARING-A procedure conducted by the committees of legislature during which testimony in support of, or in opposition to, a bill is presented. Hearing witnesses generally include experts on the issue addressed by a bill, government officials, and members of the public who are likely to be affected by the enactment of the legislation.

HOPPER-Technically, a box placed on the desk of the leaders or chief clerks of a house or senate chamber into which new bills and resolutions are placed for introduction. Although many of the actual boxes are now gone, the phrase “in the hopper” is used to indicate that a bill has been submitted for introduction.

HOUSE-A term generally used to refer to either a house of representatives or a senate. Also referred to as a chamber of a legislature.

HOUSE OF REPRESENTATIVES-The larger of the two chambers of a bicameral legislature or the Congress. Sometimes referred to as the “lower house” when compared with a senate. Terms of office for members of houses of

representatives are either two years, as is the case in the Congress and some states, or four years. A single member of a house represents a predetermined number of constituents based on the population of an entire state.

IMPEACHMENT-A proceeding in which charges are brought, commonly by the legislature, against a public official, generally from the judicial or executive branch. State-level impeachment procedures generally mirror those followed by the Congress under direction of the Constitution; only a house of representatives can impeach an official, and only a senate can try and judge an impeached official, although this procedure varies in some states.

INITIATIVE-An electoral process whereby designated percentages of the electorate may initiate a legislative, statutory, or constitutional change by filing formal petitions containing a required number of signatures with proper authorities. If enough signatures are collected, the proposal will be acted on by a legislature or an entire electorate by its appearance on a ballot. In some states, this procedure refers to the power of the people to propose bills and laws and to enact or reject them at the polls, independent of the legislature.

INTENT-The design, determination, resolve, or reason with which a legislature acts. Generally, the intent of a legislature is examined by attorneys and courts in order to determine the application of a law. Although intent is nearly impossible to prove, it can be investigated by reviewing the legislative history of a bill, which includes information from committee hearings, floor debate, and committee reports. Some states require every bill to contain an intent statement. Also referred to a “legislative intent” or “legislative history.”

INTERIM-The period between regular sessions of a legislature or the Congress; an extended recess occurring during a session of a legislature or the Congress.

INTRODUCTION-The formal presentation of bills, resolutions, and other proposals to a legislature. In most cases, a bill is introduced by means of the “first reading” and then is assigned to a committee for review. Most states have established introduction deadlines for legislative sessions.

ITEM VETO-A power held by some governors to disapprove certain items or parts of appropriations bills without affecting the other provisions of the legislation. In some states, governors have the authority to reduce the amount of funding granted by an appropriations bill. In a few states, governors are permitted to use their item veto power on non-financial bills as well. Also referred to as a line-item veto.

JOINT- A term used to indicate that both chambers of a legislature or the Congress are participating in the described action or activity – for example joint committee, joint order, joint resolution, joint rules.

JOURNAL- A chronologic compilation of the proceedings of each chamber of a legislature or the Congress. Journals generally are printed daily and usually contain attendance records, roll call votes, committee assignments, and other events. Most journals differ from an “official record” in that they do not contain a verbatim transcript of the daily proceedings. At the end of each session, most journals are corrected, certified, indexed, and bound for reference purposes.

LAW- A term used to describe a body of rules of action or conduct prescribed by controlling authority, namely a legislature, and having binding legal force. A law is an act of the legislature or other governing body, a court decision, or an accepted regulation that must be followed and obeyed by citizens who are subject to sanctions or legal consequences for violations.

LEGISLATION-A generic term used to describe bills, proposals, resolutions, and, at times, laws that are reviewed and acted on by legislatures.

LEGISLATIVE COUNCIL-An agency that exists in a number of states and is comprised of legislators, other selected officials, and staff who study problems being faced by the state, including the state government itself, and who plan legislative strategies to address these problems. Often this council meets between regular sessions of the legislature.

LEGISLATIVE COUNSEL-An individual or agency charged with assisting legislators with their legislative work. Legislative counsel may conduct research, draft bills, advise legislators on chamber rules, interpret legislation, or provide other technical assistance. In some

states, legislative counsel is elected jointly by the chambers of the legislature; in others, an entire agency may be established to assist legislators with the aforementioned tasks.

LEGISLATIVE DIGEST-A compilation of bills that are being considered during an ongoing legislative session. Legislative digests usually are organized by bill number, title, subject matter, or current status. Many state legislators have a copy of the legislative digest on their chamber desks at all times. Also referred to as a “bill book.”

LEGISLATIVE JURISDICTION-The sphere of authority of a legislative body to enact laws and to conduct all business incidental to its lawmaking function.

LEGISLATOR-An individual elected by voters to represent constituent views in the process of lawmaking as it occurs in state legislatures or the Congress. Legislators are commonly referred to as senators, representatives, assembly members, or delegates.

LEGISLATURE-An assembly or body of elected officials that make statutory laws for a state or the nation. At the federal level (the Congress) an in all states except Nebraska, legislatures are bicameral, that is, that they are composed of two chambers, the “upper house,” known as the senate, and the “lower house,” known as the house of representatives or assembly.

LOBBYING-Attempting to educate legislators or other government officials about an issue or problem; persuading lawmakers to seek a legislative solution to an issue or problem; attempting to influence passage or defeat of a bill.

LOBBYIST-An individual who, either voluntarily or for a fee, represents his or her own interest and views, or the interests and views of a client before a legislature with the intent of enacting or defeating legislation. The federal government and many state governments have registration requirements for lobbyists, and regulations that govern their activities.

LOWER HOUSE-A term used to refer to a house of representative or an assembly.

MAJORITY LEADER-A member of either chamber of a legislature, selected by members of the party with the most seats in that chamber,

who acts as the majority party’s spokesperson and chief strategist.

MAJORITY WHIP-A legislator from the majority party of a chamber who monitors party members’ positions on various issues and bills and is charged with the duty of securing party member support for strategy and legislation.

MARK-UP-A procedure by which a bill being considered by a committee or subcommittee is scrutinized with special attention paid to the insertion of revision and amendments. If a bill has been amended considerably, the committee may introduce a new bill, referred to as a committee bill, committee substitute, or amendment in the nature of a substitute, for consideration by an entire legislative chamber. A formal mark-up session is more common in the Congress than in state legislatures, where the procedure is often completed during the hearing process, a committee meeting, or as a separate staff function.

MINORITY LEADER- A member of either chamber of a legislature, selected by members of the party with the lesser number of seats in that chamber, who acts as the minority party’s spokesperson and chief strategist.

MINORITY WHIP-A member of either chamber of a legislature who is affiliated with the party with lesser number of seats in that chamber who monitors party members’ positions on various issues and bills and is charged with the duty of securing party member support for party strategy and legislation.

MOTION-In a legislature, a request by a member to institute parliamentary actions that will affect the operation of the chamber; for example, a legislator may “move” to consider a bill or to suspend the chamber rules.

OMNIBUS BILL-A piece of legislation often created by the consolidation of several bills that address related issues. Other omnibus bills are collections of unrelated bills attached to another piece of legislation (for example, a budget bill) that is likely to be enacted, thus allowing other measures to become law as well.

OVERRIDE-A process by which a legislature or the Congress may pass a bill that a governor or the president has vetoed. Generally, a two-thirds majority vote in each chamber is needed to override a veto.

PASSAGE-Favorable action on a bill or proposal by the members of a legislature or the Congress.

POCKET VETO-Nonapproval of a legislative act by a governor or the president within the time limits established for such action, with the result that it fails to become law. A pocket veto is not written disapproval, as in the case of an ordinary veto. Rather, it often entails a lack of chief executive commentary on the bill when a legislature is in session and a failure to act on it during the time allotted for executive review once a legislature has adjourned.

POINT OF ORDER-An objection raised by a legislator charging that the chamber is violating established rules that normally govern its business.

PRESIDENT OF THE SENATE-The presiding officer of the “upper house” of a legislature or the Congress. In the “Congress, the vice president of the United States of America serves as the president of the Senate. In some states legislatures, the lieutenant governor serves as senate president; in others the president is a legislator elected by his or her colleagues in the senate chamber.

PRO TEMPORE-Literally, for the time being. A designated officer of a legislative chamber who acts as presiding officer of that chamber in the absence of the speaker of house or the president of the senate.

QUORUM-The number of members of a legislative body whose presence is necessary for the transaction of business. In the absence of a quorum, the only business that is in order is a motion to adjourn or a motion to direct the appropriate chamber officer to call the absent members to attendance.

REAPPORTIONMENT-A realignment of legislative districts resulting from population changes. Reapportionment is necessary to fulfill the constitutional requirements of equal representation.

RECALL ELECTION-A procedure through which an elected public official may be removed from office before the scheduled end of his or her term. This occurs by means of a vote of the people conducted after the filing of a recall petition containing the signatures of a required number of voters.

RECESS-A period in which a legislature or the Congress, while not adjourned, does not meet for legislative business.

RECONSIDERATION-A motion, when accepted, that gives rise to additional debate and a subsequent vote that either changes or reaffirms a legislature’s previous action on a bill.

REDISTRICTING-The procedure by which state legislatures redraw legislative and representative district lines for both the state legislature and the US House of Representatives. Redistricting takes place every ten years after the national census.

REFERENDUM-The process of referring a proposed state constitution, constitutional amendment, or law passed by the legislature to the electorate for approval or disapproval.

REPEAL-To eliminate or annul an existing law by enacting a subsequent statute declaring that the former shall be revoked, called an express repeal, or by passing a subsequent statute containing provisions so contrary to, or irreconcilable with, those of the earlier law that only one of the two statutes can stand, called an implied repeal.

REPORT-A legislative procedure whereby a committee discharges a bill for floor consideration. The term also is used to refer to a document that often accompanies a bill when it is discharged from a committee. Committee reports generally contain a description of the committee hearings and debate and an explanation of the committee’s recommendation. Committee reports often serve as an important component of the legislative history of a bill.

RESOLUTION-A formal expression of the opinion or will of a legislature or the Congress that is adopted by a vote of the legislative body.

ROLL CALL VOTE-An action in which legislators register their positions on a particular bill, either by vocal announcement, the method common among senates, or by means of an electronic device, as is the case with most houses or assemblies. The result of a roll call vote is a list containing the names of each voting legislator in a chamber and a record of his or her vote on a given bill or resolution.

RULE-In legislative terms, an established standard, guide, or regulation that prescribes or

directs the actions or conduct of the members of a legislative chamber.

SECOND READING- The formal presentation of a bill to the entire chamber of a legislature or the Congress after it has been reviewed by a committee. Although it varies from state to state, many legislatures, like the Congress, debate bills and consider amendments after the second reading. (See **FIRST READING** and **THIRD READING**.)

SELECT COMMITTEE- A group of individuals, especially legislators, assembled by resolution of a chamber of the legislature for a limited time to investigate an issue or resolve a problem. Most select committees lack full legislative authority in that specific bills are not referred to them for review and report to the full chamber. Select committees often report findings from investigations to a standing committee. Also referred to as “special committee.”

SENATE-The smaller of the two chambers of a bicameral legislature or the Congress. Sometimes referred to as the “upper house” when compared to a house of representatives or an assembly, senates have the power to confirm or deny executive appointments and endorse or reject other executive branch proposals. Most state senate terms are four years; some last for only two years. The term of office for a US Senator is six years.

SESSION-The period during which a legislature meets. The annual or biennial meeting of the legislature is often called the “regular session.” “Special sessions” may be called by governors or, in some states, chamber leaders. Each day legislative business is conducted may be called a “daily session.” A legislature or the Congress also may hold a “joint session,” in which the two chambers are assembled as a single body. Joint sessions are generally held for state of the state or state of the union addresses and other ceremonial purposes.

SKELETON BILL-A piece of legislation submitted and introduced in outline form, or simply by title, the substance of which will be added or amended at a future date. Introducing a skeleton bill in effect assures that a bill number will be assigned to a piece of legislation that will not be completed before the bill introduction

deadline occurs. Also referred to as a “jacket,” “cover,” “spot,” or “short form” bill.

SLIP LAW-An official printed copy of a bill that has been passed by a legislature or the Congress and enacted by action of the chief executive. Each law is published separately on a single sheet of paper or in pamphlet form and is generally made available to interested parties.

SPEAKER OF THE HOUSE/ASSEMBLY-The presiding officer of a house of representatives or assembly. Speakers generally are elected each session by the chamber members and are usually members of the chamber’s majority party.

SPONSOR-A title used to describe a legislator who has introduced a bill into a legislature. Sponsors’ names are generally listed first on bills, followed by cosponsors. Also referred to as “author” or “patron.”

STATUTE-A bill, passed by a legislature and approved as law by a chief executive that may be public or private, declaratory, mandatory, directive, permissive, prohibitive, or enabling in nature.

SUBSTITUTE BILL-A piece of legislation sent to the floor of a legislative chamber in the place of the customary committee report. Substitute bills usually represent a committee compromise and, in effect, help to avoid negative committee reports, floor amendments, and other unfavorable actions that may result in defeat. Substitute bills replace original bills, but often carry the same bill number. Also, referred to as a “committee bill.”

SUNSET CLAUSE/LAW-The automatic termination of the existence of an agency, commission, law, or program, already established by statute, unless a legislature decides to grant continuance. Sunset clauses allow for review and justification of the continuation of various laws and governmental programs and agencies. Also referred to as “sunset review.”

SUSPENSION OF THE RULES-A legislative procedure whereby, with consent of the chamber, actions can be taken that would otherwise be considered out of order.

TABLE-To suspend consideration of a pending bill or other measure. To table a bill or amendment is, in effect, a method of killing a

bill before it can be voted on by an entire chamber of a legislature.

THIRD READING-The final presentation of a bill to a chamber of a legislature before a vote is taken. Although most legislatures read bills by title only, some read bills in their entirety on the third reading. (See **FIRST READING** and **SECOND READING**.)

TITLE-A short phrase at the beginning of a bill that states its purpose and describes its subject matter; for example, “An act to prevent violence to health care workers” or “An act to define Bona Fide Emergency.”

UNANIMOUS CONSENT-A procedure used by a legislative body to expedite the consideration of legislation by means of seeking blanket approval from the members of a chamber. Unanimous consent is usually granted for noncontroversial issues and business matters.

UNICAMERAL-Literally, one room. A legislature with one chamber. Nebraska is the only state with a unicameral legislature.

UPPER HOUSE-A term used to describe a senate, especially when compared with a house of representatives or an assembly, the so-called “lower house.”

VETO-The refusal of a governor or the president to sign into law a bill that has been passed by a legislature or the Congress.

VOICE VOTE- A method of legislative approval or disapproval in which members of a chamber respond “yea” or “nay” in chorus and the presiding officer decides the result. The term is also used to indicate unanimous consent or a measure without objection.

WITHOUT OBJECTION-A method of approving noncontroversial amendments, bills, or motions by automatic passage if no objections are raised by members of the chamber.