APHA LEGISLATIVE ADVOCACY HANDBOOK

A Guide For Effective Public Health Advocacy

American Public Health Association

The American Public Health Association (APHA) is pleased to present this series of Advocates' Handbooks as a guide for you, our colleagues and partners, in our ongoing advocacy for public health.

As we advance through the 21st century, we must be confident about the value of the services we provide to the public. In addition, we need to be fully prepared to meet the challenge of improving the health status of our nation and the world through public health advocacy.

Advocacy is a key tool in the increasingly difficult effort to secure funding for the myriad of public health programs that benefit individuals, communities and the nation. Support from the public health community helps to assure that policy-makers will adopt, implement and maintain important public health programs.

Public health professionals must sustain a vocal and noticeable presence at all levels of policy-making to ensure that public health is protected and that public health programs are supported—fiscally and politically. We urge you to utilize this handbook in your advocacy efforts, taking advantage of its many features, including:

- sample letters, scripts, action alerts, and other forms of advocacy;
- success stories and examples, from which your own ideas can be generated;
- charts and diagrams clearly outlining important processes, such as how a bill becomes law; and
- contact information for policy-makers and space to write in contact information for your own policy-makers, all conveniently located on a pull-out reference sheet.

Because legislative and regulatory issues vary widely among the states and communities, please be aware that some portions of the handbook will be more useful to you in your advocacy efforts than others. We hope that you will use the handbook in a manner that is most effective for your needs and that you feel free to modify its contents wherever appropriate.

APHA remains committed to public health advocacy and the development of resources to assist you in your individual and coalition advocacy efforts. This handbook is one component of a larger initiative to expand and enhance our role in advocacy, provide our members and Affiliates with the resources needed to be effective public health advocates, and strengthen our collective efforts to benefit the public's heath.

APHA looks forward to working with you as we strive to meet our challenge of "working for a healthier world."

Georges C. Benjamin, MD, FACP
Executive Director

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HOW TO USE THIS HANDBOOK

This Legislative Advocacy Handbook has been prepared by APHA staff to assist you in your individual and coalition advocacy efforts

Use these materials in the work that you do. To suit your particular needs, please modify the information and resources provided.

Below is a listing of the APHA departments working on legislative and regulatory public health issues, public relations, communications, and grassroots advocacy. You can reach APHA staff by dialing, (202) 777-APHA (2742).

GOVERNMENT RELATIONS AND AFFILIATE AFFAIRS

The Government Relations and Affiliate Affairs department (GRAA) works to serve members and Affiliates through the following activities:

- Educating, informing, and mobilizing our members at the local, state and federal levels about important and emerging legislative public health issues;
- Providing resources and support needed for members and Affiliates to be effective public health advocates—Action Alerts, fact sheets, background information and data, APHA policies, legislative updates, and lists of coalition partners;
- Representing members and Affiliates on Capitol Hill with federal legislators by testifying, lobbying, holding educational briefings, and writing letters on key issues;
- Policy analysis;
- Chairing coalitions and working in partnership with a broad range of interests to help educate the public and policy-makers on public health issues; and
- Assuring the development and implementation of national, state and local policies that promote, protect, and enhance the public's health.

COMMUNICATIONS

The Communications department works to "foster public awareness of APHA and popular support for its policy positions and encourage informed appreciation for public health professionals and the importance of their role in society." The Communications department is responsible for:

- Directing a comprehensive communications and public relations program that promotes APHA and the public health profession to its membership and to targeted APHA publics;
- Handling requests for information from the news media;
- Writing and distributing news release statements and background information, arranging news conferences, interviews, briefings, and editorial board meetings on public health policy issues, for special events, and for articles published in the American Journal of Public Health;
- Organizing and coordinating the press room at the Annual Meeting;
- Developing programs and procedures necessary to enhance the spokesperson role of the APHA Executive Director and other staff;
- Working with other constituencies in the public health community including, but not limited to—federal, state and local health agencies, community health centers, schools of public health and non-profit public health organizations—to coordinate and enhance the public's understanding of public health.

SCIENTIFIC AND PROFESSIONAL AFFAIRS

The Scientific and Professional Affairs Department assures the scientific and professional bases of APHA's programs, and serves the members and leadership by:

- Providing technical comments, with members' input, on draft reports, regulations, etc. of federal agencies and other organizations;
- Assuring members are represented at national meetings, workshops, conferences, focus groups, etc.;
- Developing sound scientific bases for policy proposals and public relations;
- Providing online services to public health practitioners;
- Conducting regional workshops in public health practice; and
- Coordinating collaborative programs and projects with other associations and agencies to strengthen public health science and practice.

WHAT IS ADVOCACY, WHY DO IT?

What is advocacy and why should individuals committed to public health be involved in advocacy? Officially, *an advocate* is a person who supports, defends and argues for a cause. *To advocate* is to act in support of a particular issue or cause. Advocates may be individuals, non-profit groups, independent agencies or other organization. Being a public health advocate allows you to influence the way the public and policy-makers think and act on public health policies.

How does being an advocate differ from being a lobbyist? A lobbyist is generally a paid representative of a group, organization or industry. Lobbyists communicate with legislators about specific legislation and express the view or opinion of the organization they represent. To be a federal lobbyist, you must be registered and comply with federal law requiring submission of regular reports detailing lobbying activity. On the other hand, **anyone can be an advocate**. As an advocate, you are exercising your right as a citizen to participate in the democratic process.

"*All politics is local.*" This often-repeated phrase holds true in the field of public health advocacy. At all levels of government, policy-makers cannot know every constituent. However, those constituents who make an effort to develop a relationship with and act as a resource to their elected leaders can have a real impact. Herein lies the power of grassroots advocacy; individual action and groups of committed constituents joined together provide policy-makers with the expertise they need to make decisions, and this can truly influence legislation.

Introduce your policy-makers to the work that you do in the district or state so the legislator knows how public health serves his or her constituents. Initiating and maintaining a relationship with your policy-makers is the access point into the policy-making process.

Working in coalition with other committed individuals or organizations is also an effective way to encourage legislators to support a particular public health initiative. Organized groups of constituents with a common goal and a broad knowledge base with a commitment to share experiences and knowledge about public health issues at the community, state or regional level hold great influence with legislators as they make decisions about sponsoring and supporting legislation.

How do we know this works for public health issues? Just ask a policy-maker.

When you look back on key legislative fights over public health issues, you will see that the expertise and advocacy of public health professionals provide a critically important counter pressure to the lobbying clout of special interests. The grassroots efforts by the public health community help educate legislators and play a pivotal role in our legislative efforts to improve the health of the people of the United States

Representative Henry Waxman, California

Advocacy Success Story

The Winning Equation. **Education + Action = Advocacy**. As the public health community knows first hand, education is key. When individuals become educated about an issue and the decision-making process, it empowers them to get involved and act, thus helping to chart the direction of policy. Educating communities and getting various partners involved in public health issues makes for healthier communities.

ISSUE

The epidemic of obesity in the United States is finally gaining the national attention it deserves, but reducing overweight and obesity is an unusually complex challenge for public health practitioners and advocates. How does a state public health association effectively address a problem with dimensions ranging from different generational risks for personal behavior, including eating and physical activity, to corporate profiteering on unhealthy products that are popularly embraced as delicious, safe and easily affordable for consumers of all ages?

ACTION

Before the Surgeon General's Call to Action on obesity was released in 2001, the Massachusetts Public Health Association (MPHA) published an influential policy report entitled *The Health of Our Children: Who's Paying Attention?* The report documented the extent of obesity and overweight in Massachusetts and proposed nine recommendations for sweeping changes in public policy and institutional practices. The report's use of compelling statistics and its focus on childhood health and preventable chronic illnesses won the attention of legislative leaders. MPHA was invited to present its findings to the legislature's health care committee, and the committee's Senate chair made childhood obesity prevention one of his top policy priorities. MPHA's obesity campaign manager became widely known as a knowledgeable resource. She was recruited to co-chair a state public health department planning task force and became active in state and regional coalitions.

MPHA was convinced that in order to win statewide reforms in school policies and practices—the campaign's top priority—it would be necessary to generate broad-based support for change among parents, school professionals and even youth. MPHA sought and won private funding for an innovative nutrition education and community organizing initiative to complement its professional advocacy. As part of a larger strategic plan for organizational development, MPHA hired regional organizers in selected areas of the state to work on the obesity campaign and other public health issues. At the same time, MPHA worked with legislative leaders to draft a comprehensive bill to change school nutrition standards and pressed for a state budget amendment to prohibit advertising of fast food and "junk food," including soda, on school buses. MPHA's campaign manager also developed a training program about corporate marketing in schools for use in conjunction with the campaign's current and future objectives.

OUTCOME

Both the House and Senate chairs of the legislature's joint health care committee are now promoting childhood obesity prevention among their top priorities. There has been strong support in recent legislative hearings for bills that MPHA played a major role in drafting, and the health care committee is expected to report favorably on the school nutrition standards bill soon. To counter the financial power of corporate opponents, MPHA is working with the American Heart Association, the American Cancer Society, and other groups to form a broad-based coalition of public health providers and advocates in favor of the school nutrition bill. Meanwhile, action committees of parents, teachers, and school food professionals are beginning to be organized in cities where MPHA has hired organizers, and MPHA's nutrition education program is in full swing across the state. The program involves a partnership with an Emmy award-winning children's nutrition theatre group and affords ready access to schools. The Massachusetts Senate passed MPHA's school bus advertising ban summer 2003, but it was stalled during conference committee wrangling over the state's budget deficit. Work is under way now to reintroduce the measure as an attachment to "moving" legislation. MPHA is optimistic about its passage.

MYTHS AND REALITIES

Debunking the myths about advocacy can be a full-time job. Not only is public health advocacy important, it is both effective and rewarding. There are many reasons people choose not to get involved in public health advocacy. Luckily, there are better reasons to get and stay involved.

"I'm apprehensive about getting too involved in advocacy."

The best advocates are not full-time, paid lobbyists, but rather public health professionals who share their experience with policy-makers and their staff.

"I'm an expert on occupational health, and I can't contribute much knowledge on other public health issues."

Being a public health professional gives you a set of skills and expertise, as well as the credibility to speak on all issues of public health. You may not know the specifics of immunization policy, but you can speak broadly about the importance of prevention, surveillance, data and sound science.

"I just do not have the time to do advocacy."

Public health professionals have full-time jobs, families, community commitments, and still make time for advocacy. One of the ways APHA makes being an advocate easy is by providing you with the resources you need to contact your legislator. With each APHA action alert, you receive the facts, background, and status of an issue to make taking action an easy endeavor. The effort can take as little as five minutes, and all you need is a stamp, a phone or e-mail capability.

"My policy-maker is a lost cause. Whatever I am for, she is against."

Write, visit and call anyway. It's important for the legislator to know that people in her district care about issues and oppose her position on pending issues. Put your policy-maker on your organization's mailing list, continuing to provide her and her staff with accurate, high-quality materials that pertain to their district or state. Invite the legislator to your organization. Remember, it is about establishing a relationship with the legislator.

"Isn't advocacy just another word for lobbying? I'm not a lobbyist, I run a family planning clinic."

The number-one job of an advocate is to educate policy-makers and the public. As a public health professional, you have information that policy-makers need. Again, invite your policy-makers to your program, clinic, or organization.

If you do not advocate for public health, nobody will. The data show that public health professionals have a lot of work to do when it comes to advocacy. A Harris Poll, conducted in January 1997, indicates that very few Americans understand what "public health" really means. Therefore, gaining the support of policy-makers and the public can be a real challenge.

While 76 percent of survey respondents said they understood what comprises public health "at least somewhat well," only a small percentage of people gave answers representing the true work of public health, such as "health education or healthier lifestyles" (1 percent), "prevention of infectious diseases" (1 percent), or "immunization" (1 percent).

And yet these Harris Poll results reaffirm that the public considers the actual work of public health important. A more recent Harris Poll, conducted in September 1999, found that:

- 91 percent of all survey respondents believed the "prevention of the spread of infectious diseases like tuberculosis, measles, flu and AIDS" is very important;
- 87 percent believed that immunization to prevent diseases is very important;
- 86 percent believed that ensuring people are not exposed to unsafe water, air pollution or toxic waste is very important; and
- 88 percent believed conducting research into the causes and prevention of diseases is very important.

These results show that while the majority of the public support the efforts of public health workers, they do not recognize these efforts as public health activities. It is important, then, for public health advocates to educate the public and policy-makers about public health. Irrespective of your special focus of expertise, it takes all people working in public health to advocate together.

"I work for the state department of health and therefore cannot be involved in advocacy."

While there are always limits, both legal and circumstantial, that affect state and federal employees when they act as advocates, there are still many ways to get involved legally and comfortably. This manual has a separate section, *Work Place Rules and Guidelines for Public Health Advocates*, which gives a clear description of the rules of advocacy for state and federal employees.

For a clear description of the rules of advocacy for state and federal employees, see the section in this handbook entitled *Clarifying Work Place Rules and Guidelines for Public Health Advocates* **(page 43).**

If an issue arises and you find yourself unable to speak out directly due to your workplace environment, there are other avenues through which you can be involved.

Some of the ways you can become involved include:

- **educating your friends, family, and neighbors on a particular public health issue and encouraging them to contact their policy-makers; or**
- **bringing your expertise to a larger coalition. As a member of your state public health Affiliate, you can brief the association and be a part of a group advocacy strategy. For example, a letter can be sent to the governor in support of a particular public health initiative from the state public health association.**

- **Most importantly, remember that advocacy is a lifelong adventure, an activity that is always changing and is never boring. The goal of advocacy is to secure a bright future for public health programs, funding, and protections, but its success is not measured solely by legislative wins. Success in advocacy means changing opinions and educating the public and policy-makers alike. Keep in mind when you visit your policy-maker or send an e-mail about a piece of public health legislation that you are working to make your policy-maker a champion of public health.**

TOP TEN TIPS FOR ADVOCACY

So, now that you are convinced that public health advocacy is important, what is the next step? Beyond knowing that public health advocacy is important, how do you learn the basics of being an effective advocate? The following list provides a general guideline to keep in mind as we learn more about the legislative process and how to get involved.

1. **Get to know legislators well—**their districts and constituencies, voting records, personal schedules for when they are in the capital and when they are home in the district, opinions, expertise, and interests. Be sure to have a good understanding of the legislator and his/her concerns, priorities and perspectives.

2. **Establish a relationship** by contacting your policy-makers before you have an issue to be addressed. Pique the interest of the policy-maker in the issue, so that when you have a need you will get the policy-maker's attention.

3. **Acquaint yourself with the staff members** of the legislators, committees and resource officials with whom you will be working. These people are essential sources of information and opinion for the policy-maker and can have significant influence in the development of policy.

4. **Learn the legislative process** and understand it well. Keep on top of the issues and be aware of controversial and contentious areas.

5. **Identify fellow advocates and partners** in the public health community and beyond with whom you can partner. Finding common ground on an issue sometimes brings together strange bedfellows but makes for a stronger coalition. Foster and strengthen relationships with allies and work with legislators who are flexible and tend to keep an open mind.

6. **Be open to negotiation.** Identify the groups and other legislators with whom you may need to negotiate for changes in legislation. Do not dismiss anyone because of previous disagreements or because you lack a history of working together. Remember, "yesterday's opponent may be today's ally."

7. **Be polite, remember names, and thank those who help you—**both in the legislature and in the public health advocacy community.

8. **Be honest, straightforward, and realistic** when working with legislators and their staff. Do not make promises you cannot keep. Never lie or mislead a legislator about the importance of an issue, the opposition's position or strength, or other matters.

9. **Timing is everything** for successful participation in the legislative process. The earlier in the process that you involve yourself, the better chance you have at influencing the outcome of legislation or a policy proposal.

10. **Be sure to follow up with legislators and their staff**. Send a thank-you letter, which is also a useful tool to remind policy-makers and their staff of your visit and the issues. If you offer your assistance or promise to provide additional information, do so in a timely and professional manner. Be a reliable resource for them today and in the future.

THE LEGISLATIVE PROCESS

The legislative process can sometimes be overwhelming. This section details how the legislative process works at the federal and state levels, using the Illinois General Assembly as a state example.

Throughout the explanation of federal and state lawmaking processes, there are terms for which you may need additional definition and clarity. Please refer to *Glossary of Terms* in the Appendices of this handbook for definitions and explanations of terms used in the legislative arena.

In addition, *Answers To Frequently Asked Questions* in the Appendices of this handbook is another resource regarding the legislative process. It provides answers to basic questions that arise regarding the intricacies of the legislative process.

HOW DOES A BILL BECOME A FEDERAL LAW?

THE POLICY PROCESS

A member of Congress often gets an idea for a policy proposal from constituents or interest groups in his/her district. Legislative proposals might address an unmet need, make a change in an existing law to strengthen the law, or create a new program. For example, to establish and fund a breast and cervical cancer screening program, a member of Congress may introduce the piece of legislation (a **bill**) and become the bill's sponsor. A bill can have many sponsors. A House bill is given a prefix, number and title, such as H.R. 1, the Breast and Cervical Health Program. Similarly in the Senate, a Senate bill could be S. 2, The Early Detection of Cancer Act. Typically, legislation begins as similar proposals in both the House of Representatives (the House) and the Senate. The bill is referred to a committee and placed on the committee's calendar.

COMMITTEE STRUCTURE

Members of Congress and their staff are the decision-makers in the legislative process. Members sit on **legislative committees** that are the vehicles for moving the legislative process forward.

As Figure 1 on page 11 indicates, bills are affected greatly by action taken by House and Senate committees. The House and the Senate each have a committee system, and each committee is able to adopt its own rules of operation. The chair of each committee and a majority of the committee members come from the party that holds the majority in that chamber of Congress.

The majority member of the committee who has the most years of congressional service is usually the **chair of the committee** and, likewise, the member of the minority party with the greatest level of seniority is named the **ranking minority member**.

THE ROLE OF SUBCOMMITTEES

Committees in the House and Senate have **subcommittees** designed to look at legislation in greater detail and focus on particular aspects of the larger area of jurisdiction. For instance, the House Commerce Committee deals with all issues associated with interstate and national commerce. Its Subcommittee on Health and Environment studies issues and legislation pertaining to areas such as air pollution, safe drinking water, and health insurance.

Subcommittee hearings offer congressional members the opportunity to study the bill language carefully. Hearings provide the opportunity for public health professionals, public officials, experts and others to lend their support, opposition or suggestions for changes to particular legislative proposals and for the background of the issue to be investigated. Testimony and statements given at hearings are put into written record.

Quick Tip:

In the *Resources and Tools Appendices* of this handbook, you can find the committees and subcommittees of the House and Senate that deal with public health issues. See *Public Health Related Committees of the U.S. Congress* (page 57). Consult the Senate and House Web sites for current committee members: www.senate.gov and www.house.gov.

COMMITTEE ACTION

After the subcommittee has completed hearings and studied the proposed legislation, it can "**mark up**" the bill—a process where changes, edits, and amendments can be made to the legislation before the bill is referred back to the full committee—and issue a report with the marked up bill.

After receiving the subcommittee's report on a bill, the full committee will hold either its own set of **hearings** on the proposed legislation and consider amendments to the bill or vote directly on the subcommittee's recommendations. The committee then votes on its version of the legislation and the bill is sent before the full House or Senate.

The committee chair instructs staff to prepare a written report on the bill that provides House and Senate members, advocates and other stakeholders additional information about the implications of pending legislation. The report describes the background and intent of the legislation, dissenting views of committee members, and how the legislation would impact existing programs and laws.

CONSIDERATION IN THE HOUSE AND SENATE

When the bill comes before the full House or Senate, it will be placed in chronological order on the business calendar. While in the Senate there is only one legislative calendar, in the House there are several different legislative calendars and the House leadership has great influence in determining if and when bills will be brought before the House for a vote.

After debate and consideration on the floor of the House or Senate and approval or defeat of any amendments, the bill is voted on and is either passed or defeated.

THE PROCESS BEGINS AGAIN…

As Figure 1 indicates, once a bill has passed the House or the Senate, the bill is sent to the other chamber to follow through the same process. Keep in mind that the other chamber can approve the bill in the form in which it is received, reject or ignore the bill, make modifications to the bill, or consider its own version of a similar bill.

IRONING OUT THE DIFFERENCES

Conference committee action is necessary when there are two different versions of the bill. The purpose of the **Conference Committee** is to "reconcile" the differences between the House and Senate versions. The conference committee consists of members generally from the relevant committees as well as legislators appointed by House or Senate leadership. If the conferees (members of the conference committee) reach an agreement, both the House and Senate must approve the final conference report, which is the agreed upon language of the bill. If they are unable to reach an agreement before the end of the session of Congress, the bill dies. Keep in mind, although identical or similar language can be introduced in the future, the process for introducing and passing a piece of legislation would start all over again.

THE POWER OF THE PRESIDENT'S PEN

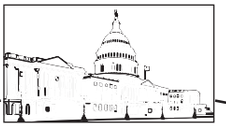
Once the bill has been approved by both the House and Senate in identical form, it is sent to the President for approval. If the president approves the bill, it is signed into law. If the president takes no action for 10 days while Congress is in session, the bill will become law automatically. If the president opposes the bill, the president has the power to veto the bill, returning it to Congress. If a bill is vetoed by the president, Congress can attempt to "override the veto" with a two-thirds favorable vote of each chamber of members present during a quorum.

The vast majority of legislature proposals never make it through the entire process to become a law.

Figure 1

HOW A BILL BECOMES A LAW

CONGRESS



BILL INTRODUCTION

A bill is introduced in the House or the Senate, and referred to the appropriate committee(s) that deals with that subject or issue. For example, a bill regarding children's health may be referred to the Labor and Human Resources and/or Finance Committees of the Senate

House	Senate
House Subcommittee Action: Often, the bill will be referred to a subcommittee. For example, a children's health bill pertaining to Medicaid may be referred to the House Commerce Subcommittee on Health and Environment. Revisions are made to the bill. If the subcommittee approves the bill, the bill moves to the full committee.	**Senate Subcommittee Action**
House Committee Action: The full committee can hold hearings and make revisions. If the full committee approves the bill, it is "reported" to the full house. If the committee takes no action on the bill, the bill "dies."	**Senate Committee Action**
House Rules Committee Action: House bills must be considered by the Rules Committee, which is responsible for scheduling action and debates on the pending bill as well as allowing amendments to the bill.	**Senate Leaders usually schedule Senate floor action of the pending bill**
House Floor Action: The bill is debated on the House floor and can be amended from its original form. The full House votes on the bill, and, if it passes, it proceeds to the Senate Chamber to be considered by the Senate. If the bill has already been passed in the Senate, both versions of the bill go to a Conference Committee to be "reconciled."	**Senate Floor Action**

Conference Committee Action

The Senate and the House versions of the legislation are debated and a compromise is worked out. The compromise version then goes back to the House and Senate, where each house must approve the compromise. Once the bill has been approved by both chambers in identical form, the bill goes to the President for signing.

PRESIDENT

Bill Signed into Public Law

OR

Bill Vetoed

The President may sign the bill into a law. Conversely, the President may veto the bill. If the President vetoes the bill, Congress can override the veto with a two-thirds majority vote in both the House and the Senate. If the President takes no action on the bill for 10 days while Congress is in session, the bill becomes law automatically.

HOW DOES A BILL BECOME A STATE LAW?

How does legislation get introduced and passed at the state level? First, it is important to remember that the legislative process varies from state to state. In Arizona for instance, the legislature adjourns the last week in April, while the Wisconsin legislature is generally in session into December. The Nebraska state legislature is a unicameral body, meaning instead of a house and a senate, there is just one legislative house.

Quick Tip:

The best way to determine the ins and outs of your state's legislative process is to contact your local or state chapter of League of Women Voters or contact the National Conference of State Legislatures in Washington, DC, at 444 North Capitol Street, NW, Suite 515, Washington, DC, 20001, (202) 624-5400, or at www.ncsl.org.

The following example of how a bill becomes a law at the state level is from Illinois, where Illinois Public Health Association and American Public Health Association members involve themselves in public health programming and financing legislation that comes before the Illinois General Assembly, which consists of the Illinois State Senate and House of Representatives. Figure 2 (page 14) depicts the path a bill takes through the General Assembly on its way to becoming a state law.

THE ILLINOIS STATE LEGISLATIVE PROCESS

ABOUT THE ILLINOIS STATE LEGISLATURE

In Illinois, the state legislature is called the General Assembly. Illinois state senators are elected every four years and representatives are elected every two years. The party (Republican or Democrat) that holds the majority of seats in that Senate and in the House has the majority rule. Similar to the federal level, the majority party selects the chair and vice-chairs of each committee and has the majority of members on that committee. The majority party also selects the president of the Senate and the speaker of the House of Representatives, who control the flow of legislation and the agenda for making policy.

INTRODUCING A BILL

Either a senator or representative can have a bill introduced. As at the federal level, constituents and advocates often provide to a General Assembly member the impetus for proposed legislation. The senator or representative takes the legislative idea to the Legislative Reference Bureau in the capitol building where staff research present law and develop language for the new bill. When a senator or representative introduces a bill to his/her chamber, this process is called the "first reading" of the bill, even if it is not actually read to the Senate or the House.

THE BILL GOES BEFORE THE RULES COMMITTEE

Next the bill goes to the Rules Committee, which decides if the bill is to be considered by the Senate or House. This committee has authority to determine if a bill will die or move forward. If the bill moves forward, it will be assigned to the appropriate standing committee based on the subject matter of the proposed legislation. For example, a bill requiring health care providers who treat a pregnant woman to also provide HIV counseling and optional HIV testing to the woman (IL 93-0566) was referred to the Health and Human Services committee in the 93rd General Assembly.

THE RELEVANT COMMITTEE STUDIES THE BILL

The chair of the committee decides whether or when a bill is to have a hearing before that committee. Notices must be posted in advance to alert those who wish to attend the hearing, and to give advocates an opportunity to testify for or against the bill. Advocates attending the hearing may observe the proceedings, or they may sign the witness slip, available from the committee clerk. The witness slip records your name, address, organization, and the bill in consideration. You may also indicate your support or opposition to the bill, as well as whether you wish to submit oral or written testimony, or simply be recorded as present at the hearing. The sponsor of the bill or any committee member may attempt to amend the bill before testimony begins. The bill sponsor's amendment is added to the bill with no debate. Other amendments are voted on and must receive a majority of the committee members' support to change the bill.

Once all testimony and questions are finished, the Chair will call for a vote on the bill. If the majority of the committee members vote "do pass," the bill goes to the full Senate or House for consideration. If the bill fails to get the majority of the committee votes, it is held in committee and most often will die there.

SECOND READING
Now the bill goes to the full Senate or House of the General Assembly. While only committee members could amend it when it was in committee, once at the Second Reading, any member can try to amend the bill. A majority vote in the specific chamber of Congress is required to pass the ammendment. First, before a vote can be taken, the amendment must go back for approval to the Rules Committee and then to the committee that had jurisdiction.

Once a bill is in final form and is ready for debate and vote, it moves to the "Third Reading."

THIRD READING
This is the final step for the bill in the chamber in which it was introduced. The sponsor is called upon to explain the bill and answer questions from other members before debate over the bill commences. After debate, a roll call vote is taken. If the bill gets a majority of the members' votes, it passes. If a vote on a bill is very close, the sponsor(s) can request that it be placed on "Postponed Consideration." This means that the bill's sponsor and leadership have the opportunity to drum up the necessary votes for a reconsideration on the measure.

ALL OVER AGAIN: THE OPPOSITE CHAMBER
If a bill makes it through this process in the chamber in which it was introduced, the bill then starts the process all over again in the other chamber.

CONCURRENCE WITH AMENDMENT
If a bill goes through the second chamber without any amendments, the bill goes to the governor for the governor's action. If any change is made to the bill by the second chamber, it must go back to the chamber in which it was introduced for acceptance of the change, or "concurrence," since the bill is not in the original form that was passed by that chamber. The bill's sponsor chooses to concur or not concur. If concurrence is achieved between the two chambers, the bill goes to the governor. If concurrence does not happen, the bill goes to Conference Committee.

CONFERENCE COMMITTEE
This committee consists of legislators from both the Senate and the House who try to negotiate a compromise between the differing versions of the bill. Once the committee reaches agreement, the new wording must appear before both the House and Senate Rules Committees. If agreed upon, the new version of the bill is sent to the standing committees for approval, and goes to the full chambers for the final vote. It the bill is passed in both chambers, it goes to the governor. If the House and Senate are not in agreement, the bill dies.

ACTION OF THE GOVERNOR
Within 60 days from the time the bill arrives on the governor's desk, action must be taken. The governor can: (1) approve the bill, (2) veto it entirely, or (3) change parts of the bill with an "amendatory veto." If the governor approves the bill, it becomes law and is given a number "Public Act 00-".

GENERAL ASSEMBLY ACTION UNDER AMENDATORY VETO OR VETO
The General Assembly must vote to accept the governor's amendatory veto if the bill is to survive. A simple majority vote of both chambers is required, again 30 votes in the Senate, 60 in the House. To "override" the governor's full or amendatory veto requires a three-fifths "super majority" in each chamber. If these votes are attained, the bill becomes law.

Figure 2

HOW A BILL BECOMES A LAW

STATE OF ILLINOIS GENERAL ASSEMBLY

BILL INTRODUCTION

House

A bill is introduced in the House or Senate of the Illinois General Assembly in a process called "First Reading."

Senate

House Rules Committee

The bill goes to the Rules Committee, which decides it the bill will move forward through the General Assembly and assigns the bill to the appropriate committee. For example, a bill requiring health care providers to give HIV counseling to their pregnant patients (IL 93-0566) was referred to the Human Services Committee in the 93rd General Assembly.

Senate Rules Committee

House Committee Action

The committee chair decides the hearing schedule for pending bills. Amendments can be attached to the bill when it is before the committee. Advocates can testify on the bill at committee hearings. A full committee vote is taken, and if the bill gets a majority of votes it goes to the full House or Senate for consideration.

Committee Action

House Second Reading

When the bill is before the full House or Senate, any Senator or Representative can try to amend the bill. Recommended amendments must be considered by the Rules Committee, then by the committee with jurisdiction. Once a bill is in final form and ready for debate, it moves to the "Third Reading."

Senate Second Reading

Third Reading

The third reading includes debate and a vote, and is the final step for the bill in the chamber in which it was introduced. After the debate, the vote is taken and passes if it receives a majority of votes. If a vote is close, "postponed consideration" is used to allow the bill's sponsor to secure additional votes. The bill then moves through the same process in the other chamber. At this point:

- If a bill passes both chambers, it goes to the Governor for action.
- If there is a discrepancy between the bill language as passed by the House and Senate, the bill must go back to the chamber or origin for a vote accepting the change: "Concurrence." If concurrence is achieved, the bill goes to the Governor.
- If concurrence cannot be achieved, the bill goes to Conference Committee.

Third Reading

Conference Committee Action

The two versions of the bill are debated, and a compromise is worked out. The compromise version must go back to the Rules Committee and the committee with jurisdiction for approval, and then a final vote is taken in each chamber. If this occurs, the bill goes to the Governor. If it doesn't occur, the bill dies in this session.

GOVERNOR

Bill Signed into Public Law

OR

Bill Vetoed

The Governor can approve the bill, veto it entirely, or change pieces of the bill: "Amendatory Veto." The General Assembly has the opportunity to vote to accept with a simple majority or override the Governor's veto action by a 3/5 majority.

INFLUENCE THE PROCESS: GETTING INVOLVED

Understanding the legislative process is the first step to becoming an effective participant in the development and implementation of public health policy. The second step—action—requires you to insert and assert yourself and your expertise into the legislative process. Keep the following tips in mind.

- For successful participation in the legislative process, timing is everything.
- The earlier in the process you involve yourself, the better chance you have at influencing the outcome of public health legislation and regulations.

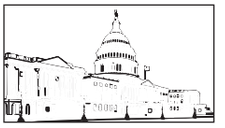
As the legislation advances, each level in the policy process provides a chance for advocates to get involved. The following figure shows the myriad places and ways that you can influence the legislative process (See Figure 3).

This information is focused on the federal legislative process, but these steps and interventions are mirrored at the state level. Keep in mind that this is a general guide of suggestions for involving yourself in the process. Sometimes, one suggestion will be more relevant that another, depending on the issue on which you are concentrating. In addition, these suggestions are geared for both individual advocates as well as coalition of advocates.

Figure 3

INFLUENCE THE PROCESS—GETTING INVOLVED

CONGRESS



When can I participate in the process?

A LEGISLATIVE PROPOSAL IS BEING DEVELOPED

- Propose an idea or legislative language to a policy-maker on a key committee or a member with interest in the issue.
- Be a resource for Congressional staff.
- Review policy proposals, develop and edit legislative language, and help craft legislation before it is introduced.
- Plan to contact your delegation at the beginning of the Congressional Session to discuss public health funding priorities for the coming fiscal year. This is critical especially if your legislator is on the appropriations committee.

BILL INTRODUCTION / REFERENCE TO APPROPRIATE COMMITTEE

House

- Call, write and visit your legislators' offices urging your members of Congress to be an original co-sponsor of the legislation. (This can help increase awareness and interest about the issue and educate other legislators about the benefits of a particular public health bill).
- Contact those policy-makers who sit on the relevant committee early and make them aware of your opinions.
- Once the bill has been introduced, develop an Action Alert for your organization's members and partners to get them involved in supporting or opposing a piece of legislation or particular amendments.

Senate

THE SUBCOMMITTEE OR FULL COMMITTEE IS CONSIDERING THE BILL

House Subcommittee Action

- Provide verbal or written testimony before the committee as a public health advocate.
- Make a visit to the subcommittee and full committee legislators and staff to articulate your issues on the legislation. Be prepared to provide alternative legislative language and suggestions for strengthening the legislation.
- Indicate under which circumstances you support or oppose the bill. For instance, if with the changes you have proposed, you would support the bill, say so. If you are clearly opposed, make it clear that under no circumstances could you support the bill. Be clear about how you would like the member of Congress to vote.
- Issue a press release or send letters to committee members supporting or opposing the marked-up version or portions of the bill.

Senate Subcommittee Action

A BILL IS SCHEDULED FOR FLOOR ACTION

House Floor Action

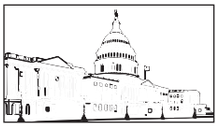
- Contact your members of Congress by phone, letter, fax, e-mail or in person to indicate support or opposition for the bill or any amendments. If there are areas in which the bill might be improved, advocates should find policy-makers who would support and sponsor strengthening amendments.

Senate Floor Action

Figure 3 Continued

INFLUENCE THE PROCESS—GETTING INVOLVED

CONGRESS



Continued

Conference Committee Action

A BILL GOES TO CONFERENCE COMMITTEE

- Weigh in with members of the conference committee and the House and Senate leadership to get legislators to support the preferred version and provisions of the bills in conference.
- Contact the White House to voice your support or opposition to the bill and call for Presidential support or veto.
- Remember, both the House and the Senate must approve the final conference committee version, which means that each legislator must register a final vote. Continue to contact your members of Congress by phone, letter, fax, e-mail or in person to indicate support or opposition for the bill in its final version.

A BILL GOES BEFORE THE PRESIDENT FOR PRESIDENTIAL CONSIDERATION

- Contact the White House to voice your support or opposition to the bill and call for Presidential enactment or veto.

PRESIDENT

Bill Signed into Public Law

OR

Bill Vetoed

A BILL GOES BACK TO BOTH CHAMBERS FOR A VETO OVERRIDE

- Call, fax or e-mail Members to make sure they are voting consistently. Provide Congressional leaders, especially those considered swing voters on public health issues, with the arguments, data and support they need to vote the correct way on your issue. Thank you policy-makers through your local press and letters for voting "right" on the issue.

THE REGULATORY PROCESS

The advocacy work of individuals and organizations often tends to focus on the activities in Congress or state legislatures. There is another equally important avenue for advocacy available to public health professionals. Regulatory entities play an important role in setting policy, administering programs, and interacting with the public. These provide excellent opportunities for public health advocates to influence public health initiatives at the federal, state, and local level. This section provides you with a brief framework of the regulatory process and how it affects public health.

While elected legislative bodies determine the general scope and funding of programs, regulatory agencies have the responsibility for programmatic implementation and regulation. In other words, regulations actually implement the programs that legislatures enact.

An example from the public health field is the establishment of federal health and safety standards. Congress passes legislation, such as the Clean Air Act, and then requires a federal regulatory body, in this case the U.S. Environmental Protection Agency (EPA), to set specific public health standards and the associated regulations, or rules, for implementing them. It is the EPA, for instance, that determines what is a "safe" level for a particular pollutant.

Decisions such as these have a significant impact on the public's health, and federal agencies have a great deal of discretion in making health-related choices.

RULE MAKING: THE STANDARD PROCEDURE

The federal government and virtually every state have what is called an "Administrative Procedure Act." This is a federal statute that specifies judicially enforceable guidelines that federal and state agencies must follow in making rules. This act typically sets out the procedures that federal agencies must follow in developing and adopting rules.

States tend to have their own version of the federal Administrative Procedure Act, which, in most states, is similar to the federal Act. For this reason, you will find many parallels between the federal and state regulatory processes.

Note: The information in this chapter regarding procedures for rule making are drawn from the federal Administrative Procedure Act.

ADMINISTRATIVE PROCEDURE ACTS: Key Components

TAKING A CLOSER LOOK

As noted, the federal government and virtually every state have an "Administrative Procedure Act," although the actual act may be called by a different name.

Typical components include:

- **opportunities for public review and comment; opportunities for individuals to speak at hearings or stakeholder meetings regarding proposed rules;**
- **procedures for appealing the action of a regulatory agency;**
- **review of actions of regulatory agencies by state or federal legislative entities; and**
- **criteria for federal or state courts in reviewing agency actions when the public brings a lawsuit against an agency.**

Quick Tip:

Remember, knowing the process and deadlines of regulatory agencies helps you to be effective and involved in the process.

WHY DOES AN AGENCY DECIDE TO ACT?

There are three general reasons that an agency decides to take regulatory action:

1. **Congressional Mandate or Executive Order**. In some cases, Congress or a state legislature determines that an agency should address a particular issue. Congress will then enact legislation that requires the agency to draft, implement, and enforce rules regarding the issue. Regardless of whether the agency agrees or disagrees with the congressional or executive provision, it is bound by law to follow the dictates of that requirement.

   The Needlestick Safety and Prevention Act required the Occupational Safety and Health Administration to amend the Bloodborne Pathogen Standard to require the use of safer devices to protect from sharps/needle injuries. The new standard requires that employers solicit the input of non-managerial employees responsible for direct patient care, who are potentially exposed to sharps injuries, in the identification, evaluation, and selection of effective engineering and work-practice controls.

   Under the new standard, employers must maintain a sharps injury log to contain, at a minimum, the type and brand of device involved in the incident; the department or work area where the exposure incident occurred; and an explanation of how the incident occurred.

2. **Its Own Authority**. The agency may determine, on its own, that a regulation is needed to address a particular issue. As long as the issue is within its jurisdiction or general responsibilities, as defined by Congress, an agency can act on its own initiative and begin the six-step regulatory process described below.

   The U.S. Department of Agriculture (USDA) is charged by Congress with ensuring the safety and wholesomeness of the United States' meat and poultry. Beginning in the late 1980s, many people became concerned that USDA's methods for regulating meat and poultry products were outdated and believed they needed modification. USDA decided to revise its meat and poultry inspection procedures. Since the issue fell within the authority already granted by Congress, the agency was able to do this without an additional act of Congress. USDA undertook a massive overhaul of its meat and poultry inspection regulations adopting a Hazard Analysis and Critical Control Point system (HACCP) with microbial performance standards that became effective in January 1998. These revisions are designed to ensure a safer food supply.

3. **The Public May Petition An Agency**. Any individual or group has the right to petition an agency to issue, amend or repeal a rule. The agency must act promptly when responding to such a petition and must provide its reasons if it denies the request.

   In 1994, the Center for Science in the Public Interest (CSPI) filed a petition with the U.S. Food and Drug Administration (FDA) requesting that the agency require that the amounts of trans fat be listed on nutrition labels. The Institute of Medicine/ National

Academies of Science (IOM/NAS) reported that trans fatty acids cause an increase in the level of "bad" cholesterol and, consequently, the risk of coronary heart disease. APHA submitted comments to the FDA in favor of the 1999 proposed rule to list trans fat on food nutrition labels. In July 2003, the FDA amended and finalized this rule requiring food manufacturers to list trans fat on Nutrition Facts labels by January 2006.

STATE REGULATORY AGENCIES

Although every state is different, state regulatory agencies must follow the directions of their state legislatures. Just like federal agencies, state agencies have broad powers for taking action. The issue of Medicaid implementation in the state of Illinois provides an example of the state regulatory process.

FIVE STEPS TO AGENCY RULE MAKING

The following steps comprise the process that federal agencies must follow. Again, states will have steps that are virtually the same.

As explained above, administrative procedure acts set out detailed requirements that agencies must follow in order to develop rules. The steps for rule-making typically include:

1. **Advanced Notice of Proposed Rule Making**. At the federal level, agencies publish notices of rule-making activity in the Federal Register. The Federal Register is a document published daily that reports activities of the federal government. Most states have similar publications. In addition to being in the Federal Register, the notice is available from the agency's public affairs office, or through a toll-free number. You can find this federal information on the Government Printing Office's web site: www.access.gpo.gov/.

   The first notice an agency publishes announces to the public that the agency will begin a rule-making process on a given issue. At the federal level, this notice is called Advanced Notice of Proposed Rule-making (ANPR). The ANPR explains the agency's rationale for the rule-making and requests comments from the public. This is an excellent time for advocates to influence the process. The comment period generally lasts from 30 to 90 days.
2. **Notice of Proposed Rule Making**. After a further review of the issue and the consideration of comments received as part of the ANPR, the agency drafts a proposed rule. This Notice of Proposed Rule-making (NPR) is published in the Federal Register along with the agency's rationale for moving forward with the rule-making. The public then has the opportunity to comment on the proposed rule, again usually for a period of 30 to 90 days. The agency reviews all comments and submissions to the docket and makes any necessary changes to the proposal. While the agency is not required to actually make suggested changes, it is required to demonstrate that it at least has considered all comments received.
3. **Notice of Public Hearing**. Although federal and state agencies often are not required to hold public hearings, agencies can at their discretion provide public forums. This gives another opportunity for advocates to articulate their position. Hearings can be either before or after the NPR. Opinions

Advocacy Success Story

The advent and continued growth of managed care models of health services provisions has meant a lot of changes for health departments. Emphasis has been placed on finding ways for health departments and managed care organizations to work together. When Illinois decided to revise its Medicaid rules to create a managed care program known as "Mediplan Plus," the Illinois Public Health Association (IPHA) and the Illinois Association of Public Health Administrators (IAPHA) pushed for the inclusion of language that would reinforce the "integration" of local health departments with managed care organizations. IPHA and IAPHA were successful in getting many of their suggestions included.

expressed at a public hearing are recorded, transcribed, and become part of the official record—the docket—along with all the written comments that are received. For example, in 1997, the President and President-Elect of APHA each testified at field hearings, in Boston and Chicago respectively, on EPA's proposed changes for ozone and particulate matter air quality standards.

4. **Notice of Final Rule**. After hearings, the public comment period, and reg-neg (See *Federal Advisory Committees* at right) have taken place, the Final Rule is published by the agency in the Federal Register. Keep in mind that even after the final rule is published, any interested party may petition the agency to repeal or amend the final rule.
5. **Agency Implementation and Enforcement**. Each agency is charged with the responsibility of implementing and enforcing its rules. If it is determined that a regulated industry or entity is not complying with the enacted rules, the agency has the authority to impose a penalty.

INFLUENCE THE PROCESS: GETTING INVOLVED

A better understanding of the regulatory process is the first step to becoming an effective participant in the development and implementation of public health policy. If understanding the process is the first step, the second step is easy. As a public health advocate, insert and assert yourself and your expertise into the process.

- For successful participation in the regulatory process, just as in the legislative process, timing is everything.
- The earlier in the process you involve yourself, the better chance you have at influencing the outcome of public health legislation and regulations.

Figure 4 (page 22) highlights some of the avenues available for involving yourself and using your advocacy skills in the regulatory process.

Federal Advisory Committees. More and more, agencies are pursuing a variety of methods to elicit early input from the public into the rule-making process. One format that has been utilized increasingly is called regulatory negotiation or "reg-neg." Reg-neg brings together various interest groups and stakeholders to create what is called a "Federal Advisory Committee." Federal laws apply to Federal Advisory Committees to ensure open proceedings and adequate representation of diverse stakeholders. In a reg-neg, the Federal Advisory Committee plays an active role in drafting the proposed rule and in resolving points of contention. These forum and stakeholder meetings offer excellent opportunities for advocates to impact public health policy. Federal Advisory Committees can also be utilized for virtually any other purpose where an agency desires advice from outside experts.

If an agency calls for public input by forming a Federal Advisory Committee Act Committee (FACA) you can:

- **Represent a stakeholder position by participating in and speaking before the FACA.**
- **Contact the agency and indicate your interest and willingness to participate in the FACA process. For example, contact the Assistant Administrator for the program with jurisdiction over your issue of interest.**
- **Even if you are not officially involved in the FACA process, attend the FACA hearings and participate in the period dedicated to public comment.**
- **Establish a relationship with those individual and organizational stakeholders representing your issues and interests in the FACA process.**
- **At the state level, for example, the members of the Arizona Public Health Association (AzPHA) were active throughout 1997 in contacting the EPA regarding the agency's rewrites of the ozone and particulate matter standards. Through their involvement and comments, they established their credentials as a stakeholder within Arizona and subsequently AzPHA has been asked to be a member of the Governor's Air Quality Commission.**

Figure 4

REGULATORY AGENCIES

INFLUENCE THE PROCESS—GETTING INVOLVED

When can I participate in the Process?

ADVANCED NOTICE OF PROPOSED RULE MAKING

An Agency announces the beginning of a rule-making process on an issue:

- This is one of the earliest opportunities for advocates to be involved. Remember, the earlier you get involved, the more you help shape the direction of regulatory processes.
- Develop individual relationships with agency leadership and staff.
- Prepare comments. Your comments will be taken into account as initial proposed rule language is introduced.
- Encourage colleagues and partner organizations to provide comments—the more individuals and organizations weighing in the better.

NOTICE OF PROPOSED RULE MAKING

An agency drafts a proposed rule:

- Again, this comment period provides advocates like you with an opportunity to provide technical comments based on your public health practice experience.
- Call on the agency to provide public forums for experts and advocates to share their expertise.

NOTICE OF PUBLIC HEARING

An agency announces a public forum:

- Testify at a public or field hearing or provide a written statement if you are unable to attend the hearing.

NOTICE OF FINAL RULE MAKING

An agency publishes the final rule:

- Commend the agency if you are pleased with the outcome of the rule.
- Write and visit the agency leadership and staff if you are not satisfied with the outcome of the rule; provide background and substantive data and evidence to support your position; share the results of the rule-making process with colleagues and partner organizations to help generate action; petition the agency to reconsider the rule; and remain involved in the process.

Figure 4 Continued

REGULATORY AGENCIES

INFLUENCE THE PROCESS—GETTING INVOLVED

Continued…

AGENCY IMPLEMENTATION AND ENFORCEMENT

An agency is responsible for implementing and enforcing its rules:

- Monitor the implementation and enforcement of the rule, acting as a watchdog to ensure that the agency is doing its job
- Involve the media in investigating implementation and enforcement by writing a letter to the editor or holding a press event.
- Draw together the connection between the regulatory and the legislative processes by encouraging legislators to be active participants in regulatory oversight.
- Call on the agency to impose penalties and fines for violators and repeal or reassess a particular rule if it proves inappropriate or harmful to public health.

Special Note

FEDERAL ADVISORY COMMITTEES

If an agency calls for public input by forming a Federal Advisory Committee Act Committee (FACA), you can:

- Represent a stakeholder position by participating in and speaking before the FACA.
- Contact the agency and indicate your interest and willingness to participate in the FACA process. For example, contact the Assistant Administrator for the program with jurisdiction over your issue of interest.
- Even if you are not officially involved in the FACA process, attend the FACA hearings and participate in the period dedicated to public comment.
- Establish a relationship with those individual and organizational stakeholders representing your issues and interests in the FACA process.
- At the state level, for example, the members of the Arizona Public Health Association (AzPHA) were active throughout 1997 in contacting the EPA regarding the agency's rewrite of the ozone and particulate matter standards. Through their involvement and comments, they established their credentials as a stakeholder within Arizona, and, subsequently AzPHA has been asked to be a member of the Governor's Air Quality Commission.

ADVOCATING IN THE POLICY PROCESS

APHA ADVOCACY AND THE POLICY PROCESS

As a non-partisan non-profit organization, APHA participates in the policymaking process at the federal, state, and local levels. APHA informs its members of legislative and regulatory action with the following efforts:

- Sends Action Alerts to members;
- Signs-on to letters with APHA State Affiliates (letters to a member of Congress or a Congressional committee with APHA members, state affiliates, and partner organizations signed-on in support of an issue or a set of principles);
- Issues press releases and other media materials, such as op-eds and letters to the editor; and
- Posts information on the APHA web site.

In this section, we will take a closer look at how public health professionals can be advocates on every level of the legislative and regulatory process. Regardless of whatever stage or avenue you choose to enter into the legislative and/or regulatory process, there are basic tips to remember. Keep in mind the advocacy tips learned in the *Top 10 Tips of Advocacy* (page 8) as you work to secure the future of public health programs.

APHA SENDS ACTION ALERTS

Action Alerts are sent to members in order to urge them to advocate a specific policy issue to their members of Congress or the President. Action Alerts are sent via E-mail to key states, Congressional districts, and APHA sections. They are also posted on the APHA Web site. See a sample APHA action alert, "National Call-In Day on Global AIDS," at the end of this section.

APHA PARTICIPATES IN SIGN-ONS

Sign-ons are joint letters sent by APHA and other agencies to members of Congress, Committees and other policy makers. APHA partners with state Affiliates as well as federal agencies and other organizations such as the American Medical Association to encourage policymakers to pass legislation in the interest of public health. See the sample sign-on letter, sent to the House of Representatives in support of the CDC's National Violent Death Reporting System, at the end of this section.

APHA ISSUES PRESS RELEASES

The media is an essential tool for APHA's advocacy efforts. The APHA Communications Department regularly issues press releases to inform the public of public health events, and the APHA presidents have submitted several editorials for publication in major national newspapers. Consult APHA's Media Advocacy Manual for more information about the role of the media in public health advocacy.

APHA UPDATES ITS WEB SITE REGULARLY

One of the keys requirements of effective advocacy is comprehensive knowledge about the policy issue at hand. In order to prepare members to be successful advocates, APHA posts weekly legislative updates, fact sheets, action alerts, and voting records. Visit the APHA Web site today at **www.apha.org**!

Figure 5

APHA ADVOCACY AND THE POLICY PROCESS

Congress *and* Regulatory Agencies

Legislative issues arise in Congress

Regulatory issues emerge out of the Regulatory agencies.

APHA

Monitors legislative action in Congress

Drafts, reviews, analyzes, and initiates provisions and bills in Congress

Chairs APHA coalitions and participates in various coalitions

Writes letters to Congress and regulatory bodies

Meets with legislators, program administrators, and staff

Develops fact sheets and other materials on public health issues

APHA Membership

APHA alerts certain members—depending on their section affiliation and/or geographic location—to contact their Members of Congress. Members respond with letters, phone calls, personal visits and E-mails on legislation at the state and federal level.

Advocacy Network Members

Respond with letters, phone calls, personal visits, and E-mails on legislation at the state and federal level

Participate in press events, town meetings and hearings on public health issues

APHA Affiliates

Sign on to Action Alerts

Draft letters of support or opposition

Meet with legislators at state and federal level

Monitor legislation and regulatory issues at state and federal level

Share information with and mobilize affiliate members

APHA Sections

Initiate, and distribute action alerts to section members

Meet with legislators at state and federal level on issues of interest to the section

Monitor legislation at state and federal level on issues of interest to the section

Mobilize section members through section newsletters

Congress *and* Regulatory Agencies

Receive input on issues from the public health community

TAKING A CLOSER LOOK

Sending an E-Communication

In this day and age, the most widely used mechanism of advocacy is e-advocacy. APHA, like other organizations, has made it easier than ever for members to contact their legislators about issues important to public health. The APHA Web site contains pre-written letters to policy-makers with space to insert name, organization and additional comments. A few clicks of the mouse sends a letter to your Senator, Representative or the President, advocating for certain public health issues.

SAMPLE APHA GRASSROOTS ADVOCACY ALERT
JULY 9, 2003

PUBLIC HEALTH CALLS FOR THE MEDICARE PRESCRIPTION DRUG CONFERENCE COMMITTEE TO APPROVE AN EQUITABLE MEDICARE PRESCRIPTION DRUG BILL FOR ALL SENIORS!

CALL YOUR MEMBERS OF CONGRESS TOLL FREE AT 1-888-786-3725!

Issue at Hand:
On Friday, June 27, 2003, the Senate and House both passed legislation to create Medicare Prescription Drug Benefit Plans for seniors. The bill passed in the Senate with overwhelming bipartisan support, by a vote of 76-21. However, the in House, our advocacy efforts paid off with the bill passing by only ONE vote, 216-215.

The Senate and House versions of the bill will now go to conference committee where both chambers will attempt to come up with a bill on which they both can agree. APHA wants its members to remind every member of Congress of provisions that must be included or deleted from the final bill in order to ensure all seniors have access to an AFFORDABLE and COMPREHENSIVE prescription drug benefit. APHA wants members of Congress to urge their colleagues who will serve as members of the conference committee to craft a final bill that:

- retains two Senate-passed provisions—one to cover legal immigrant children and pregnant women under Medicaid and the State Children's Health Insurance Program (SCHIP), the other to speed up the approval process for more affordable generic drugs;
- contains a federal fall-back plan to provide seniors with prescription drug benefits if private insurance companies chose not to provide services in particular regions of the country or end their coverage at any point;
- deletes or significantly closes the coverage gap in both bills;
- deletes the private competition provisions in the House bill; and
- removes any provisions that would use income levels to determine access to Medicare benefits, including benefits for the nation's poorest seniors.

Take Action:
APHA would like to generate a lot of activity on this issue on Capitol Hill. Compliments of AARP, APHA has been given a toll- free number for our members to advocate on this very important issue. Besides making a personal visit to your members of Congress, making a phone call is the most effective form of advocacy that you can do on this issue at this time.

Call your members of Congress in Washington, DC at 1-888-786-3725 and urge them to insist that their colleagues draft an equitable final medicare prescription bill for all seniors. If you cannot call please send an email through our e-advocacy tool now!

Sample Script
As a constituent, public health professional and member of the American Public Health Association I urge (Name of Representative or Senator) to insist that the Medicare Prescription Drug Conference Committee draft a final that that:

- retains two Senate-passed provisions—one to cover legal immigrant children and pregnant women under Medicaid and the State Children's Health Insurance Program (SCHIP) the other to speed up the approval process for more affordable generic drugs;
- contains a federal fall back plan to provide seniors with prescription drug benefits if private insurance companies chose not to provide services in particular regions of the country or end their coverage at any point;
- deletes or significantly closes the coverage gap in both bills;
- deletes the private competition provisions in the House bill; and
- removes any provisions that would use income levels to determine access to Medicare benefits, including benefits for the nation's poorest seniors.

I look forward to receiving (Name of Representative or Senator's) position on this issue.

Don't forget to leave your name and address.

Background
For more information on APHA's advocacy efforts on Medicare Prescription Drugs visit **www.apha.org/legislative/legislative/medicarePD.htm.**

Thank you for your advocacy, and if you have any questions or need additional information contact Lakitia Mayo, Director of Grassroots Advocacy at **grassroots@apha.org**.

SAMPLE SIGN-ON LETTER

June 18, 2003

The Honorable _____
House Office Building
Washington, D.C. 20510

Dear Representative: _____

The undersigned organizations representing health and child and family advocates are writing to urge your support of $10 million for FY 2004 for the continued implementation of the National Violent Death Reporting System (NVDRS), an important injury and violence prevention initiative of the Centers for Disease Control and Prevention (CDC). We appreciate the Congress' support of this system by appropriating $3 million in FY 2003 and look for funding in FY 2004 of $10 million to continue the critical implementation of the reporting system in more states.

Each year, there are approximately 50,000 violent deaths in the United States due to suicide and homicide, including child abuse and domestic violence. Yet we lack information about the circumstances of such deaths that could guide prevention efforts. The federally funded reporting system is currently enabling some states to collect uniform, detailed information about violent deaths—data that will ultimately help save lives. We need to ensure that the NVDRS is implemented in all 50 states.

In his FY 2004 budget request, President Bush once again calls for continued funding for the NVDRS, noting that "examples of CDC activities include support for …gathering data for the National Violent Death Reporting System, and helping States develop systems to collect surveillance data on child maltreatment and related injuries." In addition to the implementation of the system in 20 new states, the $10 million request for FY 2004 would allow CDC to:

- Provide leadership and technical assistance to states;
- Build state capacity to collect and analyze data;
- Facilitate input from federal and state agencies, non-governmental organizations, and other experts;
- Establish strong partnerships among key agencies; and
- Research and address potential barriers to data collection.

Therefore, we urge you to support $10 million in FY 2004 to further develop the NVDRS by expanding the implementation of the system to an additional 20 states.

We look forward to working with you and other members of the Subcommittee on Labor, Health and Human Services, and Education Appropriations. If you need any additional information or have any questions, please feel free to contact Barbara Allen at the Child Welfare League of America, 202/639-4924, or Don Hoppert at the American Public Health Association, 202/777-2742.

Sincerely,
American Academy of Pediatrics
American College of Physicians
American Public Health Association
Child Welfare League of America
Physicians for Social Responsibility
Prevent Child Abuse America
American Academy of Child and Adolescent Psychiatry
American Association for the Surgery of Trauma
American College of Emergency Physicians
American College of Preventive Medicine
American College of Surgeons
American Medical Women's Association
American Osteopathic Association
Eastern Association for the Surgery of Trauma
Emergency Nurses Association
LA County Department of Health Services, Injury and Violence Prevention Program
National Association of Pediatric Nurse Practitioners
National Association of School Psychologists
National Hispanic Medical Association
National Medical Association
New York Academy of Medicine
Partnership for Prevention
Physicians for a Violence-free Society
Prevent Child Abuse America
Society of Critical Care Medicine
The Chicago Project for Violence Prevention
Violence Prevention Coalition of Greater LA

ADVOCACY AND YOU: LESSONS ON SUCCESSFUL PUBLIC HEALTH ADVOCACY

This section is designed to give you the advice you need to effectively advocate for public health issues. It is divided into five sub-sections:

- Writing to Your Policy-Maker;
- Calling Your Policy-Maker;
- Personal Visits to Your Policy-Maker;
- Presenting Testimony; and
- Speaking at Town & Public Meetings.

TIPS FOR WRITING TO YOUR POLICY-MAKER

As has been pointed out, your policy-makers welcome your opinions and expertise on issues affecting you, your community and your state. Write to your legislators to voice support or opposition for a piece of legislation, inform them of a problem in your community, share with them your knowledge, thank them for their vote on a certain measure, or offer your expertise for future legislative and regulatory efforts.

A letter to your legislator can be very effective in influencing the outcome of a piece of legislation and informing him/her of the impact the bill would have on you, your community and your state. You can write the offices of any of your policy-makers—congressional representative, state senator, governor, or the President—about such issues as taxes, pollution or health insurance. Don't worry if you can't find a stamp; offices also accept constituent mail via fax or e-mail.

Keep the following tips in mind as you correspond with your policy-makers.

- **Accuracy and attention to detail**. Be sure to use the proper form of address and correct spelling of the policy-maker's name.
- Whenever possible and appropriate, use your **organization's letterhead**.
- Remember to identify yourself as a **constituent.**
- **Identify yourself as a public health professional in the text of your letter**. Whenever possible, give your official title and any professional degrees, following your signature.
- **Short letters are best—**try to keep them to one page. Be sure not to use jargon or confusing technical terms.
- **Concentrate on a single issue**. Letters should cover only one topic or bill and be timed to arrive while the issue is alive.
- **Praise, Praise, Praise**. If your legislator pleases you by supporting a public health issue, write and tell him/her so.

In addition, there are important points to remember regarding the substance of your letter.

- **State your purpose for writing at the outset**.
- **Correctly identify the legislation**. If you are writing about a specific bill, remember to describe it by its official title and number, as well as by its popular name.
- **Tell your legislator how the issue would affect you and the rest of his/her constituents**. Your own personal experience and district specific information are the best supporting evidence. In addition, data and research supporting your position are important.
- **Be sure that your facts and assertions are accurate**. Often legislators use constituent mail to make points during speeches or debates and to convince fellow legislators of their position.
- **Ask your policy-maker for his/her position on the issue**. Indicate that you look forward to hearing from him/her on the issue.

Your letter will be read by the legislator and/or a member of the legislative staff. Sometime after it is received, you should receive a letter from the legislator that includes the legislator's opinion on the topic, an update on the legislative status of the bill, and any other relevant information about the issue. You may want to send a note of appreciation if your position is supported.

Quick Tip:

For your convenience, there is a section in the Appendices entitled "My Personal Contacts" in which you may record the addresses and phone numbers of your policy-makers. **See page 63.**

Correct Forms of Address

To your Senator:	*To your Representative:*
The Honorable_____ **United States Senate** **Washington DC 20510**	**The Honorable_____** **U.S. House of Representatives** **Washington DC 20515**
Dear Senator_____	**Dear Representative_____**

Forms similar to those above, addressed to your state capitol, are appropriate for your state representatives and senators.

To the President:	*To the Vice President:*
President_____ **The White House** **Washington DC 20500**	**Vice President_____** **Office of the Vice President** **Dirksen Senate Building** **Washington DC 20510**
Dear Mr. President:	**Dear Mr. Vice President:**

SAMPLE LETTER TO A MEMBER OF CONGRESS

October 3, 2003

The Honorable Senator_____
United States Senate
Washington, D.C. 20510

Dear Senator _____:

As a member of the American Public Health Association (APHA), the largest and oldest organization of public health professionals in the nation, representing more than 50,000 members from over 50 public health occupations, I write to urge you to sign-on as a cosponsor of S. 486, The Senator Paul Wellstone Mental Health Equitable Treatment Act of 2003.

S. 486 would modify the 1996 federal Parity Act by eliminating financial disparities for mental health treatment including co-payments, deductibles and other out-of-pocket costs, and restrictions on the frequency of treatments. The legislation would require the same level of coverage for mental health care as is currently provided for medical and surgical care.

APHA believes equal coverage for mental health treatment is an affordable public policy alternative and may importantly reduce the individual disability as well as the family and public welfare burden created by inadequate access to effective treatments.

Thank you for your attention to this important public health issue and I look forward to receiving your position.

Sincerely,

_____

TIPS FOR CALLING YOUR POLICY-MAKER

Legislative offices in home districts, state capitols, and Washington, DC, can provide you with services and information. Call your legislator's office to learn the status of legislation, to convey your opinions, or to find out the legislator's opinion on an issue.

A phone call to your legislator can be very effective in influencing the outcome of a piece of legislation. You can call the offices of any of your policy-makers—congressional representative, state senator, governor, or the President—and ask to have a message delivered to him or her. Some policy-makers have hot-lines that allow constituents to voice their opinions on legislation. Legislators regularly ask their staff to report on the opinions of constituents calling the office, and some offices keep track of the numbers of constituents weighing in on either side of a particular issue.

MAKING THE CONNECTION:

- Call the US Capitol Switchboard (202)-224-3121 and ask for the office of Senator/Representative_____ - OR -
- Call the White House comment line at (202) 456-1111 and leave your comments.
- "Hello, I would like to leave a message for Senator/Representative/ President_____."
- Start your call by saying, "My name is _____, and I am from_____." End your call by saying, "Thank you." (Some offices may ask for your full name and mailing address so they can follow up with you on the issue.)
- "Please let the Senator/Representative/President know that I support/oppose (bill number and title)." For your information, you may want to ask what the legislator's opinion is on this issue.
- "I would like to urge him/her to vote for/against this provision because: (give one or two reasons)."

If you would like to discuss a bill in greater detail with your legislator, ask the staff person taking your opinion to relay your name and telephone number to your policy-maker or a legislative assistant and ask that your call be returned.

TIPS FOR MAKING A PERSONAL VISIT TO YOUR POLICY-MAKER

One of the most effective ways to influence the policy-making process and make a lasting connection is to visit with your legislators in person. Most legislators have regular office hours, in their district offices and in the Capitol, during which they and their staff are available to their Constituents. **Don't be discouraged if you are scheduled to meet with a staff member commonly called legislative aide**. While legislators make every effort to meet with their constituents, their schedules can be very unpredictable. Contrary to belief, staff play an intricate role in research and information collecting for legislators on issues. Legislative aides are usually assigned issues in which they become "experts" for the office. The legislative aide helps to shape the legislator's positions on issues. Building a relationship with a staff member can be just as effective as meeting with a legislator.

TIPS FOR ARRANGING A MEETING WITH YOUR POLICY-MAKER:

- **Send a letter, a fax, or call to request an appointment**. If you want to meet with your legislator in the district, send the request to the district office. If you will be visiting the capitol, send the letter to that office.
- **Be sure to identify yourself as a constituent** and address the letter to the legislator and to the attention of the appointment scheduler. Include information about who you are, the nature of your visit (identify what you want to discuss), when you would like to meet, and the names of any friends or colleagues who may accompany you.
- **Call the policy-maker's office after a few days to follow up the letter**. Ask to speak with the appointment scheduler or the administrative assistant who handles appointments. Explain who you are and why you are calling, and refer to the letter you sent to the office. If the legislator is unavailable at that time or will not be in the area on the date you would like to meet, the appointment scheduler may offer you another date/time or provide you the opportunity to meet with the legislative staff who handles the issue you want to discuss.
- **Send a letter or make a phone call confirming the appointment**.

TIPS FOR CONDUCTING A MEETING WITH YOUR POLICY-MAKER OR STAFF

- **Arrive on time**. If meeting with a staff member, be sure you have the correct contact name. Do not underestimate the power of the staff person in helping to shape the policy-maker's opinions and positions on issues or a particular piece of legislation.
- **Bring two or three colleagues with you**. Prior to the meeting, you should agree on what points will be made and which one each of you will discuss.
- **Try to deliver your message in three minutes**. Be sure to introduce yourself and your colleagues and explain why you are concerned about the issue and why you have expertise regarding the issue. Be concise, polite, and professional.
- **Be prepared** to answer questions. Clearly explain your interests and issues.
- **Be a resource for the policy-maker and his/her staff**. Offer your time and assistance if he/she wants to talk about your areas of interest and expertise in the future.
- **Provide material to support your position**. Leave behind a business card and a one-page fact sheet summarizing your position.
- **Follow up with a thank-you letter**. Be sure to include any additional information you may have promised or that may be relevant to the issue.

Advocacy Success Story

Meeting with Your Member of Congress
Joyce Gaufin is the Executive Director of the Great Basin Public Health Leadership Institute. The GBPHLI provides advanced leadership training for scholars in Nevada and Utah. Joyce is a former President of the Utah Public Health Association, a Past Chair of the Health Administration Section, and is the Chair-elect for the Intersectional Council. During a visit to Washington, DC, she stopped in to see Representative Jon C. Porter (R-NV), to discuss public health issues important to his district and the state. Below are some of her perceptions of her visit in which she met directly with Representative Porter, and his Legislative Aide for Health Affairs.

Questions and Answers

Q: Had you ever met with a Congressperson before this meeting?
A: Yes, I've had the opportunity to meet with several members of the both the Utah and Nevada congressional delegations, including both senators and representatives. This was my first meeting with Congressman Porter.

Q: How long did your meeting last?
A: My meeting lasted about 20 minutes, and both Congressman Porter and his legislative aide for health issues attended. As a bonus, there was a Nevada Girl Scout there that day, "shadowing" the Congressman.

Q: Did you take material to give the Congressman for his review?
A: I had prepared an informational packet highlighting our training program, which included a fact sheet, a copy of our brochure and other important information. In addition to my personal contact information, I also delivered a packet that APHA had prepared on key priorities in public health. The packet was a nice way to introduce the topics and gave his office access to current public health information.

Q: Were you nervous?
A: I was not nervous about my visit. I feel that these face-to-face meetings are very important. I was actually excited to hear that the congressman would be there in person. I have found that the congresspersons are usually are good at putting you at ease. They want to hear what you have to say, especially if you are courteous, brief, and to the point.

Q: What was the Congressman's attitude to your visit?
A: Congressman Porter was very warm and courteous. He was anxious to hear about the new program [Great Basin Public Health Leadership Institute], and how it was benefiting public health in his state. I had taken the opportunity in advance to talk with other people who knew of his special interests—pro and con—and that helped me to target the discussion. He is a conservative legislator, so I tried to find areas of common concern and value; at some level, everyone supports public health. He was very attentive, and he asked that I share information on the progress of our program in the future.

Q: Did you follow up with the Congressman's office after the visit?
A: Yes, I sent a letter to the congressman, with a copy to his aide, to thank them for their time. I told him that I would plan a visit on a return trip, or perhaps when he is back in Nevada, to provide him with a program update. I also invited him to attend our first graduation program; he said he would love to attend if the timing is right.

Q: If you could say one thing that would summarize your visit, what would it be?
A: The Congressman was very interested to receive information on a public health program of importance to his state. He listened carefully, and I felt he was sincere when he asked how he could help to provide support. I think he also was happy to know of another person who could be a resource to his office on issues surrounding public health.

Q: Did the fact that Representative Porter's voting record for public health initiatives is poor affect your meeting?
A: No. The Congressman was interested in what I had to say, and I treated him with the same respect he afforded me. Although I was requesting support for a specific program, I tried to reaffirm positive public health positions in a manner that didn't come across as judgmental, but informative and helpful.

Q: What do you believe helped to make the meeting with Rep. Porter a success?
A: Perhaps the most important thing to prepare for a successful meeting is to learn something about the congressperson's background and voting record; think about what you need to do to deliver a message that will appeal to this person. Secondly, prepare yourself in advance to present no more than three important ideas. Keep it simple. You can back up your ideas with written materials. Congresspersons appreciate brief visits—usually no more than 20 minutes. It may help you to practice making your presentation to someone else first. Finally, relax and enjoy the opportunity. I believe that he appreciated that I was prepared, kept the meeting brief, and maintained positive energy throughout the meeting. I really look forward to meeting with him in the future to help expand his understanding of the critical role of public health in his state and community.

Advocacy Success Story

Meeting with a Legislative Aide
Kathye Gorosh is an APHA member and is Secretary of the APHA Section on HIV and AIDS. During a visit to Washington, DC, she made an appointment to meet with the office of Senator Peter G. Fitzgerald (R-IL) to discuss APHA's public health priorities as well as the Global HIV/AIDS bill and the Minority HIV/AIDS initiative. Below are some of her comments about her meeting with Andrew Heyerdahl, a legislative assistant to Senator Fitzgerald.

Questions and Answers

Q: Had you ever met with a Congressional staff person before this meeting?
A: Yes, although this was my first meeting with this particular staff member. Even when I've had meetings scheduled directly with the Legislator, I know that there may be a last minute scheduling conflict and that a staff person may substitute the Legislator in the meeting. Depending on the issue and the Legislator's priorities, staffers can be very valuable since they are often "closer" to the issue and frequently do the leg work required on an issue.

Q: How long did your meeting last?
A: About 15 minutes

Q: Did you take material to give the staff person for his review?
A: Yes, APHA staff assembled a briefing packet that I could use to prepare for the meeting, as well a packet highlighting APHA's Health Priorities to leave behind with the staff person. In addition, I made sure I was aware of current HIV/AIDS issues that were being discussed in Congress, as well as Senator Fitzgerald's positions on these issues.

Q: Were you nervous?
A: Yes and No. Although I've made previous Hill visits, I was always with a small group of people—never by myself. I was anxious before the meeting, but once we began talking, I regained my confidence after I realized how well I actually knew the material. Although no one likes to be nervous, a few jitters can actually strengthen the presentation.

Q: Did the staff person seem knowledgeable of your issue?
A: In general, not really. Senator Fitzgerald's interests in health care do not specifically target HIV and AIDS, although he does support diabetes research. Although many Legislators and staff are concerned for the health of the American population, they may not be knowledgeable about specific public health issues.

Q: If you could say one thing that would summarize your visit, what would it be?
A: The meeting was a great opportunity to introduce Senator Fitzgerald's office to HIV/AIDS advocacy issues, and also introduce them to the work of APHA.

Q: Did the fact that Senator Fitzgerald's voting record for public health initiatives is poor effect your meeting?
A: Since it was clear that Senator Fitzgerald's does not, in general, support APHA's position when it comes to public health, I tried to find some common ground within the health area so that we could understand each other's comments. For instance, Senator Fitzgerald supports diabetes research, so I used this information to make a parallel to the need for HIV research and other APHA issues

Q: What do you believe helped to make the meeting with the Senator's staff a success?
A: Being prepared, brief and to the point. I also thanked the staff for Senator Fitzgerald's past and current positions on public health issues such as diabetes research.

TIPS FOR PRESENTING TESTIMONY

Testifying before a congressional committee, a city council hearing, or a federal field hearing is a great opportunity to educate and influence policy-makers with jurisdiction over public health programs and funding.

Be sure to take the impetus to create an opportunity for yourself to testify. If you want to share your knowledge on a particular public health subject or bill:

- **Show your Support.** Write a letter in support of the bill to the committee members indicating a willingness to work with the committee on the bill and to testify;
- **Contact the Committee or Agency.** Contact the staff of the committee with jurisdiction as soon as you learn that hearings are scheduled to take place; and
- **Get Invited.** Secure an "invitation" to testify through the bill's sponsor or committee members. When you are preparing to testify, find out the committee's procedural rules including length of statement, format of panels, and number of packets required. Be sure to find out how far in advance written materials need to be submitted to committee staff.

Remember, the best witnesses are not professional witnesses, they are citizens committed to public health with specific expertise or experience. A hearing will generally be set up with witnesses testifying in "panels" of several people with similar concerns or positions, thus saving time and allowing witnesses to comment on each other's statements.

Your brief and concise written statement for testimony purposes should include:

- a title page;
- a clear presentation of your position: "I/We support _____."
- factual arguments and data as evidence to support your position. Consider including scientific studies, research papers, editorials and news articles, and APHA-developed resources; and
- a conclusion that reviews your basic position.

MAKING THE CONNECTION

Keep in mind these helpful tips when preparing to present testimony.

- A successful witness will **do the necessary homework** to find out about the committee members and their particular interests and record in the subject at hand. Be sure to address these legislators' concerns when presenting your testimony.
- **Your written statement will be a part of the official record**. A written statement can be longer than your oral statement. Use your oral statement as an opportunity to make a brief summation of your written testimony. If possible, summarize your concerns in three concise points.
- **Be precise and concise**. Your oral statement generally should be kept to five minutes. Stick to the allocated amount of time. Speak clearly, loudly, and make eye contact when presenting your remarks.
- **Concentrate your remarks on what can be done and keep your remarks as positive as possible**. Instead of reinforcing negatives, concentrate on what will enhance or improve the program.
- **Try to avoid scientific or professional jargon**. Excessive detail will lose the audience. Follow this suggestion: "Tell the committee what time it is—not how the watch works."
- Use your best professional judgment in suggesting what action committee members should take. **Policy-makers are looking to learn from your experience and recommendations**.
- **Be polite**. Address the policy-makers as Chairman or Madame Chair _____, Senator or Representative _____, Mayor _____, or Mr. or Ms. _____.

On the following page, there is an example of an APHA testimony on SARS. This testimony of APHA Executive Director Georges C. Benjamin, MD, FACP, was given before the House Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce.

TESTIMONY OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

SARS: HOW EFFECTIVE IS THE STATE AND LOCAL RESPONSE?

Statement by Georges C. Benjamin, MD, FACP
Executive Director

Submitted to the Senate Government Affairs Committee
Permanent Subcommittee on Investigations

Wednesday, May 21, 2003

The American Public Health Association (APHA) is the oldest and largest public health association in the world, representing approximately 50,000 public health professionals in the United States and abroad. We are pleased to submit a statement for the record on the state and local response to the Severe Acute Respiratory Syndrome (SARS) epidemic.

The Problem of Emerging Infections

SARS is an emerging infectious disease. It is not the first and certainly will not be the last. In fact, within the past 30 years, we have seen 35 new infectious diseases around the world—several within our own borders. One can anticipate that the problem of emerging infectious diseases is likely to become more acute in the future, not less. In fact, infectious disease in general continues to be a major public health problem despite the wonder of antibacterial agents, improvements in health care and a better understanding of the pathogenesis of disease. The best illustration of this issue is the U.S. death rate from infectious disease. This rate, which dropped in the first part of the 20th century, is now double what it was in 1980.

The Institute of Medicine of the National Academy of Sciences attributed the surge in infectious disease to 13 specific changes in the world and the way we live. Those 13 factors are: microbial adaptation and change; human susceptibility to infection; climate and weather; changing ecosystems; human demographics and behavior; economic development and land use; international travel and commerce; technology and industry; breakdown of public health measures; poverty and social inequality; war and famine; lack of political will; and bioterrorism.

Lessons Have Been Learned

The lessons learned from managing two recent infectious outbreaks, West Nile and anthrax (one apparently naturally occurring and one intentional), have helped the public health community address SARS. These lessons demonstrated the need for a strong public health system as one component of an integrated homeland security program. We also learned what capacities we need to ensure preparedness and where some of the gaps remain that must be filled. Ensuring an effective public health infrastructure is a top priority for the APHA. An adequate public health infrastructure to manage the infectious disease threat is one where there is an adequate work force that is well trained, with the proper tools and resources to effectively respond to current and emerging infections. SARS is an excellent example of the need for a strong public health system and the infrastructure required for it to be effective. This infrastructure includes the capacity to:

- Prevent disease outbreaks;
- Know when a new disease has entered the community;
- Provide definitive diagnosis and laboratory verification;

- Track the spread of the disease;
- Contain the disease;
- Ensure effective treatment;
- Demonstrate an adequate legal framework for this work;
- Effectively communicate with the public, medical and public health providers and other stakeholders; and
- Partner on a local, regional, national and global level.

The effective use of many of these capacities have been demonstrated at the federal, state, and local level in the initial response to SARS, and represents a significant improvement over our response to the anthrax attacks of 2001 and some improvement over the early response to West Nile virus.

In the fall of 2001, I was Secretary of Health for the state of Maryland. During the anthrax outbreak, as with West Nile virus two years before, we learned a lot that helped the public health community to better prepare to respond to SARS. We learned that any disease outbreak is a community event that can quickly grow in scope and size. These events require a high degree of coordinated communication and cross-jurisdictional cooperation. It is critical that in times of crisis, the public trust their public health officials and receive a clear, consistent message. In order to accomplish this, we have learned that rapid, early communication by credible spokespersons is essential.

During the current SARS event, the U.S. Department of Health and Human Services communicated early and frequently to a broad range of both medical and public health providers. What is important is that this communication occurred before the disease entered the borders of our country and gave us a head start on preparedness. These briefings were held by experts who were able to adequately tell us what they knew and what they did not know. Today there are frequent SARS briefings from either the high-tech, secure, command center at the Department of Health and Human Services or the Centers for Disease Control and Prevention (CDC) new Emergency Operations Center.

The Health Alert Network, which received its first real workout after September 11th, has become a mainstay of communication to the medical and public health community. CDC has set up and is using a free registry to provide clinicians with real-time information to help prepare for and respond to terrorism and other emergency events. Participants receive regular e-mail updates on terrorism and other emergency issues and on training opportunities relevant to clinicians. This highly focused, centrally coordinated effort has made a difference in the ability of local public health authorities to control the outbreak and also to educate clinicians and the public in their communities. This rapid and consistent message has allowed for those clinicians and medical facilities to properly manage suspect and probable SARS cases in the United States with minimal risk to others.

Anthrax also taught us that it was important to aggressively coordinate our external communications efforts, not just our response efforts, very early in order to ensure that we had control of the message and that we spoke with a single, consistent voice. This approach is imperative to avoid confusion, misinformation and panic. This is extremely important in an event like SARS when our understanding of the science shifts rapidly. Both the World Health Organization (WHO) and the CDC have done a much better job at being clear about telling us what they know and what they do not know, and quickly sharing new knowledge when it becomes available.

We need to be proactive in monitoring the global situation. SARS is a good example of a proactive approach and how with good public health practice and some luck, we have had only a few cases and no deaths in the United States. More than 20 years ago HIV—the virus that causes AIDS—emerged from Africa and since then has killed millions of people and devastated entire communities and countries. When West Nile first hit our shores it also was not new. West Nile virus was first isolated in Uganda in 1937 and was later recognized in Egypt in the 1950s and in Israel in 1957. In the 1990s, outbreaks occurred in Algeria, Romania, the Czech Republic, the Democratic Republic of the Congo and Russia. When it finally reached our shores in 1999 we were perplexed and surprised. It has now spread throughout North America and will probably enter the

few remaining communities during the coming summer. The response to SARS has been much more proactive with every community on alert and vigilant.

Similarly, when the anthrax outbreak occurred in our region, much of the management focus initially was narrowly directed at the District of Columbia with less attention to Maryland and Virginia. This made it very difficult to have an effective regional strategy. SARS not only required managing a regional strategy around individual cases but a global one as well. This is a substantial improvement over our response to the anthrax attacks. I do want to caution, however, that our limited, experience with suspect and probable SARS cases is limited and we should not get overconfident in our capacity to manage and coordinate a large biological event.

The CDC and the WHO have been doing yeoman's work on SARS, and there has been unprecedented global communication. The WHO has been effective in helping to contain SARS and coordinating research at major institutes around the world once the disease became known. As cases popped up from China to Canada, WHO officials linked a network of 11 laboratories in nine countries to identify the agent causing the illness and devise treatments. In the past, international laboratories have competed to solve an epidemiological challenge. But in this case, labs have been exchanging data on a daily basis. Lines of communication between research facilities, physicians treating cases, and the public have been strengthened. Recently, scientists in Canada and the United States have broken the genetic code of the coronavirus that apparently causes SARS.

There are also global lessons to be learned. The WHO's Global Outbreak Alert System, set up after its experience with Ebola, unfortunately proved inadequate because China failed to alert the WHO immediately. Currently, notifications are voluntary and limited to yellow fever, plague and cholera. The SARS experience should be used to identify gaps in the global response system. SARS also serves as a reminder that there is no alternative to effective multilateral institutions and global cooperation. While SARS is a human tragedy, what is remarkable is how quickly — leaving aside earlier Chinese secrecy — the world has joined together in responding to it. In June, WHO will host an international scientific gathering to plan the next steps in dealing with the disease.

Needs for the Future

SARS has reminded us once again that in this age where we not only have a global economy but a globalization of disease, the 20th century's model of protecting ourselves from disease is no longer sufficient. We need to look at new, more strategic models of doing business.

The SARS outbreak and others, including anthrax and West Nile, have also exposed gaps in our own public health system in the United States. We are at a critical juncture in public health. For many years, experts have been warning us that our nation's public health infrastructure is in disarray. Recent preparedness funding has provided for improvements in the public health preparedness infrastructure. However, gaps remain. There still is a lack of adequate personnel and training, laboratory surge capacity and there are still holes in our communications networks.

There remain serious gaps in our disease surveillance systems. These and other shortcomings have been known for some time, but have also been more recently documented by the Institute of Medicine, the General Accounting Office and others as current pressures on the public health system make these failings more visible. One big problem today is the erosion of the foundation upon which we are building the new preparedness system due to funding cuts at the federal, state and local level in core public health programs. Today these programs allow for a surge capacity in public health to address emerging issues. This foundation needs to be strengthened.

Perhaps never before has it been so important to shore up our public health system. This system is being asked to support our response to some of the most threatening emerging diseases of our time and to prepare for diseases yet unknown. In this age when biological and chemical terrorism is added to the portfolio of public health threats, we need to be assured that the system works and works well.

I want to thank you for your support for the emergency supplemental funding this year for both the smallpox preparedness and the SARS response effort. These funds are critically important. However, it is time for Congress to take the next step and support the public health system in a more holistic way - to support public health as a system - not crisis by crisis. The public health system serves as the front line for our nation's public health defense system against emerging and reemerging infectious diseases. From anthrax to West Nile to smallpox to SARS, the CDC is our nation's and the world's expert resource and response hub, coordinating communications and action and serving as the nation's laboratory reference center. It continues to need strong support from Congress.

Public health is being asked to do more with less. Unless we start supporting our public health base in a more holistic way, we are going to continue to need to come to Congress for special emergency requests for funds as each new threat emerges. Funding public health outbreak by outbreak is not an effective way to ensure either preparedness or accountability.

In the absence of a robust public health system with built-in surge capacity, every crisis "du jour" also forces trade offs - attention to one infectious disease at the expense of another, infectious disease prevention at the expense of chronic disease prevention and other public health responsibilities. This is true especially given the current budget pressures facing states and the federal government.

It is time to think more strategically about the future of our nation's public health system, to develop a blueprint for where we want to be 10 years from now and how best to fund it. Because of their impact on society, a coordinated strategy is necessary to understand, detect, control and ultimately prevent infectious diseases. We believe that far more significant investments in public health will need to occur if we are to prepare the nation's public health system to protect us from the leading causes of death, prepare us for bioterrorism and chemical terrorism, and respond to the public health crises of the day.

I hope we all recognize that this SARS event is not over and that we still have a ways to go to ensure containment. In the future we will always be one plane ride away, one infected person away, and one epidemic away from a global tragedy. We cannot lower our guard, not today, not tomorrow.

Mr. Chairman and members of the subcommittee, I thank you for this opportunity to submit this statement about one of the most important public health issues of our time. On behalf of the American Public Health Association, I look forward to working with you to strengthen our nation's public health system.

TIPS FOR SPEAKING AT A TOWN OR PUBLIC MEETING

Another method for sharing your expertise and communicating your interests and concerns with your policy-makers is to take part in a public meeting. Such events generally take place in your community or district and provide an opportunity for policy-makers to hear from constituents on a wide range of concerns.

An event like this is a real grassroots effort. It is an occasion where all of the parties participating are local. Citizens who understand the needs of the community, and the ramifications of policy decisions on the health and well-being of your community are essential to the success of any advocacy effort.

Participating in public meetings, or town meetings, as they are sometimes known, assists and supports your individual or organizational advocacy efforts by:

- Better informing and educating your policy-maker and members of your community;
- Attracting additional attention to an issue and your position;
- Gaining press coverage of the issue; and
- Positioning yourself or your organization as experts and advocates on the issue.

Keep the following helpful hints in mind to make the most of speaking at a public meeting:

- **Determine the purpose and tone of the event**. Contact your policy-maker's district office to determine who else is expected to participate or make a presentation. Gain a better sense of what the overall agenda of the public meeting is to be focused on, and try to anticipate the general "tone" of the meeting. This will help you prepare your remarks and sharpen your delivery style.
- **Be prepared with accurate, timely and relevant information**. Be as strategic as possible. Work to present your position or statement as early in the meeting as you are able, as the press is more likely to attend and cover the first part of the event.
- **Use your network.** Share information about the meeting with other advocates and partner organizations. Try to get as many other public health advocates to attend the town meeting as possible. This will lend support to your efforts and demonstrate to your policy-maker the extent of community support for a particular initiative.
- **Keep your presentation brief**. Limiting your statement to a small number of clear, concise points and providing persuasive facts allows those attending the public meeting to understand and remember your points.
- **Practice makes perfect**. Practice your position and statement on colleagues and other public health advocates to ensure that you are comfortable and convincing when you share your concerns with a larger audience.
- **Provide paper.** Leave written copies of your position or statement with the policy-maker, his/her staff, press, and the public attending the meeting.

COALITION BUILDING

Coalitions equal power. One of the most effective vehicles for grassroots impact on a public health issue is to build strong coalitions. The advocacy work of coalitions provides an excellent avenue for policy-makers to know and understand the opinions, experiences, and concerns of their community or state.

Grassroots advocacy means activating local support for and building coalitions around an issue and voicing that support to policy-makers. The challenge of grassroots advocacy is convincing people that organizing and action in support of a public health issue is needed and that it is worth the effort. As you have learned from Representative Henry Waxman, policy-makers listen to their constituents.

COALITION BUILDING

A coalition brings together individuals and organizations that share common concerns and goals. A coalition can work towards accomplishing a goal in a way that individuals cannot. For instance, a coalition can choose as a goal: establishing a program; educating the public about a particular public health problem; gaining community support for a public health issue or program; or stopping a problem.

Each partner brings different resources to a coalition. While bigger isn't always better, the more partners you have involved in your coalition, the better the chances of securing your legislator's vote and achieving the coalition's goals. More partners equates to a wider sharing of responsibilities and assignments.

More important than the size of your coalition is ensuring a broad base of ideas, opinions and expertise. This will help to create a more diverse, community-based approach to defining the problem. A broad-based approach to solving a public health issue will lend credibility to your efforts in working with policy-makers. Policy-makers look to coalitions as resources and leaders on a particular issue.

Working with a broad range of partners, more and more coalitions are succeeding by reaching beyond traditional health partners to include all in the community who have a stake.

Keep the following steps in mind while building your coalition.

STEPS TO COALITION BUILDING

1. **Define your objectives and needs**. Why are you forming this coalition and what goals need to be accomplished? What is the scope of interest and influence—for instance, tackling a federal regulatory issue or a state legislative issue? Size of the coalition? Is the coalition intended to solve a short-term finite problem, or will the coalition be in place for the long-term? When, where, and how often will the coalition meet?
2. **Secure Resources.** Adequate resources are needed to formulate and sustain the coalition, including staff time to build and coordinate the coalition, office space, phone line, copier, fax, supplies, storage space, and research and data collection capacity.
3. **Identify potential members.** Recruit the right people and organizations for your group. Identify who is already doing work in the issue area. Throw the net wide. Create a diverse list of individuals and groups that are stakeholders in your key issue. Be sure to seek representatives from all sectors so that the coalition reflects the community. Remember to use the opportunity to build bridges.
4. **Get the ball rolling.** Invite individuals and representatives of the chosen organizations to join the coalition. As a first step, ask them to endorse the statement of purpose—a mission statement. Be sure to include information about who else is invited, how the coalition will function, and what will be expected of them as a coalition partner.
5. **Convene the coalition's first meeting to develop an action plan**. Develop strategies, activities, and tactics for accomplishing the coalition's goals. Formulate an agenda for achieving next steps. Remember to target the coalition's efforts and to remain focused on your goals. Determine what resources each partner brings to the coalition.
6. **Establish an identity for the Coalition.** Prepare the coalition's statement of purpose. Create coalition letterhead.
7. **Follow up with coalition members and potential members**. Send a follow-up letter to meeting attendees thanking them for their interest and informing them of the next activity and the progress of coalition.
8. **Develop coalition materials.** This includes fact sheets, issue briefs and a coalition member list with contact information. Be sure to give each coalition member copies of the materials.
9. **Keep the ball moving.** Be sure to maintain momentum and interest. Follow up with participants and keep them posted on progress or action in the issue area.
10. **Keep the lines of communication open.** Do not overwhelm coalition participants with too much information, too many meetings, or unrealistic expectations. Be sure to check in periodically with coalition partners to make sure that they feel they are benefiting from their affiliation with the coalition. Encourage feedback and suggestions from participants.

Advocacy Success Story

ISSUE

Maine's Governor, John Baldacci, made health care reform a major focus of his campaign in the 2002 Maine gubernatorial race in order to address Maine's rising uninsured rates, as well as provide economic relief to small businesses. On his first day in office in November 2002, Baldacci established a new Office of Health Policy and Finance and instructed staff to shepherd an ambitious and controversial bill through the Legislature that would provide universal health insurance coverage for the Maine population. This proposal signaled a new era in health care reform in Maine because no prior governor had ever made access to care such a high priority.

ACTION

Seizing on this historical opportunity, public health activists worked to support this legislative initiative on several fronts. The Maine Public Health Association continued its involvement with Consumers for Affordable Health Care (CAHC), a highly effective coalition of over eighty organizational members representing thousands of health care consumers throughout the state, which "led the charge" in support of the Governor's bill. In addition, MPHA members joined members of the Maine Center for Public Health in meetings with the Governor's staff in order to emphasize the role of prevention and health improvement in the various parts of the Governor's plan.

Finally, MPHA joined in coalition with access advocates, prevention professionals, and social service agencies to support a constitutional amendment to dedicate Maine's tobacco settlement fund for preventive and health care uses only (such as tobacco prevention and treatment, dental health, substance abuse programs, home visitation programs, drugs for the elderly, day care, etc.). Known as Friends of the Fund for Healthy Maine, this coalition was instrumental in convincing the Governor's office to propose the constitutional amendment as a companion bill to his health insurance legislation. This would be the first-ever attempt by a state to protect the tobacco settlement through a constitutional amendment. The Friends were persuasive in arguing that the Governor would need to preserve a community prevention infrastructure if his other health care initiatives were to succeed. MPHA had several active members on the Friends steering committee and provided modest funds for lobbying assistance.

OUTCOME

Throughout the course of legislative deliberations about the Governor's landmark bills, MPHA steadfastly emphasized its message that access to health care initiatives must be paired with an adequate statewide prevention infrastructure to ultimately secure improvements in the health of Maine citizens. Through its long association with CAHC, MPHA has worked tirelessly over the years to convince its access colleagues that this is a "win-win" message for both; the access and public health sectors are now forged together in very successful collaborative advocacy efforts.

The outcomes of this coalition work are varied. The Governor's centerpiece bill to expand access to health insurance passed, but not without a few compromises. The CAHC coalition, in concert with some allies in the small business and union sectors, proved very instrumental in supporting staff and legislative leaders "carrying the ball" for the Governor. The Governor's office is currently appointing several public health advocates to boards and commissions that will carry out the functions of his comprehensive health reform effort.

The bill proposing a constitutional amendment was nearly passed but ran into some late night, last minute political maneuvers on the last day of the legislative session. The bill was carried over into this year's session, which was a victory in itself, as many thought the bill had little likelihood of passage. The Friends of the Fund for Healthy Maine are currently busy mobilizing their grassroots networks to secure successful passage.

Both coalitions—CAHC and Friends—have been models of grassroots organizing: developing E-mail alert networks, holding educational sessions at the State House, securing favorable press and editorial coverage, holding local constituent meetings with legislators, working closely with legislative leadership and Governor's staff, etc. As a result, the Governor's bills generated an unprecedented number of messages to local legislators about the importance of both access to health care and prevention programs. MPHA will continue to work in coalition with access advocates to ensure that Maine becomes first-in-the-nation in universal access AND in constitutionally protecting its tobacco settlement funds.

WORK-PLACE RULES AND GUIDELINES FOR PUBLIC HEALTH ADVOCATES

Democracy is not a spectator sport. Public health professionals can play a significant role in decision-making processes and policy formation. *Anyone*, **when representing *himself or herself*, can advocate an issue or idea to legislators or their staff and urge them to take certain action.**

Increasingly, members of Congress look to the opinions and expertise of their constituents and not solely the paid professional lobbyists hired to promote the interests of a particular organization or group. This makes it all the more important that public health professionals feel comfortable sharing their knowledge and hands-on experiences with their policy-makers.

Knowing this, it is important to answer some of the key questions about the permissibility of certain activities individual advocates may undertake. **Keep in mind that the rules governing an individual's advocacy efforts can be different from the rules governing organizational advocacy and lobbying activities.** This section offers advocacy guidelines for:

1. your individual activity as a public health professional; and
2. your activity on behalf of, or as a part of, an organization such as your state public health Affiliate.

GUIDELINES FOR INDIVIDUALS

Individual Advocacy Activities
(particularly state and federal employees)

"What can I do if I am a state or federal employee?" This question comes up often. If you are a state or federal employee, do not automatically assume that you cannot take part in advocacy activities. As a federal or a state employee, you are subject to regulations concerning communication with state and federal legislators, and this should be taken seriously. Be sure to investigate your agency or organization's policies and follow the rules as expressed by your state's ethics office.

The bottom line is that it is important for *all employees,* regardless of who your employer is, to **fully investigate and become thoroughly familiar with workplace rules and guidelines so that you can successfully fulfill your role as an advocate**. You can influence your legislators and be an effective advocate for public health by following certain guidelines.

- **The First Amendment protects your right to be an advocate.** If you adhere to the regulations regarding advocacy, you *can* participate in the policy-making process and advocate public health with your legislators and their staff.
- **Be sure to identify yourself primarily as a concerned citizen (or parent) presenting your personal views.** You may identify your official state or federal capacity, or other employment position, as long as you make it clear that you are speaking on behalf of *yourself* as a constituent, or for example, the local public health association or child advocacy organization of which you are a member. If you are writing to express your personal views, clarify that you are in no way representing your agency or organization for whom you work or any of your workplace colleagues.
- **State or federal funds cannot be used directly or indirectly to pay for any of your advocacy activities.** This includes salary, staff, or office equipment or supplies (e.g. copier, postage, telephone, computer, fax, etc.)—even after working hours.

Personal funds may be used. Be sure to use your agency or organization's letterhead only if it is appropriate or approved.

- **Advocacy activities must be conducted during personal time.** You should take annual or personal leave to cover any time spent on advocacy activities conducted during regular working hours. You can participate in advocacy activities after hours and on weekends without taking annual leave.
- **MOST IMPORTANTLY**, **check your agency or organization's policies** to learn more about employee rules and guidelines for advocacy.

GUIDELINES FOR ORGANIZATIONS & ASSOCIATIONS

When you are participating in advocacy activities **as a member or leader of your state public health association or any another advocacy or professional organization**, it is critical to understand the following tax and lobbying guidelines.

LOBBYING RULES FOR ORGANIZATIONAL ACTIVITIES

APHA and the majority of the state affiliated public health associations, as well as many of our partners in public health, have been granted 501(c)(3) tax-exempt status by the Internal Revenue Service. The lobbying rules that govern 501(c)(3) organizations in respect to lobbying are found in two Sections—4911 and 4912—of the Internal Revenue Code. Organizations with 501(c)(3) tax exempt status face certain legal limitations on the types of political and lobbying activities in which they can engage.

For example, 501(c)(3) organizations are ***not*** allowed to be involved or intervene in a political campaign—either on behalf of or in opposition to a particular candidate or policy-maker. Yet, these organizations ***can*** engage in lobbying activities regarding issues, legislation, and regulation subject to certain limitations.

"What is considered lobbying?" To be considered lobbying, a communication **must refer to and express a view** on a specific legislative proposal that has been introduced before a legislative body (federal, state, or local). This means working to influence the outcome of specific legislation—trying to get a bill passed or defeated—by communicating your organization's views or position to those who participate in the formulation of the specific legislation—your Members of Congress, your state legislators, your local elected officials, or the staff of policy-makers. Recent interpretation and clarification of these laws by Congress means that these lobbying rules also apply to lobbying appointed officers of a regulatory agency.

"How is lobbying different from advocacy?" Advocacy is participating in the democratic process by taking action in support of a particular issue or cause. Advocacy activities like participating in a town meeting or demonstration, conducting a public forum or press activity, or developing an issue brief for your local policy-makers on a particular public health issue do not constitute lobbying as long as you are not urging a policy-maker to take a position or action on specific legislation.

APHA employs staff in its Government Relations & Affiliate Affairs (GRAA) department as lobbyists. APHA lobbying staff are registered with the Senate and the House and APHA reports the amount of funds expended on the organization's lobbying activities.

"Is it or isn't it lobbying?" The following are some examples of action to help you better understand what is and what isn't lobbying.

- The Pennsylvania Public Health Association prepares an issue brief on the Superfund program. As long as this issue brief presents a balanced discussion of all sides of the debate, this does **not constitute lobbying—**non-partisan research and analysis is not counted as lobbying. This issue brief can even be reprinted in the PPHA newsletter and it is **not lobbying**.
- The leadership of the Nevada Public Health Association goes to the state capitol to discuss public health funding issues and to provide a general overview of public health infrastructure across the state. These NPHA leaders continue to develop strong working relationships with their state policy-makers. As long as these NPHA members do not urge state legislators to vote a certain way on a particular piece of legislation, this visit is **not considered lobbying**. In contrast, if these NPHA leaders, on behalf of NPHA, communicate with state legislators to support, oppose, or modify a bill pending in the state legislature, this **does constitute lobbying**.
- APHA is asked to present testimony or respond to an inquiry by the House Commerce Committee, or

the Maine Public Health Association is asked to present testimony before the state legislature. In both cases, **this does not constitute lobbying** because the organization was asked to testify. If APHA or MPHA requests to testify, then **this does constitute reportable lobbying**.

"How much lobbying is our state public health association allowed to do?" When your organization or association expends resources—staff and funding—on lobbying activity, you must track these expenditures for the organization's tax records and for filing your 990 form with the Internal Revenue Service. Organizations may choose to comply with one of two different standards for determining the extent of the organization's legal lobbying limits, a "no substantial part" measure or a formula measure known as a 501(h) election.

APHA, some state public health associations and other non-profits have chosen to come under the second of these two standards called Section 501(h). Previously there had been a vague test regarding the definition and limits of lobbying for non-profit organizations instructing that "no substantial part" of an organization's overall activities could be lobbying efforts to influence legislation. In an attempt to help organizations better clarify the limits on lobbying activity with more than the vaguely defined "no substantial part," the 501 (h) election was instituted to provide clearer guidelines for organizations by using a measurable formula.

The 501 (h) election or "expenditure test" formula is based on an organization's budget, and therefore is easier to determine than the "no substantial part" rule which is harder to define or measure. In addition, the 501 (h) election rules are concerned with the *type* of lobbying an organization is undertaking.

Organizations are responsible for determining to which standard they wish to be subject. An organization wishing to fall under the "expenditure test" is responsible for filing an election with the IRS (using IRS form 5768). Any organization not filing an election is automatically subject to the "no substantial part" standard. Issues to consider in making a determination include ability to strategically plan the extent and type of lobbying activity the organization will undertake and record-keeping obligations. Most importantly, each organization's leaders should convene board members, staff, and the organization's financial advisor or lawyer in determining the best standard with which to comply.

Before examining the formula for lobbying expenditure limits, a key in understanding how much lobbying your association or organization can participate in is knowing that lobbying activities fall into two categories—**direct** and **grassroots** lobbying.

"What's the difference between direct and grassroots lobbying?" Direct lobbying happens when an organization—like APHA—attempts to influence federal, state or local legislation by directly contacting (such as calling, writing, or visiting) any member of a legislature, legislative staff, or government official participating in the development and progress of legislation. Direct lobbying is also APHA calling on the organization's membership—in this case, APHA members and Affiliates—to persuade policy-makers to propose, support, oppose, change or otherwise influence legislation.

The call to action by APHA to members and Affiliates **constitutes direct lobbying for the Association**. The subsequent action taken by APHA individual members and Affiliate members (such as writing, calling, or visiting) **is advocacy and not considered lobbying because they are acting on their own behalf as public health professionals and constituents, and are not representing APHA or their Affiliate**. If a letter is written to a Member of Congress by an Affiliate, asking him or her to support a particular bill, **this letter constitutes direct lobbying for the Affiliate**.

Grassroots lobbying happens when an organization—again, using APHA as an example—attempts to influence federal, state or local legislation by trying to influence public opinion and get the general public to act. This can be confusing, as "grassroots" is generally used to connote the local membership of an organization; however, for IRS determination, grassroots is defined as reaching the broader public (such as an ad in the newspaper). Thus, a call to action by APHA to the broader public **constitutes grassroots lobbying for the Association**. The subsequent action taken by individual members of the public on their own behalf (such as writing, calling, or visiting) **is advocacy and is not considered lobbying**.

The following specific examples illustrate the differences between direct and grassroots lobbying.

- APHA drafts a letter advocating support of ISTEA reauthorization legislation pending in Congress. The Intermodal Surface Transportation Efficiency

Act (ISTEA) has provisions that expand bike trails, running/walking paths, and public transportation, each of which encourages a healthier and more active public. The letter is sent to the Chair of the Transportation and Infrastructure Committee. **The letter constitutes direct lobbying by APHA** because it refers to and reflects a particular organizational view on specific legislation. In addition, the letter is a form of communication with a Member of Congress or staff in which the goal of the communication is to get the Member to support a particular position or piece of legislation.

- An APHA Board Member, Executive Director, and staff go to a meeting with a U.S. Senator to discuss APHA's position on the international health implications of specific tobacco legislation pending in Congress. **This visit constitutes direct lobbying by APHA**. The costs that APHA incurs must be counted as direct lobbying, (e.g. salaries/benefits of APHA staff, travel expenses, and materials preparation). Remember, Board Members serve in a volunteer capacity and therefore only their travel expenses need be counted as lobbying.
- APHA sends an issue brief to its members detailing how a pending regulatory reform bill would affect public health, presenting both sides of the argument. **This issue brief does not constitute lobbying by APHA** because there is **no "call to action"**—the issue brief does not *directly* encourage its members to call or write particular policy-makers to urge them to act in a particular manner on a specific bill; nor are addresses, phone numbers, or e-mail addresses of policy-makers provided to members.
- APHA sends an Action Alert to its members detailing how a pending regulatory reform bill would affect public health and urges APHA members to contact their policy-makers and voice their opposition to the bill. **This Action Alert constitutes direct lobbying by APHA** because there is a "call to action"—members were provided with specific encouragement to call, write, fax, e-mail, or visit their policy-makers on the pending regulatory reform legislation to urge specific action.
- APHA places an ad in the *Washington Post* newspaper detailing how a pending regulatory reform bill would affect public health, urging that the public oppose the bill, and identifies how Members of Congress are planning to vote on this issue**. This ad constitutes grassroots lobbying by APHA**—the public was provided with specific encouragement to contact their policy-makers and urge them to oppose pending regulatory reform legislation.
- APHA pays for a billboard ad calling on the public to support the public health provisions of pending tobacco legislation and encourage the public to write and call Members of Congress. **This ad constitutes grassroots lobbying by APHA**—the public was provided with specific encouragement and contact information to communicate with their policy-makers and urge them to support legislation.

There is a limit to how much lobbying is permitted by a 501(c)(3) organization. The following formula indicates the amount an organization can expend on combined (direct and grassroots) lobbying activities in comparison to the organization's overall budget. This ceiling, or maximum allowable annual lobbying scale, is:

- 20 percent of the first $500,000 of an organization's exempt purpose expenditures, plus
- 15 percent of the second $500,000 of such expenditures, plus
- 10 percent of the third $500,000 of such expenditures, plus
- 5 percent of the remainder of such expenditures, with a cap of $1 million in annual lobbying expenses.

In addition, **no organization may spend more than 25 percent of its permitted lobbying total on grassroots lobbying**.

Remember, states can have specific state laws that govern lobbying local and state policy-makers. Should you have any questions or would like additional information about your rights and the legality or compliance of your individual or organizational lobbying activities, please contact your local ethics official or an attorney for more details.

Keep in mind that this is just an overview of advocacy and lobbying guidelines. For more detailed analysis of the rules governing lobbying and the tax codes, please see the following additional resources:

- "Lobbying, Advocacy and Nonprofit Boards," a publication written by John D. Sparks for the National Center for Nonprofit Boards;

Charity Lobbying in the Public Interest (CLPI) is an organization that encourages charity groups to lobby their causes and educates them on their lobbying rights and responsibilities. CLPI offers training workshops, advocacy materials, and "How to" tutorials to prepare charities for their potential role in the legislative process. For information, contact:

TAKING A CLOSER LOOK

Charity Lobbying in the Public Interest
2040 S St., NW, Washington, DC 20009
(202) 387-5048 phone • (202) 387-5149 fax
charity.lobbying@indepsec.org e-mail
www.indepsec.org/clpi.

- "Being a Player: A Guide to the IRS Lobbying Regulations for Advocacy Charities," written by Gail M. Harmon et al. as a report by the Advocacy Forum created as a project of the Alliance for Justice.

LESSONS LEARNED

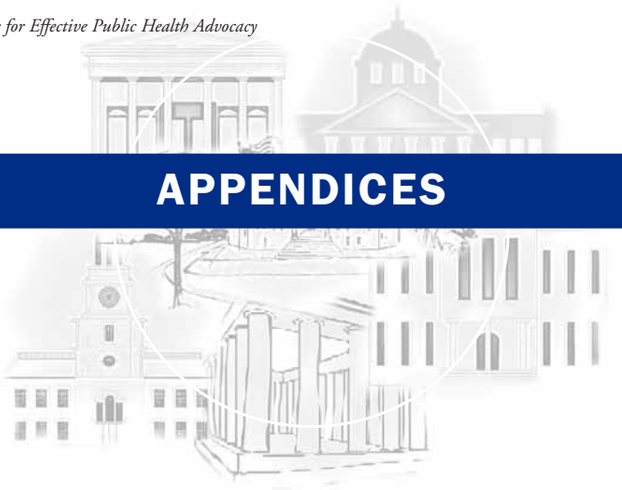
As APHA Executive Director Dr. Georges Benjamin, MD, FACP, noted in his introduction to this handbook, it takes public health professionals working together to "sustain a vocal and noticeable presence at all levels of policy-making to ensure that public health is protected and that public health programs are supported—fiscally and politically."

Use the information and build on the action strategies highlighted throughout the pages of the APHA Advocates' Handbook when embarking on a new public health advocacy endeavor. Please use these tools, tailoring them to meet your needs as you advocate public health in your community, in your state, and at the federal level. Please know you can always call on APHA to be a resource in your advocacy efforts.

We wish you many successes in your future advocacy. Keep the following overarching "Lessons Learned" in mind.

TOP 10 LESSONS TO TAKE AWAY

1. **We cannot do it without each other**. Your public health expertise is needed. As a public health advocate, you are filling a big gap. There are not a lot of people out there advocating public health.
2. **The Winning Equation: Education + Action = Advocacy.** The number-one job of an advocate is to educate policy-makers and the public.
3. **Go together like peanut butter and jelly**. Remember, advocacy is about building long-term relationships. Success is not just about being victorious on a particular issue, but about raising public health issues with policy-makers. Relationships with policy-makers and staff help to gain you access to the policy process.
4. **Proof is in the pudding**. The public health advocacy success stories are out there—you as a public health advocate can make a difference. Use data and the public health human interest stories that you encounter in your workplace to further your advocacy efforts.
5. **Many roads, one goal**. There are many different avenues for effective advocacy; write, call, or visit your policy-maker, testify, speak at a town meeting, use the media—all of these methods provide important links in protecting and enhancing public health.
6. **"Public Health is Watching You."** Remember to thank policy-makers for the great work they did in taking a particular action or voting a certain way. Be sure to follow up and let policy-makers know that you are watching how they protect public health and what they say and **do** on important public health matters.
7. **Friends, gotta have 'em**. It takes partnerships at the community, state, and federal level in the fight to protect, promote, and advance the nation's health. Remember to always be on the look-out for new partners—all members of the community are stakeholders in public health.
8. **Public health advocacy is not only rewarding, it is fun**. While public health is serious work, spreading the word about the difference public health makes, around the corner and around the globe, is a very rewarding experience.
9. **Timing is everything**. Remember, The earlier in the process you involve yourself, the better chance you have of influencing the outcome of legislation or a policy proposal.
10. **Put the Public in public health**. Be sure to remember for whom and for what we are advocating—the public. Include the public in your public health advocacy efforts.



APPENDICES

RESOURCES AND TOOLS FOR THE PUBLIC HEALTH ADVOCATE

TABLE OF CONTENTS

GLOSSARY OF TERMS

Act - The term for legislation that has passed both chambers of Congress and has become law.

Adjournment - Termination or closing of a session of the legislature or committee until another set time for a meeting.

Adoption - The approval or acceptance of a legislative or regulatory proposal.

Advance notice of proposed rule making (ANPR) - An initial step in the federal rule-making process to encourage public input as early as possible.

Amendment - A proposal to change or an actual change to a piece of legislation.

Amendment in the nature of a substitute - A proposal to strike out the entire text of a measure and to insert different text in its place, keeping only the original bill number. Used frequently by Congressional committees to substitute their version of a measure for the version introduced by the original sponsor.

Appropriations - Legislation to provide the money required to fund governmental departments, agencies, and programs previously established by authorizing legislation. Usually, an appropriations bill provides the actual monies approved by authorization bills, but not necessarily the full amount permissible under the authorization measures. By congressional custom, an appropriations bill originates in the House, and programs do not receive an appropriation until the related authorization measure is enacted.

Authorizations - Legislation to establish a proposed governmental program.

Bill - Legislation to create a new act (or amend or repeal existing law). Must be passed by both Chambers and signed by the President before becoming law. This is the only vehicle for enactment of a law by the legislature.

Body - In Congress, a term used to refer either to the House or the Senate. For example, when speaking on the House floor, a Representative will refer to the Senate as the "other body" and vice versa.

Budget Authority - Legal authority given to federal agencies to obligate government funds. Budget authority can be granted through appropriations bills, through borrowing authority, or through contract authority.

Budget Reconciliation - The process Congress uses to adjust tax and spending levels to meet the requirements established by that year's Congressional budget resolution. Congressional committees are asked to report legislation which will bring existing law, pending legislation, or both, into conformity with financial targets mandated in the budget resolution.

Budget Resolution - Legislation in the form of a concurrent resolution setting forth the congressional budget.

Calendar - Listing of bills reported out of committees and ready for floor action.

Chair - The presiding officer of a subcommittee, committee, or either Chamber of Congress.

Chamber - The place where the full membership of either body meets to deliberate on proposed legislation.

Cloture - A parliamentary maneuver in the Senate to force an end to a filibuster, thus permitting a measure, amendment, or motion to come to a vote. After a cloture petition is filed, a vote on a motion to invoke cloture is taken, requiring the affirmative vote of 60 Senators.

Code of Federal Regulations (CFR) - A codification of the regulations of the various federal agencies, published in 50 titles according to subject matter. Generally revised on an annual basis to incorporate changes adopted during the previous year.

Committee - Designated group of Members assigned the responsibility for holding hearings and consideration of measures within their jurisdictions and referred to them for this purpose.

Committee Amendment - An amendment recommended by a committee in reporting a bill or another measure.

Committee Report - A committee's written statement about a given piece of legislation.

Committee Substitute - Short for committee amendment in the nature of a substitute.

Companion Bills/Measures - Measures that are similar or identical to a measure in the other Chamber. May also be referred to as "identical" or "counterpart" bills.

Conferees - Senators appointed to serve on conference committees.

Conference Committee - A committee of Members from both Chambers, usually from the originating committee, who are assigned the responsibility of reconciling differences in legislation that have been passed with differing language by each house.

Congressional Budget - A concurrent resolution stating the Congressional view of necessary spending and revenue levels of the federal government for the next fiscal year and for the two fiscal years thereafter.

Congressional Record - The transcript of debate and proceedings in Congress, printed daily when Congress is in session.

Consideration - The process by which the Senate or House explores the legislation including debate, amendment and voting.

Constituent - A citizen residing in a district or state represented by a Congressperson or a Senator.

Continuing Appropriations - Used interchangeably with "Continuing Resolution."

Continuing Resolution - A joint resolution which appropriates money at a level continuing the current level of funding for all federal agencies who have not yet had their regular appropriations bill enacted by the start of the new fiscal year, Oct. 1.

Debate - The time allotted to members to discuss the pending matter before the full Chamber.

Discretionary Spending - Spending controlled in annual appropriations acts (not entitlement spending).

Entitlement - A Federal program or provision of law that requires payments to any person or unit of government that meets eligibility criteria established by law.

Executive Order - Unilateral proclamations issued by the President which have legislative impact.

Federal Register - A daily publication that provides a system for publishing Presidential and federal agency documents.

Filibuster - Parliamentary maneuver by which a Senator controls the floor and extends the debate of a bill in an attempt to delay or prevent a vote by time-consuming talk by a legislator to avoid its passage.

Final Rule - A regulatory document specifying legal criteria issued by a regulatory agency.

Fiscal Year - The twelve month period from October 1 of each year to September 30 of the following year. This type of calendar is used to calculate federal budgetary expenditures.

Floor - The interior chamber of either body where the Members meet to introduce and debate proposed legislation.

Floor Amendment - Amendment offered by an individual Senator from the floor during consideration of a bill or another measure, in contrast to a committee amendment.

Floor Manager - Senators who lead and organize the consideration of a bill or other measure on the floor.

Full Committee - The entire committee, including those assigned to its subcommittees.

Gallery - The balcony of the House or Senate Chamber from which visitors may view proceedings and floor action. Visitors must have gallery passes which are available free from your Member's office.

Germane/ness - A requirement that a debate or an amendment be relevant to the measure under deliberation.

Grandfather Clause - A provision in a bill or a law which exempts a defined category of persons from complying with the legislation by establishing a prospective effective date.

Hearings - Committee or subcommittee meetings for the purpose of receiving testimony from witnesses who support or oppose the legislation being deliberated.

Hold - An informal practice in which a Senator informs his or her floor leader that he or she does not wish a specific bill or measure to reach the floor for consideration.

House - Short term for the House of Representatives; also used to refer to either "house" of Congress.

Introduction/Introduced - The submission of a new piece of legislation by any Member of Congress, which begins the legislative process for that bill.

Kill a bill - To vote a bill down or in some other way prevent further action on the bill during the Session.

Legislative Days - Periods from which either house convenes to conduct business until the next time it adjourns.

Lobbying - To be considered lobbying, a communication must refer to and express a view on a specific legislative proposal or legislation that has been introduced before a legislative body (federal, state or local).

Lobbyist - A person whose goal is pressing the views of a group, organization, or industry on issues under consideration. By definition of "The Lobbying Disclosure Act of 1995," a *lobbyist* is an employee who makes more than one "lobbying contact" and spends at least 20 percent of his or her total time lobbying on behalf of an organization.

Majority - The political party that has the greatest number of elected members and therefore controls top leadership positions; also means the number of members, in the House and Senate, necessary to pass legislation.

Majority Leader - Floor leader, spokesperson and strategist for the majority party. The Majority Leader is elected by his/her colleagues.

Mandatory Spending - Spending controlled by laws other than annual appropriations acts (entitlement spending).

Mark-up - The process in which congressional committees and subcommittees consider a bill and finalize the language of the bill.

Measure(s) - Term embracing bill, resolution, and other matters on which Congress takes action.

Minority - Opposite party of the Majority party.

Minority Leader - Floor leader of the minority party, elected by his/her colleagues.

Notices - The publicizing by a governmental body of scheduled events, including notices of meetings, applications, grant application deadlines, and certain petitions.

Off-Budget Entities - Consists of certain federal entities that have been excluded from the budget totals under provisions of law.

Omnibus Bill - A legislative proposal concerning several separate, but related items.

Original Bills - A bill drafted by a committee which is placed directly onto each Chamber's Calendar of Business.

Override - A process by which each body votes on a bill that has been vetoed by the President. To successfully override the President's veto, each body must pass the bill by a two-thirds vote.

Passage/Final Passage - The concluding favorable vote on a measure.

Permanent Appropriation - Budget authority that becomes available as the result of previously enacted legislation and does not require current action by Congress.

Pocket Veto - Presidential action killing a bill by "pocketing" it at the end of a Congressional Session. If Congress adjourns within 10 days after the President receives a bill, the President can kill the bill by doing nothing.

Popular Names - Names assigned to laws, often by their sponsors.

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

Proposed Rules - Notices to the public of possible new rules and regulations, allowing interested parties an opportunity to participate in the rule-making prior to the adoption of the final rules.

Quorum - The number of members whose presence is required to conduct business. In the House and Senate, it is a majority of the membership.

Recess - A temporary interruption of Congressional business.

Recession - The cancellation of something previously approved.

Referral - The process of assigning an introduced piece of legislation to a Committee or Subcommittee.

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

Rider - Informal term for a non-germane amendment to a bill or an amendment to an appropriation bill that changes the permanent law governing a program funded by the bill.

Rule - The methods of procedure agreed to by members of a body.

Rules and Regulations - Regulatory documents having general applicability and legal effect.

Select/special committee - Designated groups of Members created for a special purpose and often for a limited period of time.

Session - The period during which Congress meets. Each two-year congress is divided into two sessions. The first year, therefore, is the first session of that Congress.

Short/Brief Titles - The abbreviated form of official titles to which legislation may be referred.

Speaker - Presiding officer of the House of Representatives, elected by the majority party members.

Sponsors - Members who propose and support legislation.

Standing Committee - Permanently organized committee with Members assigned according to the rules of each house, with jurisdiction over specific issues. The name of the committee usually comes from the area of jurisdiction for which the committee has responsibility, such as Environment and Public Works, Budget, or Labor and Human Resources.

Statutes - Compilation of all laws enacted by Congress.

Subcommittee - Members selected from a full committee and assigned the responsibility for detailed consideration of measures referred to them.

Sunset Legislation - Laws subject to periodic review and reenactment.

Supplemental Appropriations - A bill which provides funds to agencies or programs in addition to funds already granted to them for the current fiscal year.

Table - The "killing" of a measure, amendment, or other motion by a successful motion to "lay it on the table."

Titles - Captions that summarize the purpose of a measure.

Unanimous Consent - Unanimous support, indicated by no objection, for a proposal, a request, or for the question of final passage.

United States Code (USC) - Codification of all general and permanent laws of the United States which are published in 50 titles according to subject.

Veto - The refusal by the President to sign into law a measure passed by both houses.

Voice Votes - Votes in which Members answer "aye" if they support the measure, or "nay" if they oppose it. The Parliamentarian or the Presiding Member then decides which group has the most votes.

Witness - A person called before a legislative committee or regulatory hearing to present testimony or information on a matter being considered. Witnesses are usually selected because they have expertise and knowledge to share concerning the issue being considered before the committee or panel.

WHO'S WHO IN CONGRESS: WHO YOU HEAR AND SEE ON THE SENATE FLOOR

WHO'S WHO IN THE U.S. SENATE

President - The President of the Senate is also the Vice President of the United States. The President of the Senate has the authority to cast a tie-breaking vote, but is not required to do so. The President of the Senate is able also to make parliamentary decisions which may be overturned by a majority vote.

President Pro Tempore - A Member who presides over the Senate in the absence of the President of the Senate. This person is elected by the Senate, and is often the most or senior or highest ranking Senator of the majority party. The President Pro Tempore retains the right to vote on all issues and to debate when not presiding.

Presiding Officer - A member of the majority party who presides over the Senate and is responsible for maintaining order and decorum, recognizing Members of Congress to speak, and interpreting the Senate's rules, precedents and practices.

Sergeant at Arms - The chief security officer nominated by the majority party and elected by vote of all Members of Congress. The Sergeant-at-Arms helps to preserve order in the Senate chamber, galleries and the Senate side of the Capitol.

Secretary - A chief legislative officer nominated by the majority party and elected by the full Senate. Responsibilities for this position include: affirming the accuracy of bill text by signing all measures that leave the Senate, supervising the printing of all bills and reports and the publication of the Congressional Record and Senate journals.

Secretary for the Majority - Nominated by the Majority Leader and approved by the Majority Conference. Responsibilities include supervising the phone pages and messengers, organizing meetings of the Majority Conference, briefing Senators on votes and pending legislation, and conducting all polls of Senators as requested by the majority leadership.

Secretary for the Minority - Nominated by the Minority Leader and approved by the conference of all Senators. Responsibilities are the same as the majority party secretary.

WHO'S WHO IN THE U.S. HOUSE OF REPRESENTATIVES

Clerk of the House - Duties include presiding at the opening of each new Congress, pending the election of the Speaker; receiving the credentials of the Members; taking all votes and certifying bill passage; the formal preparation of all legislation; and maintaining and distributing documents related to legislative activity. Also responsible for numerous internal housekeeping, accounting and budgeting duties.

Director of Non-Legislative and Financial Services - Duties include operational and financial responsibility for functions assigned by resolution of the House. Included are the functions of the House Post Office and the Finance Office.

Doorkeeper of the House - Duties include making physical arrangements for joint sessions and joint meetings of the Congress, announcing messages from the President and the Senate, and announcing the arrival of the President to address the Congress. This officer also supervises the doormen stationed at each entrance/exit to the House floor and gallery, supervises the pages, and operates the document room.

Speaker of the House - The presiding officer in the House who is elected by the majority party. The Speaker appoints committee chairs, all special committees, and Conference Committees. The Speaker may vote, but usually does not except in the case of a tie. The Speaker and the Majority Leader often work together and are considered the spokespeople for the Administration if they and the president belong to the same party.

WHO'S WHO IN BOTH THE SENATE AND THE HOUSE (BOTH CHAMBERS HAVE THE FOLLOWING OFFICERS)

Administrative Assistant (AA) - The Member's chief of staff.

Chairperson - The most senior member of the majority party assigned to that committee.

Chaplain - Clergyman elected to open its daily sessions with a prayer and to serve as an advisor and counselor to Members and their families. Each Chamber has its own Chaplain.

Floor Leaders - Consist of the Majority Leader and the Minority Leader.

Legislative Assistant (LA) - The professional staff member in charge of a particular issue or issue area.

Majority Leader - Elected by the majority party in each house to serve as the spokesperson for their party and to manage and schedule the legislative and executive business by that Chamber.

Minority Leader - Elected by the minority party in each house and has essentially identical responsibilities as the Majority Leader.

Pages - Boys and girls in their third year of high school who serve as messengers for Members.

Parliamentarian - Advises the Senate and the House on the interpretation of its rules and regulations. The parliamentarian sits on the dais and advises the presiding officer on the conduct of business.

Ranking Member - Member of the majority party who ranks first in seniority after the chairperson.

Ranking Minority Member - The most senior minority member on a committee.

Whip - A legislator chosen to assist the leader of the majority and minority party in both the House and the Senate.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

Even for those of us with a lot of advocacy experience, there are basic questions that arise from time to time regarding the intricacies of the legislative process. This section is intended to provide answers to commonly asked questions regarding the inner workings of Congress and how policy is developed.

When and what is a "Session of Congress"?

A new "Congress" begins at noon on January 3rd of each odd-numbered year following a general election unless a state designates a different calendar. A Congress lasts for two years, with each year constituting a separate session. For instance, the 108th Congress began its first session on Jan. 3, 2003. The second session of the 108th Congress will commence on Jan. 3, 2004.

What is a quorum and quorum call?

A quorum is simply a majority of the members in a Chamber. In the Senate, a quorum is reached with at least 51 members present. In the House of Representatives, a quorum is 218. Any member may insist that a quorum be present to vote for a bill in the House. If a quorum is not present at the time of the request, a series of bells rings on the House side of the Capitol and in the House office buildings to alert Representatives of a vote; thus "calling" a quorum or "quorum call."

Who can initiate legislation?

Any Member(s) of Congress. Legislation can only be introduced during a session. Legislation that is introduced during one congressional term that does not become law during that same term must be reintroduced during the next term if it to be reconsidered. The President may request the appropriate House and Senate committee chairs to introduce legislation, but the president may not introduce legislation independently.

What are the differences between bills, resolutions and acts of Congress?

A **bill** is a proposal for a change in an old law or a new law all together and it may range in length from one sentence to hundreds of pages. Its provisions give policy direction to the Executive Branch and are enforceable by the judicial system. Most legislation is in the form of a bill.

Resolutions are expressions of Congress' opinion or intent. They may involve both the House and Senate acting together—a concurrent resolution—or one chamber alone—a simple resolution. These resolutions are not signed by the President and are not legally enforceable, although they may help lay the groundwork for future laws by raising awareness of and building consensus on an issue. Another type of resolution, a joint resolution is, like a bill, an enforceable change in the law but normally with a more narrow focus. A joint resolution requires the simple majority approval of both chambers and the signature of the President.

An **Act of Congress** is a bill or joint resolution that has passed Congress and has been signed into law by the President and is designated by a public law number, for example P.L. # 103-45.

What does it mean to sponsor or cosponsor legislation?

The sponsor is the Member(s) of Congress who introduces the bill or resolution. Sponsors try to get other members of the same chamber to add their names to the legislation - to become cosponsors - by using techniques such as sending letters to their colleagues or relying on groups such as APHA to help educate Members to become sponsors. Sponsors or cosponsors are not obligated to vote for the bill later in the process, but their sponsorship is an indication that they agree with the legislation's general purpose.

What happens to legislation once it is introduced?

Both the House and the Senate initially consider legislation in three kinds of committees.

Budget committees propose how much money each fiscal year the government can spend overall and allocate the total amount among broad categories, such as public health, defense and foreign affairs.

Authorizing committees prescribe the details of the function and scope of federal government programs and policies. Most of the bills that are introduced are referred to the authorizing committees that have responsibility for the legislation's subject area. For instance, workplace safety and occupational health is handled by the House of Representatives Education and the Workforce Committee and in the Senate Labor and Human Resources Committee.

Appropriations Committees decide how much money from the U.S. Treasury actually can be spent each fiscal year to carry out programs.

After the legislation is introduced, the Committee Chair from the majority party in that Chamber, in consultation with other key committee members, makes the critical decision to ignore, expedite or examine a legislative proposal.

What do budget committees do?

Budget committees examine: (1) the overall amount the government expects to collect from taxes and other income, (2) the amount federal agencies expect to spend, and (3) the deficit that will result. Some spending is already fixed and this fixed spending includes entitlement programs, like Medicaid, and interest to be paid on the national debt. The remainder of the budget is considered "discretionary spending" and is distributed into various programs by the budget committees. Therefore, the Budget Committee can have a tremendous impact on public health initiatives by the way it chooses to allocate discretionary dollars.

How long do debates last?

In the House, no measure, bill or resolution is subject to more than one hour of debate, usually divided equally between the majority and minority parties. Non-legislative discussion is limited to one minute per member at the start of the day and one hour at the end of the day.

There is generally no time restriction on debate in the Senate unless time limits are agreed upon by unanimous consent. The ability to expand debate at will—to filibuster—enables a single Senator to delay the final vote on a measure or prevent its final consideration all together.

What is cloture? What does cloture have to do with a filibuster?

A filibuster can be broken by negotiation or through the use of a formal procedure known as cloture. A successful cloture motion requires two-thirds of the Senate (60 members). If cloture is invoked, the filibuster comes to an end and a vote is taken.

What is the appropriations process? What role do continuing resolutions play?

The appropriations process determines how much funding will be allocated for each specific federal pro-

gram (category). Both the House of Representatives and the Senate Appropriations Committees have 13 subcommittees that prepare funding bills for all federal programs. Each subcommittee is allocated part of the overall budget resources to divide among the programs it funds.

Each chamber then considers separately each of the 13 appropriations bills. If this process is not completed by the start of the new fiscal year which begins Oct. 1, Congress may approve a short-term measure known as a Continuing Resolution (C.R.) that allows agencies to continue spending while final appropriations are negotiated and worked out.

Over the last decade, C.R.s have taken on new importance because Congress has used them to include many unresolved and sometimes controversial spending and program issues in large appropriations packages.

How do congressional committees gather information?
Committees, or often their specialized subcommittees, hold hearings at which witnesses from the executive branch, interested Members of Congress, advocacy groups (such as APHA) and interested citizens present oral or written testimony. Hearings then establish a written record of the witness' testimonies, comments and opinions and thus help in fact finding.

What is meant by a "mark-up"?
After hearings have occurred, Members of committees go through the proposed legislation and insert, delete, and possibly revise portions of it, consider amendments, and decide whether to approve it. The members involved are literally marking up legislation line by line.

What happens after mark-up?
If the subcommittee and the full committee have approved the legislation, staff prepares a full report. This report summarizes the committee's views on the legislation, as well as any members concurring and dissenting opinions. The legislation is then sent for possible action to the full House or Senate. This report is important because it is often the only document that other Members read about the legislation before they vote to pass or defeat it.

If the legislation is revised heavily during the mark-up process, the committee may introduce a new version, called a "clean bill." If this occurs, the legislation will be assigned a new number.

What is a conference committee?
A Conference Committee is a group of legislators from both parties (normally selected from the committees that considered the bill in each chamber) that attempts to reconcile differences between two similar bills passed in each chamber.

There are restrictions on what Conference Committees can resolve. Agreements in this committee cannot go outside the range of funding proposed by the two houses. Often the committee will simply split the difference in spending issues. Conference Committees also are only supposed to consider points of disagreement between the two chambers and not introduce new issues into the final reconciled bill.

When the Conference Committee has reached an agreement, by having a majority from each chamber vote for the compromise, committee staff prepares a "conference report" explaining the Conference Committees decisions. Both houses then either accept the compromises in the legislation by a vote before the full chamber, or the conference committee must reconvene to create new compromises or give up the effort to reach an agreement. If they are not able to reach a compromise the proposed legislation dies.

Once both houses have agreed to legislation, what options does the president have?
The president has 10 days from the time the President receives the legislation to sign or veto it. If Congress is in Session and the President takes no action within those 10 days, the legislation becomes law without the President's signature. If Congress is out of Session and the President does not act, the legislation dies as a "pocket veto."

How can Congress override a presidential veto?
A Presidential veto may be overridden by a two-thirds vote of each chamber.

PUBLIC HEALTH-RELATED COMMITTEES OF THE U.S. CONGRESS

The following list of House and Senate Committees includes those committees with jurisdiction over public health and related issues. You will find:

- the official title of the committee;
- a short description of the issues dealt with by the Committee; and
- the office location and phone numbers for the committee and committee staff.

To find the Committee and Subcommittee Members, visit the Web site of the House at **http://www.house.gov** and the Senate at **http://www.senate.gov**.

Remember, when contacting your Senators and Representative on an issue, use the address, phone, fax numbers or e-mail address for the individual member, which can be found through Web resources provided later in this appendix, or by calling the U.S. Capitol Switchboard at 202-225-3121. The location and phone numbers listed below are specifically for the committees and staff working for the committees. All numbers are for area code (202).

SENATE COMMITTEES

APPROPRIATIONS COMMITTEE

Responsible for appropriating funds to agencies, rescission of appropriations, and new spending authority under the Congressional Budget Act. The Chairman and the ranking minority member are non-voting ex officio members of all subcommittees.
Location: S-128 Capitol
Majority: 224-3471
Minority: 224-2739
http://approriations.senate.gov

APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION

Location: Dirksen Senate Office Building 184
Majority: 224-8221
Minority: 224-7216

APPROPRIATIONS SUBCOMMITTEE ON VA, HUD AND INDEPENDENT AGENCIES (INCLUDING EPA)

Location: Dirksen Senate Office Building Room 130
Majority: 224-8252
Minority: 224-0410

BUDGET COMMITTEE

Responsible for the Federal budget, concurrent budget resolutions, and the Congressional Budget Office (CBO).
Location: Dirksen Senate Office Building Room 621
Majority: 224-0642
Minority: 224-0769
http://budget.senate.gov

COMMERCE, SCIENCE AND TRANSPORTATION COMMITTEE

Responsible for interstate commerce and transportation; Coast Guard; coastal zone management; communications; highway safety; inland waterways; marine fisheries; Merchant Marine and navigation; non-military aeronautical and space sciences; oceans, weather and atmospheric activities; interoceanic canals; regulation of consumer products and services; science, engineering and technology research, development and policy; sports; standards and measurement.
Location: Dirksen Senate Office Building Room 508
Majority: 224-5115
Minority: 224-1251
http://commerce.senate.gov

ENVIRONMENT AND PUBLIC WORKS COMMITTEE

Responsible for environmental policy, research and development; air, water and noise pollution; construction and maintenance of highways; environmental effects of toxic substances (excluding pesticides); fisheries and wildlife; flood control and harbor and river improvements; public buildings and grounds; non-military environmental regulation of nuclear energy; public works, bridges and dams; ocean dumping; waste disposal; recycling; water resources; regional economic development.
Location: Dirksen Senate Office Building Room 410
Majority: 224-8832
Minority: 224-6176
http://epw.senate.gov

FINANCE COMMITTEE

Responsible for health programs under the Social Security Act and health programs financed by a specific tax or trust fund; Medicaid; Medicare.
Location: Dirksen Senate Office Building Room 219
Majority: 224-4515
Minority: 224-5315
http://finance.senate.gov

FINANCE SUBCOMMITTEE ON HEALTH CARE

Responsible for health programs under the Social Security Act and health programs financed by a specific tax or trust fund.
Location: Dirksen Senate Office Building Room 219
Majority: 224-4515
Minority: 224-5315

GOVERNMENTAL AFFAIRS COMMITTEE

Responsible for budget and accounting measures; census and statistics; federal civil service; congressional organization; intergovernmental relations; District of Columbia; organization of nuclear export policy; organization and reorganization of executive branch; Postal Service; efficiency, economy, and effectiveness of government; the United States Archives.
Location: Dirksen Senate Office Building Room 340
Majority: 224-2627
Minority: 224-4751
http://gov-aff.senate.gov

HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE

Jurisdiction: measures relating to education, labor, health and, public welfare; aging; biomedical research and development; occupational safety and health, including the welfare of minors; private pensions plans; and public health. The committee shall also study and review, on a comprehensive basis, matters relating to health and public welfare.
Location: Dirksen Senate Building Room 644
Majority: 224-0767
Minority: 224-6770
http://health.senate.gov

HEALTH, EDUCATION, LABOR AND PENSIONS SUBCOMMITTEE ON CHILDREN AND FAMILIES

Location: Russell Senate Office Building Room 448
Majority: 224-5630
Minority: 224-6211

HEALTH, EDUCATION, LABOR AND PENSIONS SUBCOMMITTEE ON AGING

Location: Dirksen Senate Office Building Room 424
Majority: 224-9243
Minority: 224-2962

JUDICIARY COMMITTEE

Responsible for civil liberties; constitutional amendments; parental rights; and family privacy.
Location: Dirksen Senate Office Building Room 224
Majority: 224-7703
Minority: 224-5225
http://judiciary.senate.gov

SPECIAL COMMITTEE ON AGING

Considers issues that affect older Americans, including Medicare, prescription drugs, long-term care, and Social Security.
Location: Hart Senate Office Building Room 527
Majority: 224-7675
Minority: 224-7139
http://aging.senate.gov

HOUSE COMMITTEES

COMMITTEE ON APPROPRIATIONS

Responsible for: appropriation of the revenue for the support of the government; rescissions of appropriations; transfers of unexpected balances; and new spending authority under the Congressional Budget Act. The chairman and ranking minority member serve as voting members ex officio of all subcommittees of which they are not regular members.
Location: H218 Capitol
Majority: 225-2771
Minority: 225-3481
http://www.house.gov/appropriations/

APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION

Responsible for Health and Human Services, National Institutes of Health, Centers for Disease Control and Prevention, Title X Family Planning, Health Resources and Services Administration.
Location: Rayburn House Office Building Room 2358
Majority: 225-3508
Minority: 225-3481
http://www.house.gov/appropriations/sub.htm

APPROPRIATIONS SUBCOMMITTEE ON VA, HUD, AND INDEPENDENT AGENCIES

Location: H143 Capitol
Majority: 225-3241
Minority: 225-3481
http://www.house.gov/appropriations/sub.htm

HOUSE ENERGY AND COMMERCE COMMITTEE

Responsible for: biomedical research and development; consumer affairs and consumer protection; food and drugs; health and health facilities; interstate energy compacts; interstate and foreign commerce generally; measures relating to energy, and other unconventional or renewable energy resources; measures relating to the conservation of energy resources; measures relating to energy information generally; Medicare, Medicaid; national and health insurance; Safe Drinking Water, Superfund, and Clean Air Act.
Location: Rayburn House Office Building Room 2125
Majority: 225-2927
Minority: 225-3641
http://energycommerce.house.gov

ENERGY AND COMMERCE SUBCOMMITTEE ON ENVIRONMENT AND HAZARDOUS MATERIALS

Responsible for: solid waste, hazardous waste and toxic substances, including Superfund and Resource Conservation and Recovery Act; noise pollution control; interstate and foreign commerce, including trade matters within the jurisdiction of the full Committee; motor vehicle safety; regulation of commercial practices; and Safe Drinking Water Act.
Location: Rayburn House Office Building Room 2125
Majority: 225-2927
Minority: 225-3641

ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH

Responsible for: public health and quarantine; hospital construction; mental health and research; biomedical programs and health protection in general, including Medicaid and national health insurance; foods and drugs; and drug abuse.
Location: Rayburn House Office Building Room 2125
Majority: 225-2927
Minority: 226-3400

COMMITTEE ON GOVERNMENT REFORM

Responsible for: budget and accounting measures, generally; the overall economy, efficiency and management of government operations and activities, including federal procurement; public information and records; relationship of the federal government to the states and municipalities.
Location: Rayburn House Office Building Room 2157
Majority: 225-5074
Minority: 225-5051
http://reform.house.gov

JUDICIARY COMMITTEE

Responsible for: civil liberties; constitutional amendments; subversive activities affecting the internal security of the United States.
Location: Rayburn House Office Building Room 2138
Majority: 225-3951
Minority: 225-6504
http://www.house.gov/judiciary/

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE

Responsible for: federal management of emergencies and natural disasters; flood control and improvement of rivers and harbors; oil and other pollution of navigable waters, including inland, coastal and ocean waters; marine affairs (including coastal zone management) as they relate to oil and other pollution of navigable waters; roads and the safety thereof; transportation, including civil aviation, railroads, water transportation, transportation safety (except automobile safety); transportation infrastructure; Environmental Protection Agency; and Clean Water Act.
Location: Rayburn House Office Building Room 2165
Majority: 225-9446
Minority: 225-4472
http://www.house.gov/transportation

TRANSPORTATION AND INFRASTRUCTURE SUBCOMMITTEE ON WATER RESOURCES AND ENVIRONMENT

Responsible for: water pollution, including the Clean Water Act; federal management of emergencies and natural disasters; Superfund; and characterization and protection of ground water.
Location: Rayburn House Office Building Room B376
Majority: 225-4360
Minority: 225-0060

WAYS AND MEANS COMMITTEE

Responsible for: customs, collection districts, and ports of entry and delivery; reciprocal trade agreements; revenue measures generally; revenue measures relating to the insular possessions; the bonded debt of the United States; the deposit of public moneys; transportation of dutiable goods; tax exempt foundations and charitable trusts; national social security.
Location: Longworth House Office Building Room 1102
Majority: 225-3625
Minority: 225-4021
http://waysandmeans.house.gov

WAYS AND MEANS SUBCOMMITTEE ON HEALTH

Responsible for bills and matters relating to programs providing payments (from any source) for health care, health delivery systems, or health research; health care programs of the Social Security Act and, concurrent with the full committee, tax credit and deduction provisions of the Internal Revenue Code dealing with health insurance premiums and health care costs.
Location: Rayburn House Office Building Room 1136
Majority: 225-3943
Minority: 225-4021

OBTAINING BILLS, REPORTS, OR PUBLIC LAWS

A copy of any House bill, report, or Public Law can be sent to you free of charge by mailing a letter of request to:

House Documents Room
B-18, House Annex II, Ford House Office Building
Washington, DC 20515

Similarly, for Senate bills, reports, or Public Laws:

Senate Documents Room
SH-B04 Hart Building
Washington, DC 20510

For Internet users, you can track legislation or get bill language by visiting the U.S. Government Printing Office online at **www.access.gpo.gov/** or use Thomas, which provides legislative information at **http://thomas.loc.gov/.**

FEDERAL GOVERNMENT

EXECUTIVE BRANCH

The White House ..... www.whitehouse.gov/
FirstGov (links to all federal govt. info) ..... www.firstgov.gov
Administration for Children and Families ..... www.acf.dhhs.gov/
Administration on Aging ..... www.aoa.dhhs.gov/
Agency for Healthcare Research and Quality ..... www.ahrq.gov
Agriculture Department ..... www.usda.gov/
Centers for Disease Control and Prevention ..... www.cdc.gov/
Centers for Medicare and Medicaid Services (formerly HCFA) ..... www.hcfa.gov/
Environmental Protection Agency ..... www.epa.gov/
Federal Judicial Center ..... www.fjc.gov/
Federal Interagency Council on Statistical Policy ..... www.fedstats.gov/
Federal Register ..... www.access.gpo.gov/su_docs/aces/aces140.html
Food and Drug Administration ..... www.fda.gov/
Food Safety and Inspection Service (USDA) ..... www.fsis.usda.gov
Government Printing Office ..... www.access.gpo.gov/
Health Resources and Services Administration ..... www.hrsa.gov/
Health and Human Services Department ..... www.hhs.gov/
Healthfinder ..... www.healthfinder.gov/
Indian Health Service ..... www.ihs.gov/
Library of Congress ..... www.lcweb.loc.gov/
National Cancer Institute ..... cancernet.nci.nih.gov/
National Institute of Diabetes and Digestive and Kidney Diseases ..... www.niddk.nih.gov/
National Institutes of Health ..... www.nih.gov/
National Institute of Environmental Health Science ..... www.niehs.nih.gov/
National Institute on Alcohol Abuse and Alcoholism ..... www.niaaa.nih.gov/
National Institute on Drug Abuse ..... www.nida.nih.gov/
National Library of Medicine ..... www.nlm.nih.gov/
Occupational Safety and Health Administration ..... www.osha.gov/
Office of Groundwater and Drinking Water ..... www.epa.gov/OW/OGWDW/index.html/

U.S. HOUSE OF REPRESENTATIVES ..... www.house.gov/

House Committees

Appropriations ..... www.house.gov/appropriations/
Budget ..... www.house.gov/budget/
Education and the Workforce ..... http://edworkforce.house.gov/
Energy and Commerce ..... http://energycommerce.house.gov/
Government Reform and Oversight ..... www.house.gov/reform/

Joint Economic Council ..... www.house.gov/jec/
Judiciary ..... www.house.gov/judiciary/
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Resources ..... www.house.gov/resources/
House Rules Committee ..... www.house.gov/rules
Science ..... www.house.gov/science/
Small Business ..... www.house.gov/smbiz
Transportation and Infrastructure ..... www.house.gov/transportation
Ways and Means ..... www.house.gov/ways_means/

U.S. SENATE ..... www.senate.gov/

Senate Committees

Aging ..... www.senate.gov/~aging/
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Environment and Public Works ..... www.senate.gov/~rpc/
Finance ..... www.senate.gov/~finance/
Governmental Affairs ..... www.senate.gov/~gov_affairs
Judiciary ..... http://judiciary.senate.gov
Health, Education, Labor, and Pensions ..... www.senate.gov/~labor/
Small Business ..... www.senate.gov/~sbc/

NEWS AND PUBLIC POLICY INFORMATION

CNN ..... www.cnn.com
Congress.org ..... www.congress.org/
C-SPAN ..... www.c-span.org/
Decisions of the Supreme Court ..... www.law.cornell.edu/
Ecola Directories ..... www.ecola.com/
The Legislative Branch ..... lcweb.loc.gov/global/legislative/congress.html
National Public Radio ..... www.npr.org/
New York Times ..... www.nytimes.com/
Thomas: Legislative Information on the Net ..... thomas.loc.gov/
Top Political Stories of the Day ..... www.yahoo.com/headlines/politics/
USA Today ..... www.usatoday.com/
Washington Post ..... www.washingtonpost.com/
White House News Room ..... www.whitehouse.gov/news/

KEY CONTACT INFORMATION: MY POLICY-MAKERS ARE...

The following template provides you with the opportunity to make a worksheet with your individual policy-makers' key contact information. Having this information in one location and easily accessible is useful when contacting any of your policy-makers. Please modify the format to meet your needs.

FEDERAL LEVEL: EXECUTIVE BRANCH

To correspond with the **President**, write:
The White House, 1600 Pennsylvania Avenue, NW, Washington, DC 20500
(phone) 202-456-1414
(fax) 202-456-2461
(E-mail) president@whitehouse.gov

President _____

Vice President _____

Health and Human Services Secretary _____

Surgeon General _____

Director, Centers for Disease Control and Prevention (CDC) _____

Administrator, Environmental Protection Agency (EPA) _____

Commissioner, Food and Drug Administration (FDA) _____

Administrator, Health Resources and Services Administration (HRSA) _____

Other Executive Branch Officials _____

FEDERAL LEVEL: LEGISLATIVE BRANCH

To correspond with **Representatives**, write:
The Honorable _____
United States House of Representatives
Washington, DC 20515

Dear Representative _____:

To correspond with **Senators**, write:
The Honorable _____
United States Senate
Washington, DC 20510

Dear Senator _____:

You can reach the **Capitol Switchboard** at 202-224-3121

MY SENIOR SENATOR IS _____

Party _____

Committee Assignments _____

Washington Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

State/District Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

Term Expires _____

Health Aide _____

Environment Aide _____

Appropriations Aide _____

Budget Aide _____

Other Key Aides/Staff _____

Important Information _____

MY JUNIOR SENATOR IS _____

Party _____

Committee Assignments _____

Washington Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

State/District Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

Term Expires _____

Health Aide _____

Environment Aide _____

Appropriations Aide _____

Budget Aide _____

Other Key Aides/Staff _____

Important Information _____

MY REPRESENTATIVE IS _____

Party _____

Committee Assignments _____

Washington Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

State/District Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

Term Expires _____

Health Aide _____

Environment Aide _____

Appropriations Aide _____

Budget Aide _____

Other Key Aides/Staff _____

Important Information _____

STATE LEVEL: EXECUTIVE BRANCH

My Governor is _____

Party _____

Term Expires _____

Address _____

Phone _____ **Fax** _____ **E-mail** _____

Key Aides' Names/Contact Information _____

Important Information _____

STATE LEVEL: LEGISLATIVE BRANCH

My State Senator is _____

Party _____

Committee Assignments _____

Address _____

Phone _____ **Fax** _____ **E-mail** _____

District/Local Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

Term Expires _____

Key Aides' Names/ Contact Information _____

Important Information _____

MY STATE REPRESENTATIVE/ASSEMBLYPERSON IS: _____

Party _____

Committee Assignments _____

Address _____

Phone _____ **Fax** _____ **E-mail** _____

State/Local Office Address _____

Phone _____ **Fax** _____ **E-mail** _____

Term Expires _____

Key Aides' Names/ Contact Information _____

Important Information _____

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