

ADVOCACY



“ . . . to safeguard the dignity of every person and to serve the common good.”

BUILDING BLOCKS FOR EFFECTIVE LEGISLATIVE ADVOCACY



THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES



The Catholic Health Association of the United States (CHA), founded in 1915, supports the Catholic health ministry's pursuit of the strategic directions of mission, ethics, and advocacy. As the nation's largest group of not-for-profit sponsors, systems, and facilities, the ministry is committed to improving the health status of communities and creating quality and compassionate health care that works for everyone.

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“The Church never ceases to proclaim and defend the fundamental human rights. She is working for recognition of the rights of every human person to life, food, a home, work, health care assistance, the protection of the family and the promotion of social development, with respect for the dignity of men and women, created in the image of God. Rest assured that the Catholic Church will continue to offer to cooperate, in her own province and with her own means, to safeguard the dignity of every person and to serve the common good.”

Pope Benedict XVI
Address to the Diplomatic Corps
May 12, 2005

CHA
THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

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PREFACE

Developed with help from your colleagues in the health ministry, we are pleased to make available this primer, *Building Blocks for Effective Legislative Advocacy*. *Building Blocks* is a tool that will help you create and sustain within your organization a structure for legislative advocacy, familiarize you with the legislative process, and provide insight on how to be most effective in getting your advocacy message to local, state, and federal policymakers.

For many of you this information will serve as a refresher, and for others new to advocacy, the information will be a welcome resource to help you succeed in your daily pursuits. Topics include lobbying “Dos and Don’ts,” the importance of relationship building both inside and outside your organization, best methods to communicate with elected officials, and a compendium of resources available for your use.

Bon Secours Health System, Inc., Catholic Health Initiatives, SSM Health Care, and Trinity Health are among those within the Catholic health ministry who should be acknowledged for contributions to this primer. Continued ministry input and sharing is critical to success in advancing the health ministry’s advocacy priorities. By utilizing this information in collaboration with other health and social service ministry advocates, together we can make a difference in the lives of the people we serve.

Michael Rodgers
Senior Vice President for Public Policy and Advocacy
The Catholic Health Association of the United States

BUILDING COMMITMENT

CATHOLIC HEALTH MINISTRY AND ADVOCACY

The Catholic Health Association of the United States (CHA) supports the Catholic health ministry's pursuit of the strategic directions of mission, ethics, and advocacy. As the nation's largest group of not-for-profit sponsors, systems and facilities, the ministry is united to advance its strategic directions, policies, and other issues that are better addressed together rather than as individual organizations. The CHA Board of Trustees, with ongoing ministry input, establishes a framework for our collective agenda that is guided by our mission imperative to achieve common goals.

Careful consideration goes into determining advocacy positions and deciding which issues are most important to Catholic health care and to the communities we serve. Together we have a long history of serving those in need and speaking for those whose voices often go unheard.

When John L. Carr, secretary of the Department of Social Development and World Peace, United States Conference of Catholic Bishops, addressed attendees during the Catholic Health Assembly in 2003, he offered suggestions for how the ministry should carry out the healing mission of Jesus and help bring about reform of the health care system:

“Advocacy is not optional, but integral; not fringe, but central. This is as much a part of your mission as the care you give. It cannot be isolated and must be woven through your systems, facilities, and the entire ministry. . . . Every participant and, I would suggest, even every patient of Catholic health care should be encouraged and assisted to speak out for better health care for all . . . In these tough times—for our church and ministry, for our nation and world, for health care, and those without health care—I am convinced your service and your voice are more important than ever.”

In an effort to continue to meet the challenges of an unjust health care system, the Catholic health ministry is called by our mission and values to work together to bring about transformational change at the local, state, and federal levels. One essential component in achieving our goal of accessible and affordable health care for all is mobilizing our collective grassroots efforts to bring about the policy changes needed to be successful in our goals.

WHY WE ADVOCATE

The ministry's advocacy priorities are derived from Catholic values and social teaching, including our convictions that:

- Every person is the subject of human dignity.
- Public policy must serve the common good.
- The needs of the poor have a moral priority.
- There must be responsible stewardship of resources.
- Health care is best understood as a human service, not a commodity to be exchanged for profit.
- The Catholic health ministry is called to both serve persons in need and work to transform those structures that threaten our communities' well-being.

CHA'S ROLE

Supported by local and system advocacy efforts, CHA has assumed a leadership role in shaping health care policy on the national level. The organization's credibility is sustained by strategic alliances with other mission-based organizations, participation in coalition groups with other health care advocates, and persistence in supporting legislation and regulations that protect the integrity of the Catholic health care ministry.

To advance the ministry's advocacy priorities, CHA is:

- A leader, providing testimony, building national coalitions, generating communications to policymakers
- A critical partner, working with others to support or oppose policies
- An influential voice, monitoring and responding to issues of concern to the ministry and those we serve

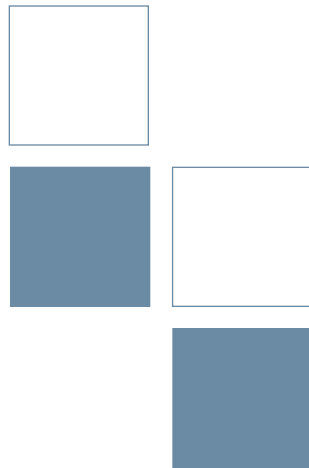
The advocacy initiatives undertaken by CHA at a national level incorporate the efforts of Catholic systems and local ministries. The success of this collaboration is measured by the ability to effect change in health care policies.

Advocacy for just public policies in health care is a prime example of how the ministry can act together to carry out the healing ministry of Jesus.

MAKING A DIFFERENCE: THE IMPORTANCE OF ADVOCACY

Members of Congress respond in an immediate and personal way to their constituents. Advocacy helps legislators understand how health care policies affect their constituents: persons and families in need of health care, employers and employees, individuals and organizations that provide care and services, and all other members of the community they represent. Catholic health systems play a critical role in advocacy efforts by coordinating and activating the ministry on important issues. National advocacy is only as strong as the work of Catholic systems and the voice of local advocates.

Members of Congress rely on credible organizations such as Catholic health care facilities as sources of expertise to inform them about critical health policy issues and the ramifications of policy decisions on the communities that these members of Congress represent.



COMPONENTS OF AN ADVOCACY PROGRAM—AN OVERVIEW

There are three components to a successful facility advocacy program:

1. **Structure:** Create a structure that establishes an ongoing advocacy program for health care policy.

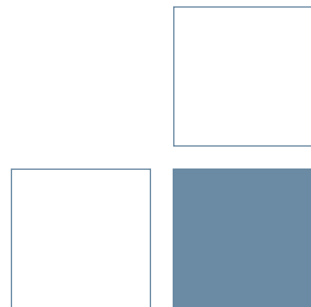
Make advocacy part of your organization's operations, with specific goals, accountability, and action plans. Appoint an advocacy coordinator and establish an advocacy steering committee within your organization. Include members of your board, as well as employees, on the advocacy steering committee.

2. **Relationships:** Develop ongoing relationships with critical policymakers and key community leaders.

Identify whom you should know, then establish ongoing relationships with persons who will be influential in forming health care policy. Make periodic contacts with persons and groups about your health care facility's concerns and views on health care policy.

3. **Action:** Put your structure and relationships to work.

Let your members of Congress and other policy makers know you are concerned about health policy issues and that you expect them to seriously consider your concerns. Work with your board, employees, and community to communicate to policymakers about needed change in public policies.



BUILDING STRUCTURES

DESIGNING AN ADVOCACY PROGRAM

Advocacy should be a permanent program, integrated into the health care organization's ongoing activities. The structure should include appointing an advocacy coordinator and naming a health care policy steering committee.

Advocacy Coordinator

To make public policy activity an ongoing, proactive function in your organization, a staff member should be appointed to coordinate the effort. Although not likely to be a full-time position at a facility level, the role should be assigned with specific duties and the individual given sufficient resources to carry out responsibilities.

Candidates for the position could come from the legal, public relations, mission effectiveness, planning, finance, or even clinical departments. It is important for the advocacy coordinator to have direct reporting access to the president or CEO of the organization. In long-term care facilities, the administrator is likely to fill the advocacy coordinator role.

The advocacy coordinator should have an understanding of the tradition and mission of Catholic health care and an interest in public policy, politics, and related health care policy issues. He or she should understand the legislative process and be interested in or participate in local, state, and national political or policy issues.

Duties of the advocacy coordinator may include:

- Keeping up with major health care policy issues
- Establishing contact with the staff of local and federal legislative and regulatory offices
- Scheduling and coordinating visits to the facility by legislators and other officials
- Preparing written materials, such as policy summaries and position papers, to send to legislators and policy makers
- Coordinating letter writing and telephone tree activities as necessary
- Responding to requests concerning health care policy from national organizations, system offices, and other groups
- Collaborating with other health providers, community organizations, and other interested persons and groups
- Reporting health care policy developments and advocacy activities to the executive office, governing body, system offices, and the community
- Coordinating with communications/public relations staff to inform them and/or the media of public policy agendas
- Convening the advocacy steering committee to discuss policy positions and priorities

Advocacy Steering Committee

An advocacy steering committee can assist the advocacy coordinator and strengthen the advocacy program. In appointing the committee, seek out members of the board, medical staff, and employees who have personal relationships with key policymakers, an interest in health care policy, and experience in politics and the legislative process.

The role of the advocacy steering committee may include:

- Keeping informed about health care issues and policy developments
- Planning educational sessions for staff and the governing body on health care policy issues
- Establishing processes for keeping management, employees, medical staff, and others informed about developments in health policy, and for informing the health care system and CHA about the views of these groups
- Contacting community members to solicit their participation and support in advocacy initiatives
- Reviewing results of the advocacy program and making recommendations for future approaches and activities
- Formulating policy positions and priorities

ADVOCACY AND BOARD MEMBERS

Board members can be a source of information on community opinions and needs. They can participate in articulating the health care advocacy message by meeting with legislators, writing letters to and calling legislators, and educating and building support among their friends and colleagues in the community.

Catholic health care facilities can tap this valuable resource by:

- Informing all board members about health care policy issues and the facility's advocacy program through:
 - Board retreats and other educational sessions on health care issues
 - Health care policy orientation for all new board members
 - Periodic meetings and presentations on health care policy concerns
 - Reports on health care policies and advocacy at every board meeting
 - Inclusion of board members on the advocacy steering committee
- Conducting a survey of board members to determine their:
 - Willingness to participate in grassroots advocacy
 - Membership in community and civic groups having an interest in health care policy

- Special relationships with legislators and other policymakers
- Political activity
- Involving the entire board or certain members in grassroots advocacy, such as:
 - Serving on the health care advocacy steering committee
 - Writing letters and making calls at critical times
 - Meeting with legislators and policymakers
 - Speaking on health care policy issues and the facility’s concerns before community or business groups

ADVOCACY AND MEDICAL, NURSING, AND OTHER PROFESSIONAL STAFF

Members of the medical, nursing, and other professional staffs, like members of the governing body, are important partners in advocacy. They are respected health care leaders in the community and can influence community opinion.

Catholic health care facilities can involve members of the professional staffs by engaging them in an ongoing dialogue on health care policy issues.

Members of the medical, nursing, and professional staffs can be included in the facility’s health care advocacy program by:

- Conducting surveys among physicians, nurses, supervisors, and other department heads about special relationships they may have with legislators or other policymakers
- Holding educational programs and discussion groups on health care policy issues
- Inviting physicians, nursing supervisors, and other professional leaders to be members of the advocacy steering committee
- Including physicians, nursing supervisors, and other professionals in meetings with legislators
- Asking them to be part of letter writing or phone campaigns

BUILDING RELATIONSHIPS

IMPORTANCE OF RELATIONSHIPS

Building relationships is not confined only to legislators, but also with other members of your legislators' staff. Each of these players is influential in the health policy arena. Establishing a good rapport with each of these people is the first step toward achieving a successful advocacy program.

POLICYMAKERS YOU SHOULD KNOW: CONGRESSIONAL OFFICES

Members of Congress

Be sure to know the names of and basic facts about your member of the U.S. House of Representatives and your two U.S. Senators. CHA's e-Advocacy web page, described on page 33, can provide you with information such as political party, committee assignments, hometown, former profession, year of next reelection, religion, and key staff members. Additional resources are also listed on page 32.

The staff members of your member of Congress are also very important to know. These professionals are given great responsibility for collecting constituents' viewpoints and for formulation of initial policy stands. The following are commonly used titles of staff members and position summaries:

- **Chief of Staff**

The chief of staff reports directly to the member of Congress. He/she usually has overall responsibility for evaluating the political outcome of various legislative proposals and constituent requests. This is usually the person in charge of overall office operations, including the assignment of work and the supervision of key staff.

- **Legislative Director, Senior Legislative Assistant, or
Legislative Coordinator**

The legislative director is usually the staff person who monitors the legislative schedule and makes recommendations regarding the pros and cons of particular issues. Some congressional offices have several legislative assistants, and responsibilities are assigned to staff with particular expertise in specific areas. For example, depending on the responsibilities and interests of the member, an office may include a different legislative assistant for health issues, environmental matters, taxes, etc.

- **Press Secretary or Communications Director**

The press secretary's responsibility is to build and maintain open and effective lines of communication between the member and his/her constituency and the general public. The press secretary is knowledgeable about the benefits, demands, and special requirements of both print and electronic media, and how to most effectively promote the member's views or position on specific issues.

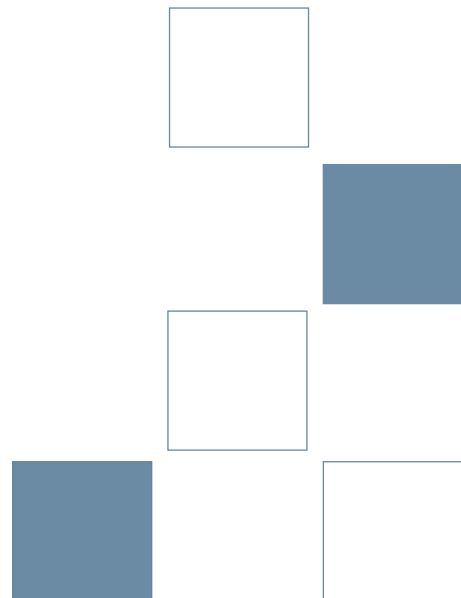
- **Appointment Secretary, Personal Secretary, or Scheduler**

The appointment secretary is usually responsible for allocating a member's time among the many demands that arise from congressional responsibilities, staff requirements, and constituent requests. The appointment secretary may also be responsible for making necessary travel arrangements, arranging speaking dates, visits to the district, etc.

- **Caseworker**

The caseworker is the staff member who helps with constituent requests by preparing replies for the member's signature. The caseworker's responsibilities may also include helping resolve problems constituents present in relation to federal agencies, e.g., Social Security and Medicare issues, and veterans' benefits. There are often several caseworkers in a congressional office.

Source: Congressional Research Service, <http://thomas.loc.gov>



POLICYMAKERS YOU SHOULD KNOW: STATE AND LOCAL CONTACTS

State Government

State and local policymakers and their staffs also should be included on your list of persons to involve in health care advocacy. It is helpful to maintain contact with general offices of the governor, mayor, and specific local and state policy offices. Include also state legislators who deal with health, social, and budget issues.

Community Leaders

Community leaders will be very concerned about the fundamental issues related to health care: access to services, coverage, costs, consumer choice, quality, and administrative complexity.

Some groups and persons in the community to work with on health care advocacy include:

- Employers and business leaders
- Other health care and social service providers, such as other hospitals, long-term care facilities, physicians, clinics, and service agencies
- Catholic parishes and schools, Catholic Charities, diocesan office, state Catholic conference, and other Catholic organizations
- Other religious congregations and organizations
- Schools, PTAs, Easter Seal Society, Girls and Boys Clubs, and other agencies and organizations concerned about issues related to child health
- Chapters of the AARP and other consumer advocacy groups

Some activities for keeping community groups involved and informed about health care advocacy issues include:

- Regularly scheduled “health care policy breakfasts” or other briefings with special groups, such as church leaders, major employers, school representatives, and other health providers
- Including health care policy developments in newsletters, annual reports, and other publications that are distributed throughout the community
- Jointly sponsoring a town meeting on health care issues

BUILDING AN ACTION PLAN

COMMUNICATING WITH CONGRESS

There are several ways to communicate with a member of Congress. They include written letters, e-mail, telephone calls, meeting with legislators, and participation in Congressional hearings.

Writing to an Elected Official

Writing letters can be an effective means of keeping your legislators informed about who you are, your concerns about health care policy, and how federal health care policies are affecting your facility and the community. Legislators rely on letters to find out what most people back home are thinking. Letter writing can also be your first step in building an ongoing relationship with your legislators.

In writing letters keep the following in mind:

- Be brief, present your position and reasoning as concisely as possible.
- Your purpose for writing should be stated in the first paragraph of the letter.
If your letter pertains to a specific piece of legislation, identify it as, for example, House bill: HR____, Senate bill: S____.
- Address only one issue in each letter; and, if possible, keep the letter to one page.
- Writing your own letter is more effective than signing a petition or duplicating an obvious form letter.
- Concentrate on the effect health care legislation will have on people (voters), such as those you serve, others in the community, and your employees.
Arguments centering on the organization's self-interest will be less persuasive.
- Give your credentials when appropriate. Let the legislator know if you have specific experience in the issues.
- Mention it if you have met the legislator or have a special connection.
- Do not write if you can use another method of communication—specifically, personally visiting the district or state office, or in Washington, DC. Then following up with a letter is more effective than a letter alone.
- Send CHA's Washington, DC, office copies of your correspondence.
Having an organized database of its members and their actions is very important to CHA.
- Follow up. Never write one letter; always send a second. If your members of Congress ultimately adopt your plan, thank them. If not, inform them that you know and are disappointed.
- Attach a copy of your organization's community benefit report.

When writing to a committee chair or the Speaker of the House, it is proper to address them as:

Dear Mr. Chairman or Madam Chairwoman

Dear Mr. Speaker or Madam Speaker

To send hard copy letters, it is best to fax the letters to the member's office and then put the hard copy in the mail. The formats for addresses are listed below:

The Honorable (Full Name)
U.S. House of Representatives
(Building)
Washington, D.C. 20515

The Honorable (Full Name)
U.S. Senate
(Building)
Washington, D.C. 20510

Fax numbers can be obtained at:
www.senate.gov or www.house.gov

Fax the letter to the attention of the Legislative Director.

e-Advocacy

CHA's e-Advocacy program allows you to e-mail members of Congress or print a hard copy on your letterhead to be faxed. Form letters and speaking points also are provided for your personalization and use. e-Advocacy automatically identifies your members of Congress by your log-in, providing you with photos, contact information, occupation information, staff information, committee rosters, and Congressional leadership information. The program also provides health-related bill tracking and other resources.

Calling Elected Officials

A telephone call can be an effective method of influencing lawmakers, particularly if placed shortly after written communication. Congressional offices often pay close attention to these calls as a measure of voters' sentiment. An outpouring of calls can sometimes change the vote of a legislator, but even a small number of calls can make a difference.

When you call, you will most likely be connected with a staff assistant who will report your concern to the legislator. Ask to speak to the aide who handles the issue on which you wish to comment.

After identifying yourself, tell the aide you would like to leave a brief message, such as: “Please tell Senator/Representative (Name) that I support/oppose (S___/HR___).” Write a brief script for yourself. Note key points and phrases before you call. You will want to state the reasons you oppose/support a piece of legislation. Ask for your senator’s or representative’s position on the bill. You may also request a written response to your call. Follow up and thank the lawmaker for considering your suggestion and mail written thank-you notes as appropriate.

Most Senators and Representatives maintain one or more offices in the state or Congressional district they represent. You can find the phone number in the U.S. government section of the telephone directory or by calling information. If you wish to call the Washington, DC, office, you can reach your Senator or Representative through the Capitol switchboard. Simply dial 202-224-3121, and ask for your Representative or Senator’s office.

PLANNING A LEGISLATIVE VISIT

The most effective way to deliver your message to your member of Congress is to schedule her/his visit to your facility. The Catholic health care facility represents a community service, a place where constituents receive care, and a place where voters work. Let your representative and senators see this in action.

Steps for Successful Visits

■ Schedule

Call the staff person responsible for scheduling the Representative or Senator. Contact the district or Washington office. You can call the U.S. Capitol at 202-224-3121 and ask for your legislator’s office.

■ Confirm

Confirm the date, time, and plans by writing to the legislator directly. Send a copy of the letter to the district staff. Confirm again by phone with the legislator’s scheduling secretary as the date of the meeting approaches.

■ **Set Goals**

A major goal of the visit is to familiarize your Congressional representative with your facility, its healing mission, its community benefits, and services so that he or she sees the facility as a credible source of information. Also, identify the clear policy message you want the legislator to take away and determine whether you want a commitment from your legislator on specific legislative activity.

■ **Plan Agenda**

Plan and rehearse a detailed agenda of what you want to cover. This could consist of providing background about the facility, reporting on current services, and your policy message.

■ **Follow Up**

After the visit, write to the legislator's Washington, DC, and district offices, reviewing the names of the persons present, the issues discussed, and what you want the member of Congress to do.

PARTICIPATING IN CONGRESSIONAL HEARINGS

■ **Being Selected to Testify**

The staff and members of the various committees determine who they would like to have as witnesses based upon the expertise needed in a particular area, relationships with members of the committee, and political considerations. If you are interested in testifying at a hearing:

- Let CHA and your system office know that you are interested in acting as a witness, should the occasion arise.
- Call the committee staff, and let them know of your expertise and interest.
- Ask your Representative or Senator to approach the committee on your behalf.

If you are invited to testify before Congress, CHA and your system often can help in the preparation of your testimony and help you prepare for your oral presentation.

■ **Preparing Written Testimony**

Witnesses are required to submit written testimony to the committee before testifying. Your written statement should include:

- An explanation of your position
- Description of how the policy being discussed will help or hurt your community and health care facility
- Recommendations for improvements or changes to the policy
- Background on your expertise
- A cover sheet with the name of the committee or subcommittee, the date of the hearing, and the topic of the hearing, along with your name, title, and address.

■ Presenting Oral Testimony

Prepare five minutes of talking points based on your written testimony, and practice presenting your points without reading your written statement. The purpose of your oral testimony is to quickly make the strongest points in an interesting way so that members and staff will turn to your more detailed written statement for further information.

Legislators may ask you questions that you are not able to answer right away. In these cases, you may be asked to answer those questions for the record in a written response.

WORKING WITH COALITIONS

Building coalitions is key to making an impact on the national, state, and local levels. Advocacy begins by collaborating with others who feel passionate about issues the way your organization does. A starting point could be social action directors of religious-based health and social service groups, especially local Catholic Charities agencies and state Catholic conferences or other health care organizations. In reaching out to other community groups, success depends on more than a common theme; it is equally important to clearly define the issue or purpose for which you are coming together.

The coalition also must clearly define its organizational strategy. Grassroots coalitions depend on cooperation from their members as they strive to expand their base. There must be a strategy developed to keep track of the duties, responsibilities, and qualifications of each member.

Communication is essential for any grassroots coalition campaign. It is a good idea to establish a grassroots database through e-mail as an efficient way to keep the conversation between coalition members flowing. Constant interaction is a helpful way of developing new ideas and alerting members of recent issues.

WORKING WITH THE MEDIA

Working with the media can impact public policy at every level. News coverage reaching a large group of constituents focuses public attention and then translates into action. Just as constituents wish to build credibility with legislators through their knowledge of a particular issue, they also wish to be a credible asset to the media by their knowledge of an issue.

Successful Media Relations

- Get to know key members of your local media: feature reporters, city editors, photographers, TV anchors and correspondents, radio news directors. Regularly meet with reporters and editorial boards, so that you know your reporter or editor, and he or she knows you.
- Know your facts and the practical impact of public policies on your community as well as on your organization. Your credibility is critical.
- Invite members of the press and broadcasters on a private tour and meeting with facility officials, pointing out the innovative approaches to meeting patient needs, especially in the context of your public policy agenda. Show the media the facility in action and those who are served.
- Familiarize them with the community benefits your organization provides, how it serves low-income persons and improves health in the community.
- Be available to comment on the state of health care and other medical issues. (By being a reliable resource on a variety of topics, you can make a reporter's life easier and improve the quality of the information shared with the public.)
- Develop a website with special components for media (e.g., hospital facts, traditions, story ideas, public policy positions, and contacts).
- Be aware of news deadlines. Morning paper reporters need to file their stories by late afternoon. TV assignment editors should be contacted in the early morning.
- Remember newspaper op-eds and letters to the editor are effective means of influencing politicians because they express an educated opinion and a particular side to an argument, which is often lacking from radio and television reports. Keep your op-ed or letter to the point and within the word limit that is suggested by your newspaper. Include your name, address, and phone number.

How to Deal with Specific Types of Media

■ Print Media

Business journals: Provide data and also information on community benefits—the same information as given to the daily newspaper’s financial editor; could emphasize the service’s value to employers.

Chamber of Commerce newsletter: As one of the area’s larger employers, emphasize the benefit to the community in providing services to ensure the wellness of employees and lower health risks within all segments of the community, thus reducing burdens and costs to business.

Church bulletins and publications: Emphasize the ministry and mission aspects of the service and the organization’s commitment to mission.

Daily newspapers: Get to know different editors or writers for specific angles or stories.

City editor: Give leads on human interest stories.

Columnists: May have more impact than other reporters; find unique angles for columnists to focus on or build interest around the impact of public policy agenda.

Editorial board: Emphasize mission, ministry, community benefits, and accountability, reimbursement issues, services for the uninsured and underinsured.

Elderly or senior citizen writer: Point out pertinent projects.

Financial editor: Provide not just figures, but also information on community benefits (e.g., statistics on premature births, their costs, how an obstetrics clinic is helping to reduce these costs, and the impact of adequate reimbursement and regulations).

Health or medical writer: Supply human interest stories on the delivery of care and the impact of adequate funding and regulations.

Lifestyles editor: Suggest human interest stories.

Religion editor: Furnish mission, ministry, and human interest angles.

Minority or ethnic publications: Tailor material for specific audiences within the community through specialty publications, stressing benefits provided to those communities.

Monthly magazines: Get to know editors' idiosyncrasies. Human interest, technology, and business stories are possibilities.

State, local, or regional hospital association newsletters: Stress broad issues or services, community benefits and accountability, reimbursement issues, services for the uninsured and underinsured.

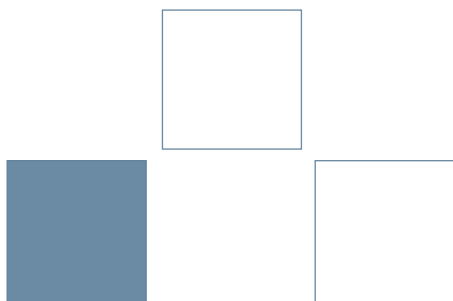
Suburban and weekly newspapers: Go for the local angle targeted to that publication's circulation area by citing a patient or staff member in that area or a benefit to the area of the publication's coverage based on the public policy agenda.

Wire services: Concentrate on the impact of a service (e.g., reduction in infant mortality after two years of operation of an obstetrics clinic). Remember Catholic News Service and other specialized services.

■ Electronic Media

Radio:

- Try to get a facility representative, from administration or medical/clinical staffs, on a talk show or call-in show; talk about services and benefits to the community.
- Plan a public service announcement on services offered or have special programs (e.g., health fair) included in a list of events.
- Tailor your format and content to the audience (e.g., senior programs on an easy-listening station; teen pregnancy programs on a rock station).
- Try to get a disc jockey involved in one of your community service programs.
- Some stations give free airtime to issues of public interest. Your radio public affairs director can tell you how to get on the air.

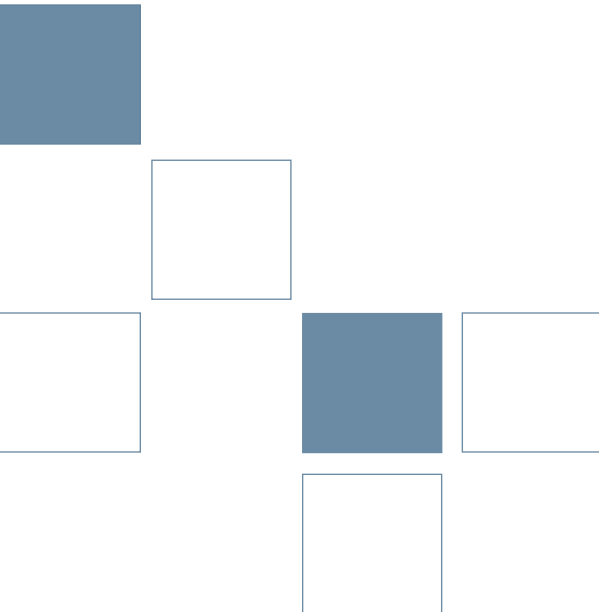


Television:

- Provide to news directors and assignment editors information on people available for interviews and their phone numbers and a list of photo opportunities available.
- Try to generate interest in a series by emphasizing the community impact based on your public policy agenda.
- On news programs, contact the business writer, medical writer, and general assignment editor.
- Try to get facility representatives on community discussion shows.
- Some stations give free airtime to issues of public interest. Your local TV public affairs director can tell you how to get on the air.
- For CATV, offer guests and topics for educational and community-access talk show programs.

Internet and E-Mail:

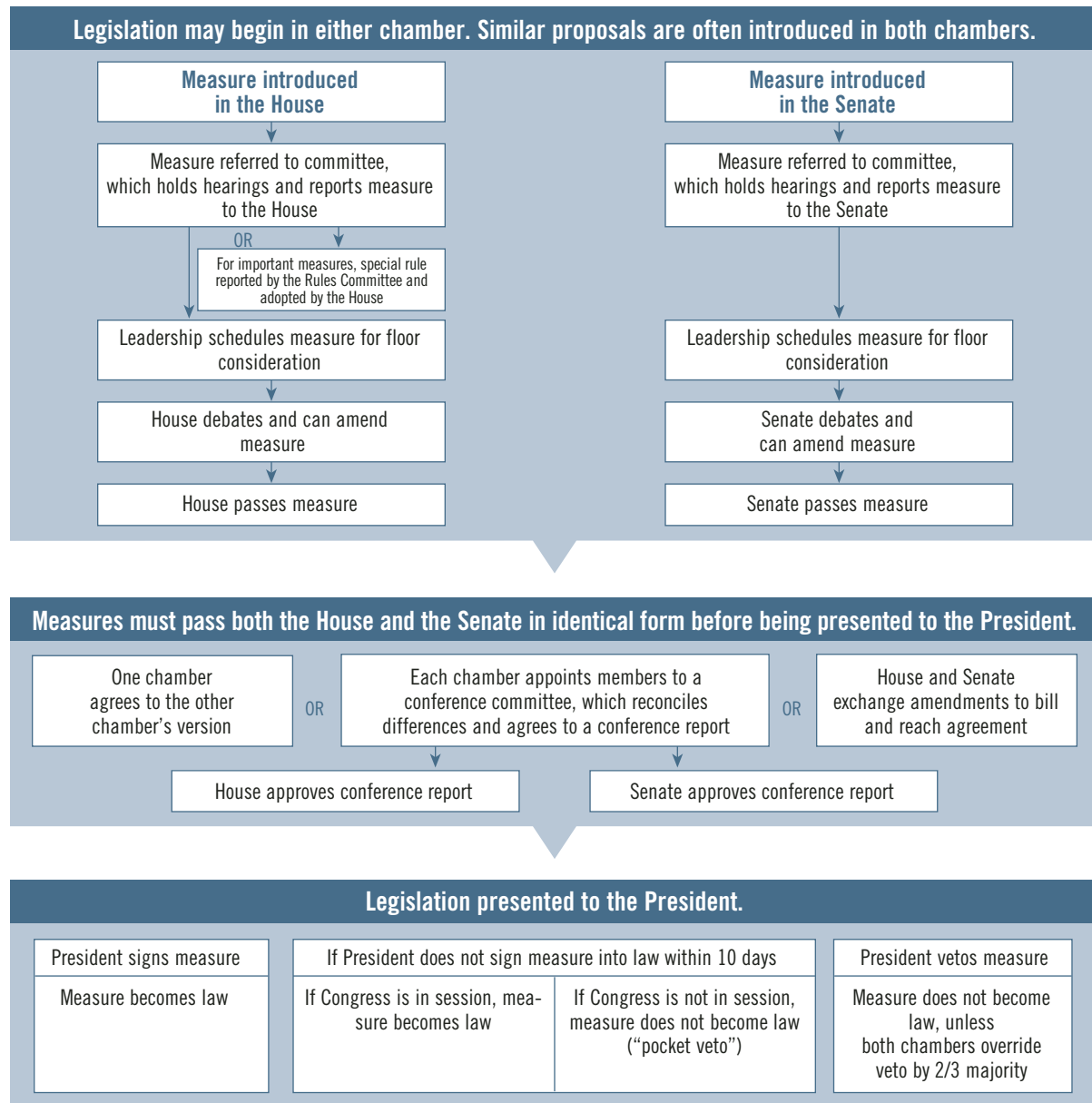
- Explore Web sites and chat rooms pertaining to your issues. This is a good way to recruit members to your coalition or to make contacts with other organizations.



BUILDING KNOWLEDGE AND RESOURCES

UNDERSTANDING THE LEGISLATIVE PROCESS

In order for your organization to effect change, it is imperative to understand the process by which this may occur.



The Legislative Process Flowchart is § 8.01 of the Congressional Deskbook 2005-2007, by Judy Schneider and Michael Koempel. Copyright © 2005 by TheCapitol.Net, Inc. All Rights Reserved. This image may not be reproduced without the written permission of the publisher. TheCapitol.Net PO Box 25706, Alexandria, VA 22313-5706 202-678-1600 www.CongressionalDeskbook.com Reprinted with permission.

In addition to legislation being passed, Congress must also enact a budget for each fiscal year. This budget will determine spending for important health care programs. Below is a table that outlines the Congressional budget process. It is important to note that Congress rarely meets the deadlines listed below.

Congressional Budget Timetable

DATE	ACTION
First Monday in February	President's budget submission.
February 15	Congressional Budget Office (CBO) budget and economic outlook report.
Within 6 weeks of President's budget	Committees submit views and estimates to the Budget Committees.
April 1	Senate Budget Committee reports budget resolution.
April 15	Congress completes budget resolution. If not, Chairman of House Budget Committee files 302(a) allocations; Ways and Means is free to proceed with pay-as-you-go measures.
May 15	Appropriation bills may be considered in the House.
June 10	House Appropriations reports last bill.
End of previous session to June 30	If an appropriations bill violates caps, the Office of Management and Budget (OMB) sequesters 15 days after enactment.
June 30	House completes action on annual appropriation bills.
July 15	President submits mid-session review.
August 10	President's notification on military personnel exemption.
August 15	CBO sequester update report.
August 20	OMB sequester update report (with adjustments to caps).
October 1	Fiscal year begins.

Source: United States Senate Budget Committee

LEGAL ISSUES: LOBBYING

Catholic health care leaders can and should be involved in advocacy activities, including lobbying, especially on critical issues relative to access, affordability, and quality of health care. It is important to know, however, what is legally permissible and what is not permitted.

Not-for-profit charitable organizations, including Catholic health care facilities, are exempt from federal taxes under Section 501 (c)(3) of the Internal Revenue Code. A condition of tax exemption is that a substantial part of the organization's activities may not include influencing legislation. Tax-exempt organizations may either follow this general prohibition against engaging in more than a substantial amount of legislative activity or they may "elect" to meet a more specific test of how much lobbying activity is permitted.

The election test permits expenditures on lobbying activity up to the following:

- 20 percent of the organization's first \$500,000 of tax-exempt expenditures (generally speaking, the facility's budget)
- 15 percent of the next \$500,000
- 10 percent of the next \$500,000
- 5 percent of the remaining expenditures

Two other restrictions also apply to those "electing" the specific test:

- The total amount spent on lobbying activities in any year may not exceed \$1 million
- Expenditures for grassroots lobbying (aimed at the general public as opposed to a legislative body) may not exceed 25 percent of the organization's total lobbying limit

Given these parameters, it is unlikely that a health care organization would exceed the limitation of the law. However, organizations should be sure to check with their legal/tax advisors before engaging in specific lobbying activities.

LEGAL ISSUES: POLITICS “DOS AND DON'TS”

In the political arena, tax-exempt organizations are prohibited from participating in political campaigns on behalf of or in opposition to any candidate for public office.

The following activities are not permitted:

- The health care organization endorsing a candidate
- Announcing the organization's opposition to a candidate
- Holding a fund-raiser or another event that supports a candidacy on the grounds of the organization
- Using funds from the organization to support a candidate or contributing to a political action committee (PAC)
- Asking others, in the name of facility, to support a candidate or contribute to a campaign

The following activities are permitted:

- Holding “meet the candidate” events, as long as all candidates are given similar opportunities to express their views
- Sponsoring voter registration drives, including registration in the facility
- Individuals supporting or opposing candidates, as long as they clearly indicate they are not representing the health care organization and do not take actions that imply otherwise
- Contributing personal funds to a campaign or PAC as long as there is no pressure from the health care organization to contribute and it is clear that the contributions are personal and not on behalf of the organization

Glossary of Legislative Terms

Act	Legislation that has passed in both the House and the Senate and becomes law
Amendment	A change to a bill, motion, or article of the Constitution
Appropriation	A formal approval to draw funds from the Treasury for specific purposes
Authorization	A law that creates a program and sets funding limits. Funds are actually drawn from the Treasury, and the determined amount is established by appropriation
Bill	A proposed law
Budget	The President's annual proposal to Congress, usually submitted in January, for federal expenditures and revenues for the coming fiscal year
Budget Resolution	House- and Senate-passed guidelines, and later caps, on federal budget authority and outlays. It is a matter of internal Congressional rules and procedure, and therefore is not submitted to the President for signature or veto. Bills that would exceed budget caps are subject to a point of order, although waivers have been granted in both houses.
Cloture	A method of limiting debate or ending a filibuster in the Senate. Sixty of the 100 Senators must vote in favor of cloture for it to occur.
Conference Committee	A committee comprised of Senators and Representatives appointed to resolve differences between House and Senate-passed versions of the same legislation
Continuing Resolution	A resolution enacted to allow specific Executive Branch agencies to continue operating even though funds have not been appropriated for them for the following fiscal year
Cosponsor	A Senator or Representative who joins in sponsoring a piece of legislation but is not the one who introduced the legislation. A large number of cosponsors increases a bill's chance for consideration.
Filibuster	A delaying tactic to prevent action in the Senate by speaking continuously
Fiscal Year	The federal government's fiscal year runs from October 1 to September 30.
Hearing	Meetings of committees or subcommittees to gather information on the ramifications of proposed legislation, investigate problems, or explore issues. Witnesses present testimony and answer questions.
Lame Duck	A member of Congress (or the President) who has not been reelected but whose term has not yet ended
Lobbying	Attempts by individuals or groups who are not members of Congress to influence the passage, defeat, or content of legislation
Majority Leader	The leader of the majority party and the most powerful position in the Senate. In the House, the floor leader and principal assistant to the Speaker (the most powerful position in the House)
Mark-Up	After hearings, members of a committee or subcommittee examine a proposed piece of legislation line by line to determine what additions or deletions should be made, this is known as a "mark up."
Member	A U.S. Senator or U.S. Representative
Minority Leader	The leader of the minority party in the House or the Senate
Omnibus Bill	A bill that combines many different aspects of a particular subject, often employed during the budget process
Override a Veto	When both the House and the Senate vote by two-thirds majority to set aside a presidential veto of legislation
Point of Order	An objection by a member of Congress that the pending matter or proceeding is in violation of the rules
Report	A printed record of a committee's actions and views on a particular bill or matter
Speaker of the House	The presiding officer of the House, leader of the majority party in the House, and next in line to the Vice President for succession to the presidency. One of the most powerful offices in Washington.
Sponsor	The Representative or Senator who introduces a bill or resolution
Whip	The Senator or Representative who serves as an internal lobbyist for the Republican or Democratic party to persuade legislators to support the party's position, and who counts the votes for the leadership in advance of floor action

ADVOCACY RESOURCE GUIDE

The following web sites and publications may be useful sources of additional information on advocacy. Many of the organizational web sites contain issue descriptions, updates, and talking points on current advocacy efforts. The governmental web site “Thomas” is useful for tracking the status of legislation, reading actual bill language, and determining if members of Congress have sponsored or cosponsored priority bills. Most members of Congress also have their own web sites.

Federal Web sites

U.S. House of Representatives	www.house.gov
U.S. Senate	www.senate.gov
Library of Congress information on bills in Congress (THOMAS)	http://thomas.loc.gov
Department of Health and Human Services	www.hhs.gov
Centers for Medicare and Medicaid Services (CMS)(Formerly HCFA)	www.cms.gov

State Web sites

State and local government information	www.governmentguide.com/state/state.adp
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Critical Partners

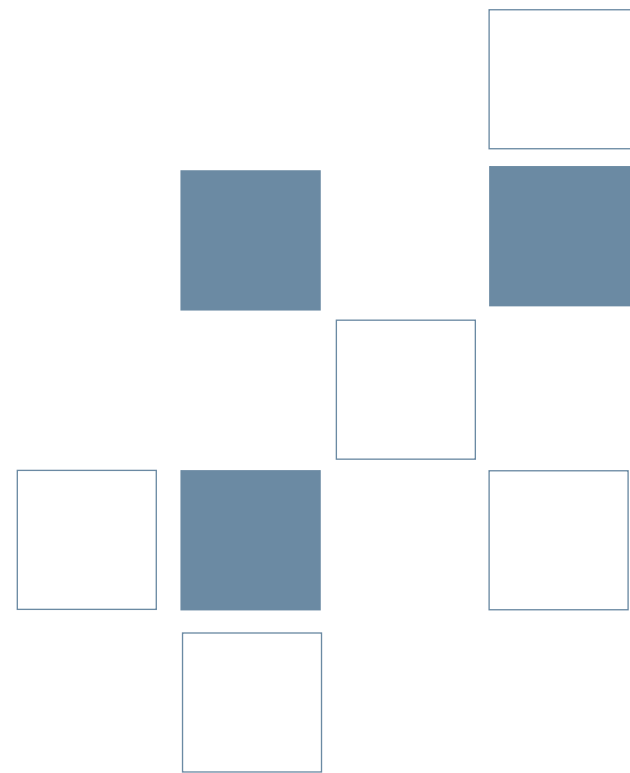
American Association of Homes and Services for the Aging	www.aahsa.org
American Hospital Association	www.aha.org
Catholic Charities USA	www.catholiccharitiesusa.org
Children’s Health Matters	www.childrenshealthmatters.org
Citizens for Long Term Care	www.citizensfortlc.org
NETWORK: A National Catholic Social Justice Lobby	www.networklobby.org
Supportive Care Coalition: Pursuing Excellence in Palliative Care	www.careofdying.org
United States Conference of Catholic Bishops	www.usccb.org

Additional Resources for Advocacy Information

American Academy for Health Services Research and Health Policy	www.academyhealth.org
American Enterprise Institute	www.aei.org
Center for Budget Policy and Priorities	www.cbpp.org
Families USA	www.familiesUSA.org
Heritage Foundation	www.heritage.org
The Robert Wood Johnson Foundation	www.rwjf.org
The Commonwealth Fund	www.commonwealth.org
The Kaiser Family Foundation	www.kff.org

e-Advocacy

Please visit the e-Advocacy section of the CHA Web site (www.chausa.org) to get assistance in your grassroots efforts. The program allows you to e-mail members of Congress or print a hard copy on your letterhead to be faxed. Form letters and speaking points also are provided for your personalization and use. e-Advocacy automatically identifies your members of Congress by your log-in, providing you with photos, contact information, occupation information, staff information, committee rosters, and Congressional leadership information. The program also provides health-related bill tracking and other resources.



LEGISLATOR DIRECTORY

It is helpful to keep the contact information for your federal, state, and local legislators available at all times. Fill in the spaces below to keep as reference. For assistance in finding contact information for your legislators, visit e-Advocacy at www.chausa.org.

U.S. SENATOR	Name	_____
	Phone	_____
	Fax	_____
	E-mail	_____

U.S. SENATOR	Name	_____
	Phone	_____
	Fax	_____
	E-mail	_____

U.S. REPRESENTATIVE <small>(INCLUDE DISTRICT)</small>	Name	_____
	Phone	_____
	Fax	_____
	E-mail	_____

STATE SENATOR

Name _____

Phone _____

Fax _____

E-mail _____

STATE REPRESENTATIVE

Name _____

Phone _____

Fax _____

E-mail _____

GOVERNOR

Name _____

Phone _____

Fax _____

E-mail _____

FACILITY ADVOCACY CHECKLIST

Encourage your organization's health care advocacy program by ensuring that the following steps necessary for a successful program have been taken:

- Staff is assigned responsibility and provided adequate resources for carrying out the advocacy plan.
- Staff works with general counsel or other appropriate contacts within the organization to ensure compliance with all IRS rulings on lobbying.
- The board is involved in the health care advocacy by staying informed of issues, reviewing advocacy plans, and participating in the program.
- The facility's U.S. Representative and two Senators have visited the facility or are planning to visit to discuss health policy issues.
- The facility has identified board members and others affiliated with the organization who have personal relationships with policymakers and those who have particular interests in health care policy.
- Information about health care policy issues and the facility's position and views are sent to local newspapers, diocesan papers, and other local publications.
- There is a facility-wide plan for generating letters and calls to members of Congress that can be implemented when needed.
- Facility leaders regularly speak to various community groups on health policy issues.
- Advocacy coordinators or members of the advocacy steering committee regularly monitor the advocacy section of CHA's web site for the latest on public policy positions or actions taken by CHA on behalf of the ministry regarding legislation or regulations.
- Advocacy coordinators or members of the advocacy steering committee communicate with both their health system and with CHA on their advocacy efforts.
- Copies of your organization's community benefit report have been sent to federal and state legislators, and to other key policy makers.



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