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# EMSC'S ROLE IN SHAPING POLICY

## A PRACTICAL GUIDE TO CHANGING MINDS AND SAVING LIVES

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### Introduction

On September 10, 1992, New Jersey became the first state in the country to pass legislation addressing the gaps in pediatric emergency medical care. By passing the "Act Concerning Emergency Medical Services for Children (EMSC)", New Jersey ensured the stability of its EMSC program and set a precedent for other states to follow.

You also can help improve the health of America's children by becoming involved in local, state, and federal policy making. Your participation in the decision-making process as an educator or grassroots organizer will raise the profile of EMSC issues and generate enthusiasm and support for system improvements.

This resource kit is designed to help you navigate the legislative process. It includes tips on everything from creating a coalition and establishing a public policy agenda to interacting effectively with local and state legislators. A list of public policy resources, a glossary of key legislative terms, information on how a bill becomes a law, and model EMSC legislation are also included to assist you with your legislative outreach efforts.

### The Rules of the Game

The right to attempt to influence legislation is based on the First Amendment to the Constitution, which says Congress shall make no law abridging the right of the people "to petition the government for a redress of grievances." To effectively exercise this right, you must first know some basic facts and rules about the legislative process and the different ways you can influence legislative outcome.

### Lobbying

A lobby is a group that seeks to influence the passage or defeat of a legislative proposal(s). Two types of lobbying are discussed in this booklet: direct and grassroots.

#### *Direct Lobbying*

Direct lobbying is any attempt to influence local, state, or federal legislation by contacting any member of a legislature, legislative staff, or government employee to "persuade him or her to propose, support, oppose, change, or otherwise influence legislation" (Trister, 1991). Specifically, direct lobbying may include any of the following activities:

- ◆ Correspondence with members of the legislature;
- ◆ Telephone calls to a legislator or employee of the legislature;

- ◆ Face-to-face meetings with a legislator or legislative staff;
- ◆ Providing reports, fact sheets, and other analyses to a legislative member or staff person supporting or opposing a specific legislative proposal;
- ◆ Presenting testimony on legislation to a committee or subcommittee; and
- ◆ Giving a legislator or staff member advice and information about legislation or a specific legislative proposal if a view for or against the measure is expressed.

#### *Grassroots Lobbying*

Grassroots lobbying is any attempt to influence local, state, or federal legislation by attempting to influence public opinion and motivating the public to act (Trister, 1991). A key goal in grassroots advocacy is to develop a long-term relationship with your legislator.

#### *Lobbying Limitations for Federal Grantees*

In fiscal year 1991, appropriations bills for the Departments of Labor, Health and Human Services, and Education prohibited grant-funded programs from carrying out "any activity designed to influence legislation." This included both direct and grassroots lobbying. As a result, grantees and all grantee subcontractors, subgrantees, and contractors under grants, loans, and cooperative agreements, are required to sign a certificate regarding lobbying before receiving federal funds.

Additionally, under the Byrd Amendment, federally funded projects cannot use appropriated funds to influence the following parties in connection with the award of any federal contract, federal grant, federal loan, or cooperative agreement:

- ◆ federal officers or employees;
- ◆ members of Congress;
- ◆ employees of Congress; or
- ◆ employees of members of Congress.

However, grantees who work full-time but whose salaries are paid in part by a nonprofit or not-for-profit organization can lobby during their non-EMSC working hours. For example, if 20% of a grantee's salary is paid for by a university medical center, then 20% of that person's time can be used to lobby for the university.

If this stipulation applies to you, check with the university's general counsel to determine if the university has any guidelines for lobbying as a nonprofit institution and whether your efforts should be coordinated through the university's government affairs office.

### ***Lobbying Limitations for State Employees***

If you are an employee of an EMSC grant awarded directly to a state agency, you may have less latitude to conduct advocacy activities. State agencies have their own set of rules regarding advocacy. Even if your salary is paid in part by a state agency you may not be able to lobby. It is important to ask questions of the appropriate agency in your state's government, perhaps the General Counsel or state Attorney General's office, to identify what limitations exist for both direct and grassroots lobbying or advocacy.

If you are a subcontracted employee of an EMSC project based in the state health department, determine if the lobbying guidelines for state employees apply to you. If you are not paid full-time by the subcontract, you can usually initiate lobbying ef-

forts during non-EMSC work time, representing the institution employing you rather than the EMSC project.

In all cases, adhere to the guidelines for lobbying activities that fit your employment status. Do not jeopardize your funding by taking an inappropriate action. Remember, it is your responsibility to determine the limitations on your advocacy efforts.

### **Working within the Rules**

The rules governing federal grantee lobbying efforts are intended to guide, not stop your public policy activities. You can participate in the legislative process, during EMSC work hours, without jeopardizing your program by:

- ◆ Providing a detailed analysis of the facts underlying a particular topic with the goal of helping the general public form an independent opinion about the topic.
- ◆ Distributing information to the public that expresses a view about specific legislation, but requests no call for action.

## **The Branches of State Government**

State governments function similarly to the federal government, operating with legislative, executive, and judicial branches. However, the activities of these branches are regulated by a state constitution and therefore differ from state to state. To be an effective advocate, it is important to know the legislative rules of your state. The EMSC National Resource Center compiles information on each state's process. For more information, contact EMSC's Public Policy Team at (202) 884-4927.

### ***Legislative Branch***

All states but one have legislatures that are bicameral or consist of two chambers—the House of Representatives and the Senate. Only Nebraska's legislature is unicameral, with all members referred to as senators.

Like the federal legislature, each state legislator represents districts of similar population size or a specific geographic area. Legislators may be called senators, representatives, delegates, or assemblymen and assemblywoman.

### ***Executive Branch***

The executive branch is made up of the Governor, who, as the chief executive of the state government, oversees numerous agencies, commissions, departments, and boards. Additional responsibilities may include submitting an annual budget to the legislature, overseeing federal and state services, and safeguarding the general well-being of the people. Depending on the state, governors serve terms of two, three, or four years. In about half the states, terms of office are limited, usually to one or two terms.

As with the federal system, state legislation is approved or vetoed by the Governor. It is therefore important to consider a Governor's potential position on a bill. Enlisting the Governor's

support for your legislation may result in more rapid consideration of your proposal.

### ***State Agencies and Departments***

Except for those affiliated with a university, most EMSC projects are housed within the Office of Emergency Medical Services (OEMS) or the Office of Maternal and Child Health (MCH). OEMS and MCH are usually state health department programs. However, if your project is not based within the state health department, it is essential for you to develop good working relations with the appropriate offices in the health department. These offices are frequently responsible for drafting regulations and implementing policies mandated by law.

### ***Judicial Branch***

The judicial system is designed a little differently in each state. For example, judges are elected in some states and appointed by the Governor in others.

Since most legal actions are filed in state courts, the judicial branch has a significant impact on public policy. Your coalition should keep abreast of judicial proceedings. Court decisions in a state often set precedents and other jurisdictional trends.

- ◆ Providing education or distributing printed materials that describe lobbying and the legislative process in general, as long as you do not focus on specific legislative measures.
- ◆ Testifying or providing technical advice and assistance to a committee or subcommittee as long as the request is in writing from a committee or legislative body and not an individual member of the body. This technical assistance may include your opinions and recommendations about the legislation because it is available to all members of the body.
- ◆ Communicating with government officials for purposes other than influencing legislation, such as commenting on regulations.
- ◆ Providing technical and factual information to a legislative body, legislator, or employee of a legislator on a topic directly related to the performance of your grant or contract in response to a documented request.
- ◆ Advocating broad social issues that are not tied to specific legislation.

You may also lobby on any type of legislation on your own time as a private citizen as long as you do not use federal grant resources. However, be sure to note these caveats:

- ◆ Do not identify yourself as acting, writing, or speaking on behalf of your grant;
- ◆ Do not use program letterhead when writing to legislators;
- ◆ Do not write, e-mail, or call during paid working hours;
- ◆ Do not use employees of your grant during paid work time to prepare materials and accompanying letters; and
- ◆ Do not use any resources of the grant (stamps, photocopier, telephones, etc.).

If you travel to Washington, DC, with agency funds for a legitimate program-related purpose, you can visit legislators in your role as a private citizen on your own time.

In addition, consider joining such groups as professional membership organizations that actively discuss legislative issues related to child health care. Remember, you must lobby on your own time in that group's name, not your grant's name.

### **Creating a Coalition and Establishing a Policy Agenda**

Another highly successful tactic for conducting public policy activities during EMSC work time is to create a coalition—a group of individuals with a vested interest in a particular issue that join

forces to reach a common goal. You too can create a coalition whose purpose is to help prevent childhood illness and injury and to ensure that all ill or injured children receive state-of-the-art emergency medical care.

Coalition members do not need to be veteran political scientists or lobbyists. In fact, most people learn the political and legislative process through practical experience. The most important traits for coalition members are perseverance, commitment, and availability. However, it is wise to include some seasoned child advocates who can offer guidance and information about the local political process.

Once established, encourage coalition members to learn as much as possible about the local, state, and federal political process. Remember, each state's political process is different (see "The Branches of State Government," page 6).

Next, determine which specific legislative issues your coalition will address. To help get you started, answer the following questions:

1. What health needs of children are not being met?
2. Of those needs, which issues can be best addressed by a new law, regulation, or enforcement of existing law?
3. Does the entire coalition have a vested interest in the issue(s)?

Once the issues are identified, determine your public policy strategy by identifying your coalition's goals and objectives, target audiences, strategies and tactics, resources, responsibilities, and a time line.

### ***Coalition Activities***

It is important to keep your public policy agenda a visible, active effort. Below is a list of recommended activities, most of which can be done while representing the EMSC grant. Activities marked with an asterisk (\*) must be completed during non-EMSC work time or by a non-EMSC grantee.

- ◆ Develop a legislative task force to serve as your coalition's eyes and ears. This group should be responsible for:
  - √ reporting on the status of bills and the timing of hearings and votes;
  - √ researching legislators to determine their positions on EMS/EMSC issues;
  - √ identifying legislators to sponsor bills that will benefit EMSC (see "Selecting a Sponsor for Legislation," page 8, column 1);
  - √ establishing ties with the offices of the Governor and Mayor and offering to serve on special task forces that study issues related to EMSC; and

- √ identifying community groups that are addressing similar public policy issues and are willing to collaborate.

### Selecting a Sponsor for Legislation

Selecting the right sponsor(s) to introduce your bill is just as important as the bill itself. Talk with members of other groups who have experience working with the legislature to identify potential candidates. Qualities to look for in an appropriate sponsor include:

- ◆ interest in and commitment to your issue;
- ◆ willingness to actively support a bill through the entire legislative process until enacted into law; and
- ◆ the power to influence other legislators to support your cause.

The chairperson of the committee to which a bill will be directed is an excellent candidate for sponsorship. The chairperson can use his or her authority to move the bill through the committee process.

Once you have a sponsor for your bill, identify co-sponsors. Because legislative proposals need wide bipartisan support to pass and become law, it is important to obtain at least one sponsor from each party.

- ◆ Develop a regulatory task force. This group should be responsible for reporting on the status of new regulations. In addition, this task force should establish ties with the state health department, as well as obtain information about block grant programs and allocation of funds.
- ◆ Educate your local legislators—
  - √ Visit, write, e-mail, or call your legislator (see "Interacting Effectively with Your Legislator," column 2).\*
  - √ Distribute EMSC fact sheets, statistics, and other background information about EMSC and your organization/coalition. (Your materials cannot include a call for action if they were written, edited, printed, or distributed using grant funds.)
  - √ Participate in public meetings and events in your community that feature your state and local leaders. (Grantees who elect to participate in public meetings during regular EMSC work time must not encourage the public to take action on the issue or piece of legislation being ad-

ressed. The primary role is to educate attendees about EMSC.)

- √ Invite your legislator or his/her aide to ride along in an ambulance or fire truck or visit your hospital.
- √ Provide comment on new or revised laws and assist with language for bills to be introduced.
- √ When requested by a committee or legislative body (not an individual member of the body), present testimony at hearings (see "Testifying," page 11, column 1).

- ◆ Host an annual banquet or meeting, inviting local legislators to speak. (Grant money cannot be used to fund this event.)
- ◆ Host a luncheon to honor legislators who have been active on behalf of EMSC/EMS. (Grant money cannot be used to fund this event.)

### Interacting Effectively with Your Legislator

Once your coalition has identified its goals and objectives, you are ready to begin communicating with members of the legislature. Before making contact with your legislator, obtain a copy of the state legislative calendar. The calendar indicates when the legislatures are in session. It is important to coordinate your coalition's activities when legislators meet.

Because legislators deal with literally hundreds of issues each year, your role as an educator is very important. Your expertise in the area of child health, and in particular EMSC, can make a significant contribution to the development of sound public policy.

Four ways to effectively educate state and local legislators about EMSC are to visit his or her office, write letters, place well-timed telephone calls, and testify at public hearings.

#### Office Visits

Establishing face-to-face contact with an elected official is one of the most effective methods to influence public policy. Try to make your initial contact with legislators and their staff before the beginning of a legislative session. If the legislative session has begun, do not wait for it to conclude before initiating contact.

A personal meeting in your legislator's home office is often the best way to build a relationship and communicate your views on an issue. The home office may offer a more relaxed and comfortable environment, and usually the legislator will have more time to spend with you. Because of the demands on their schedules, setting up a meeting with your legislators can take some time.

If the legislator cannot meet with you, ask to meet with the staff person responsible for health care issues. Although many legislative staff are young, do not underestimate their abilities. A majority of the information that your legislators rely upon comes from their staff. They conduct research, write floor statements, draft legislation, and brief officials on a regular basis. It is therefore very important to get an aide to appreciate your perspective.

Below are suggestions on how to prepare for the visit.

- ◆ Research the issue. Identify statistics for the geographic area of interest to legislators. Identify deficiencies in services available for the target population.
- ◆ Research the legislator. Do your homework on the Member's background, voting record, and interests.
- ◆ Prepare an information kit. It is best to provide the official with an EMSC information kit before or at the beginning of the visit. The kit should include:
  - √ highlights of your main points;
  - √ charts and graphs supporting your discussion;
  - √ a list of those who support your position;
  - √ solutions to possible problems addressed in your discussion;
  - √ background material on EMSC, including fact sheets, national and local statistics, articles, etc.; and
  - √ background material about you and your organization, if appropriate.
- ◆ Anticipate any questions you could be asked and be prepared to provide answers. This will ensure that you have all your facts straight and can speak about your subject comfortably.

### New Jersey: A Case Study in Point

In early 1990, pediatric and EMS proponents in New Jersey began efforts to improve the state's pediatric EMS system. The group was informal with much of the work being completed by one pediatrician. The doctor worked with the media to call attention to the deficiencies in the state's pediatric EMS system. He also worked with interested legislators and the state Office of Legislative Services to draft EMSC legislation.

In February of 1991, the bill was introduced. Unfortunately, the bill, which sought to establish an independent Office of Pediatric EMS run by a Governor-appointed physician director, proved too costly and died at the end of the legislative session.

In December of the same year, a more formal EMSC coalition was organized. The group included emergency physicians; EMS providers; representatives from the New Jersey chapter of the American Academy of Pediatrics, the Junior Leagues of New Jersey, the Association for the Children of New Jersey; and other concerned individuals.

Coalition members identified the following goals to guide their efforts for the upcoming legislative session:

- ◆ providing initial and continuing education programs for EMS personnel;
- ◆ establishing triage guidelines;
- ◆ creating pediatric equipment guidelines for prehospital care;
- ◆ establishing guidelines for hospital emergency departments, pediatric intensive care units, pediatric trauma centers, and intermediate care units;
- ◆ implementing an interhospital transfer system; and
- ◆ assuring that there are appropriately staffed pediatric rehabilitation units.

Each individual was assigned a task. For example, the AAP representative rallied fellow pediatricians while mem-

bers of the Junior Leagues of New Jersey worked with legislators and identified sponsors for the bill.

To ensure they had the support of the state health department, the coalition invited input from the Office of EMS (OEMS). OEMS worked with the coalition for several weeks to assure that all relevant aspects of the EMS system and the state bureaucracy were written into the proposed legislation. OEMS also urged the group to integrate any proposed EMSC programs into EMS rather than fragment care by creating a separate entity.

In February 1992, the new legislation was introduced in the New Jersey Senate. Unlike its predecessor, the bill established the EMS for Children program within OEMS and made provisions for a full-time coordinator and office staff. In addition, the legislation established an EMSC Advisory Council and allowed the program to solicit funds, donations, and grants to supplement state monies and develop new initiatives.

One month later, members from the Department of Health, OEMS, and the EMSC coalition testified in support of the bill during a hearing of the Senate Women's Issues' Children and Family Services Committee. The committee, which was chaired by the primary sponsor of the bill, approved the legislation.

In June 1992, during a hearing in the state Assembly, a sponsor of a similar piece of legislation agreed to change his bill to match the Senate version. The coalition's bill was amended, moved, and passed. On September 10, 1992, the governor of New Jersey signed the bill into law making New Jersey the first state to pass legislation institutionalizing the activities begun under the EMSC federal grant program.

#### Questions:

1. Why is it important to establish a coalition?
2. What steps did the formal EMSC coalition take to assure passage of the bill in 1992?

- ◆ Be prepared to address the opposition's views by researching their concerns. In fact, you may consider meeting with the opposition before visiting your legislator to clarify misunderstandings and negotiate a mutually agreeable solution. Such preparation will disarm the opposition's position and increase your credibility. Steer clear of personal attacks and intimation. Remaining composed will increase your believability and enable you to negotiate.
- ◆ Identify a parent who resides within the legislator's district and who is willing to share their personal EMSC experience. Invite the parent to accompany you to the meeting.
- ◆ Relax! There is nothing magical about meeting with legislators. You are there to offer help and provide information. You are the expert on EMSC issues so don't be intimidated. Keep in mind that elected representatives work for you. You pay their salaries and can vote them out of office if they don't work for you.

If, during the meeting, you are asked a question that you cannot answer, be honest and tell them you do not have that information but will try to obtain it. Then follow up with the requested information. Do not give inaccurate information or appear uncommitted to your issue. This does not create the image of a confident advocate.

Within three days after your meeting, send the legislator a letter summarizing your discussion and reiterating the statements you presented. Be sure to thank the legislator for his or her time and consideration.

### Letters

Writing to your legislator is one of the best and least expensive ways to make sure your views are heard. A sample letter to a legislator is provided on page 8. When writing an elected official—

- ◆ Write at the proper time, when a proposal you are addressing is being discussed.
- ◆ Use the proper salutation and address (see "Addressing Correspondence to Your Legislator," column 2).
- ◆ Explain your position on a current proposal, who supports your position, and how the proposal will affect the community.
- ◆ Include the name of the proposal under consideration.
- ◆ Establish your credibility on the issue by letting the legislator know your expertise and experience.

- ◆ Be constructive and always offer solutions to problems. If a proposal deals with a problem you admit exists, but you believe the proposal is the wrong approach, explain what you think the right approach is.
- ◆ Close the letter by thanking the legislator for his or her time and reiterate any actions you wish him or her to take.

Remember to keep your letters brief, no longer than one single-spaced typed letter. Include with your letter any pertinent editorials or stories on EMSC and other background information. Keep in mind the specific restrictions on lobbying.

**Addressing Correspondence to Your Legislator**

*Members of Congress*

The Honorable _____ United States Senate Washington, DC 20510	The Honorable _____ United States House of Representatives Washington, DC 20515
Dear Senator _____:	Dear Congressman or Congresswoman _____:

*State Legislators*

The Honorable _____ Room _____ State Capitol Building Hometown, USA 00000	The Honorable _____ Room _____ State Capitol Building Hometown, USA 00000
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### Electronic Mail

More and more constituents are relying on e-mail to communicate with their legislators. The reason for this is simple: all it takes is the click of a few buttons and the press of a few keys, and presto legislators have the latest information and viewpoints on an issue.

When using e-mail, follow the same guidelines as provided for writing letters.

### Telephone Calls

A telephone call is another effective, quick way to express your views on an issue with a minimum amount of work and cost. Once you have reached the legislator's office, ask to speak with the official. If he or she cannot speak with you, which is most often the case, ask to speak with the staff person responsible for health care issues.

Keep your call short, be specific about your reason for calling and have all relevant information handy. Follow up by sending a letter addressing the points discussed. Be sure to thank the legislator for his or her time.

## Testifying

A prime opportunity to communicate EMSC needs is through testimony. Notices of hearings are published by the state and federal legislatures. It is a good idea to develop a mechanism to keep informed of pending hearings that relate to your issues so that your coalition is represented among the witnesses. Be sure to formally notify the committee conducting the hearing of your coalition's desire to testify.

### Selecting Persons to Offer Testimony

When selecting a person to testify, keep the following in mind:

- ◆ Select a witness who is articulate and capable of handling difficult questions with grace.
- ◆ Look for a person who has expertise on the subject either through education or experience. Do not underestimate the power of an emotional message given by a parent. They can provide support for the statements of health professionals.
- ◆ Choose a witness who is highly supportive of EMSC and can address key child health issues.

### Guidelines for Preparing and Presenting Testimony

Offering testimony at hearings requires preparation to make sure that your information and position are clearly communicated. When preparing your statement keep the following in mind:

- ◆ Stay focused. Remember to concentrate on no more than three to four main points. (Each person's testimony is usually limited to five or ten minutes.)
- ◆ Make your strongest points early because the committee may run out of time and limit the length of your statement.
- ◆ Avoid using medical and other types of jargon that the legislators may not understand.
- ◆ Use impressive and unforgettable anecdotes or compelling stories. However, avoid being overdramatic.
- ◆ Do not read the written statement verbatim. Reading takes all the emotion and passion out of your statement.
- ◆ If you have adequate time, repeat your strong points in your conclusion.
- ◆ Practice, practice, practice!

Remember to bring at least 20 additional copies of your testimony for the news media and other interested parties attending the hearing. You may also want to have a news release available.

## Alternatives to the Legislative Process

The ultimate goal of all EMSC programs is to improve pediatric emergency care. To solidify that effort from a policy perspective, EMS advocates have, over time, attempted to "institutionalize" EMSC at the state level. Much of their efforts have specifically focused on proposing legislation as a means to ensure that the best possible care is provided to critically ill or injured children.

However, current bureaucratic realities of many states prevent these efforts from moving forward as a result of budget reductions and competition for resources. Because of the barriers these issues pose, you may want to consider another alternative to affect change by proposing new administrative rules or amendments.

### How Administrative Rule-Making Works

In the most common method of administrative rule-making, the process begins when a state agency issues a "notice of intent" to amend or establish an administrative rule or regulation. This notice is presented for announcement in a document produced by a state's office of legislative reference. Often titled *Administrative Monthly*, the publication is generated on the last business day of each month.

The agency then has a specific amount of time designated by law to solicit public oral and written comment. This public comment period may run anywhere from 30 to 120 days. Once the time for public comment has closed, the agency's legal authority—usually a governing body such as a board—can act on it. The newly created or amended rule or regulation is filed with an office of legislative reference and becomes effective 35 days after it is certified.

However, if a proposal to create or amend a rule is challenged by a member of the legislature, the rule can either be put on hold or amended until both the state Senate and House of Representatives pass a resolution supporting the member's objections during the next legislative session.

In most cases, it is a state agency that proposes regulatory changes. However, if an individual or group seeks to introduce or amend a rule, the agency must act on the behalf of the individual or group.

### Amending Rules to Improve EMS

Making changes in the system by amending existing regulations is generally more effective than proposing legislation because it is less time consuming and allows an organization to include more specific language that will have a higher impact on the issue. For example, in 1993 the Oklahoma Office of EMS used the regulatory process to increase the number of pediatric curriculum hours for its prehospital providers. By choosing to amend the state's administrative rules, Oklahoma's EMS Office made improvements to the system quickly and without fiscal debate.

For more technical information on model state administrative rulemaking procedures, please refer to Arthur Bonfield's *State Administrative Rule Making*.

# Sample Letter to a Legislator

[Date]

The Honorable Name  
Street Address  
City, State, Zip

Dear [Senator/Assemblyperson/Representative] [Name]:

Emergency medical services (EMS) systems were developed to treat people who become critically ill or severely injured. The people who provide these services include emergency medical technicians (EMTs), nurses, physicians, firefighters, mental health, and other allied health professionals.

EMS providers most often work with adults because adults need EMS more frequently than children. However, treating childhood emergencies is different than caring for adult emergencies. For example, children may need special equipment or procedures, or smaller drug doses. To ensure that they will provide the best care possible, EMS providers must be trained to meet the needs of children of all ages who are very ill or badly hurt.

EMS providers often do not have what they need to give the best care to children. This is why a recognized need for appropriate emergency medical services for children (EMSC) began within the EMS system. This movement seeks to ensure that children who suffer medical emergencies receive the right care when it matters most. Those concerned about EMSC also want to reduce the number of childhood emergencies.

As a policy maker, you should be aware of EMSC because:

- Preventing injuries and responding appropriately to medical emergencies could save children's lives and millions of dollars;
- Injury and illness represent major public health threats to children and legislators can serve as role models in promoting public awareness of health hazards; and
- Legislators can be leaders in support of prevention efforts and other EMSC activities to improve pediatric capabilities of state EMS systems.

You are in the position to address a serious health issue concerning our (state's/district's) children. As a (parent/grandparent, EMT, physician, nurse, educator, childcare provider, health professional, community/business leader), I encourage you to take advantage of this opportunity - for our children's and our (state's/district's) future.

Sincerely,

[Name, Address, Phone Number]

## Public Policy Resources

*A variety of EMSC public policy-related resources are available on the Internet to assist EMSC advocacy efforts.*

### **EMSC State Laws Database**

EMSC laws are available for download under the public policy section of the EMSC web site ([www.ems-c.org](http://www.ems-c.org)).

### **EMSC: Making It A Matter of Public Policy**

As of 1999, 18 states have passed legislation mandating EMSC-related measures or programs. Other states are in the process of developing such efforts. This two-color, two-page fact sheet briefly describes each state's EMSC laws and when they were enacted. It is available as a downloadable .pdf file on the EMSC web site at [www.ems-c.org](http://www.ems-c.org).

### **EMSC Model Legislation**

The American Academy of Pediatrics developed EMSC model legislation. Copies are available by calling (800) 433-9016 or accessing the Academy's web site at [www.aap.org/policy](http://www.aap.org/policy).

### **State Legislative & Regulatory Information**

The National Conference of State Legislatures (NCSL) is an organization for state lawmakers and legislative staffers. Its web site, located at [www.ncsl.org](http://www.ncsl.org), provides links to legislative and regulatory sites for all 50 states. In addition, *EMSC: What Legislator's Need to Know* is available for purchase from NCSL's web site.

### **State Legislative Tracking Application**

The National Highway Traffic Safety Administration's (NHTSA) legislative tracking database allows users to view each state's pending legislation on highway and traffic safety issues. To access go to [www.nhtsa.dot.gov/ncsl](http://www.nhtsa.dot.gov/ncsl). An expanded version of this database is available on NCSL's web site. To have access, however, you need to be a NCSL member.

### **State Legislative Fact Sheets**

Go to [www.nhtsa.dot.gov/people/outreach/stateleg](http://www.nhtsa.dot.gov/people/outreach/stateleg) to download NHTSA's state legislative fact sheets. Each document provides key facts, reasons for passing specific types of legislation, resulting benefits, supporting organizations, sources of information, and other facts to assist states that are trying to upgrade or pass new traffic safety legislation.

### **The Nonprofit Lobbying Guide, 2<sup>nd</sup> Edition**

This guide educates nonprofit organizations on how to advance their causes in federal and state legislatures. It explains the laws governing lobbying limits, lobbying with private foundation and corporate grants, reporting to the IRS, and education efforts during a political campaign. To order contact the Independent Sector at (202) 467-6100 or download the publication from [www.indepsec.org/clp/is\\_lobby.pdf](http://www.indepsec.org/clp/is_lobby.pdf).

## Glossary of State Legislative Terms

**Act:** A bill that has been signed into law by the governor.

**Acts and Resolves:** A compilation of the bills and resolves enacted and passed by the legislature and signed by the governor. Bound in a volume on a yearly basis.

**Adjournment:** Termination of daily session.

**Adverse Report:** A committee recommendation that a matter ought not to pass.

**Appropriations:** Legislation to provide the money required to fund governmental programs previously established by authorizing legislation.

**Authorizations:** Legislation to establish a proposed governmental program.

**Bill:** Document accompanying a petition, usually asking for legislative action of a permanent nature.

**Committee on Bills in the Third Reading:** A committee of three which is empowered to examine and correct bills and resolves prior to their final reading in the Senate or House, resolutions prior to their adoption, and amendments to bills, resolves and resolutions adopted by the other branch and before the body for concurrence.

**Concurrence:** Agreement by one branch with an action originating in the other branch.

**Conference Committee:** Committee consisting of members from each body appointed by the legislative leaders to resolve differences between the two bodies with regard to specific matter. Failure of the committee to agree or failure of one body to accept the committee's recommendation results in the appointment of a new conference committee.

**Daily List:** List of committee hearings giving the committee, its matters, and the time and room number of each hearing.

**Direct Lobbying:** Any attempt to influence local, state, or federal legislation by contacting any member of a legislature, legislative staff, or government employee to *persuade him or her to propose, support, oppose, change, or otherwise influence legislation.*

**Emergency Preamble:** A preamble to a bill setting forth the facts constituting an emergency, and the statement that the law is necessary for the immediate preservation of the public peace,

health, safety or convenience. Matters with emergency preambles become law immediately upon approval by the governor. Either the governor or the legislature may attach a preamble.

**Enactment:** Final passage of a bill by the House or Senate.

**Engrossed Bill or Resolve:** Final version of a bill or resolve before the House or Senate for final action after being typed on special parchment by a legislative engrossing division and certified by the clerk.

**Favorable Report:** A committee recommendation that a matter ought to pass. A matter takes its first reading at this time.

**First Reading:** The first presentation of a measure to the members upon its introduction. In modern practice, the legislation is no longer read or noted aloud at the time of introduction.

**Formal Session:** Meeting to consider and act upon reports of committees, messages from the governor, petitions, orders, enactments, papers from the other branch, matters in the *Orders of the Day*, and various other matters which may be controversial in nature and during which roll call votes may be taken.

**General Laws:** Legislative act applying generally to a State and its citizens.

**Grassroots Lobbying:** Any attempt to influence local, state, or federal legislation by attempting to influence public opinion and get the public to act.

**House and Senate Rules:** Rules of order and procedure adopted by that branch at the beginning of each biennial session.

**Informal Sessions:** Meeting designated by the Speaker of the House and Senate President to consider reports of committees, papers from the other branch, amendments, matters in the *Orders of the Day*, and various other matters, which are of a *non-controversial* nature. Any session may be declared an informal session with prior notice given, or in cases of an emergency.

**Initiative Petition:** Request by a specified number of voters to submit a constitutional amendment or law to the people for approval or rejection. The petition is introduced into the legislature if signed by a number of citizens equaling three percent of the entire vote for governor in the preceding gubernatorial election. If a proposed initiative law fails to pass the legislature, additional signatures are required to place it on the ballot. A proposed initiative constitutional amendment approved by at least one quar-

## Glossary of State Legislative Terms

ter of the legislature, sitting in joint sessions by two consecutively elected legislatures, can be placed on the ballot.

**Joint Committees:** Committees, consisting of senators and representatives, responsible for holding public hearings and reporting on all legislative matters referred to them.

**Joint Rules:** Rules for the governing of the two bodies adopted by both branches.

**Lay on Table:** To temporarily lay aside the consideration of a specific bill, resolve, report, amendment or motion. If laid on the table, consideration is postponed until a subsequent motion taking the item off the table succeeds.

**Legislative Bulletin on Committee Work:** A complete listing of all matters and the committees to which they are assigned. A short description of each matter, its number, hearing date and committee report can also be found here.

**Legislative Record:** Numerical listing of all numbered matters filed for consideration by the legislature. Includes a brief description of the matter and its full legislative history.

**Mark-Ups:** Committee or subcommittee meetings held to debate and vote on proposed amendments to the wording of a measure under consideration.

**Money Bill:** Bill that transfers money or property from the people to the State, i.e., a bill that imposes a tax.

**Order:** Formal motion in writing, not requiring the governor's signature, which is temporary in nature and is used to establish investigative committees, to change rules and for other parliamentary actions.

**Orders of the Day (Calendar):** Listing of most matters to be considered by the Senate and the House at each sitting.

**Override:** To overturn the governor's veto by a 2/3 vote of the members present in both the House and Senate.

**Pass a Resolve:** Final passage of a resolve by the House or Senate.

**Petition:** A request describing the nature of the proposed legislation and the objects sought by it, signed by the petitioner, and

accompanied by a draft of the bill or resolve embodying the legislation proposed.

**Pocket Veto:** A veto resulting from the governor's failure to sign a bill following prorogation. Because the session has ended, the bill will not automatically become law after ten days and the legislature has no opportunity to override the veto.

**Point of Order:** Challenge to the breach of order or rule.

**Political Action Committees (PACs):** Groups organized to promote their views on selected political issues, usually through raising money to contribute to political candidates thought to support those views.

**Political Activity:** An action that attempts to influence the outcome of an election. It includes endorsing, contributing to, supporting, or working for the election of a political candidate.

**Proposal:** Document accompanying a petition introducing legislative amendments to the Constitution of the Commonwealth.

**Prorogation:** Termination of a legislative year by agreement of the governor and both legislative bodies.

**Public Interest Groups; Special Interest Groups:** Formal or informal associations of persons who share like-minded views on particular legislative, regulatory, or political issues.

**Quorum:** Number of members required being present to take action on a measure. Quorum is set by rule.

**Reading:** Presentation of a measure on the floor by title, by section or by paragraph for the purpose of adoption or receiving amendments.

**Recess:** Temporary delay in proceedings.

**Reconsideration:** Motion to reconsider a vote on action previously taken. Any member may propose reconsideration and if the motion prevails, the matter is voted on again. Must be moved prior to entering upon the *Orders of the Day* on the next legislative session.

**Referendum Petition:** A petition signed by a specified number of votes to repeal a law enacted by the legislators, and requesting that the legislation be suspended until the vote is taken.

## Glossary of State Legislative Terms

**Refile:** A petition similar to one which was presented to the legislature in a previous year.

**Report of Committees:** Recommendation on a legislative matter by the committee to which it was referred.

**Resolution:** Documents which may or may not accompany a petition expressing an opinion of the sentiment of one or both branches of the legislature, used for congratulations, for memorializing the Congress of the United States regarding public questions, etc. Resolutions do not require the governor's signature.

**Resolve:** Document accompanying a petition, usually asking for legislative action of a temporary or immediate nature; e.g., establishing temporary investigative committees.

**Second Reading:** The second of three presentations of a measure to the members, normally by recital of its title (or "caption").

**Senate and House Journals:** Record of proceedings in each chamber for each legislative day, including matters considered, amendments offered and votes taken.

**Special Law:** Legislative act applying to a particular county, city, town or district, individual or group of individuals and not general in nature.

**Standing Committees:** Permanent committees in the House and Senate which serve their respective legislative bodies separately.

**Substitution for an Adverse Report:** Procedure by which a committee's adverse report is overturned. The original or a new but very similar bill, resolve or resolution is substituted for the adverse report.

**Sunset Legislation:** Laws that are subject to periodic review and reenactment and, therefore, not permitted to continue indefinitely without affirmative action by the legislature.

**Sunshine Legislation:** Laws to assure the opportunity for public participation in the governmental process.

**Third Reading:** The final presentation of a measure to the members by recital of its title (or "caption") immediately prior to the vote on final passage.

**Veto:** Governor's objection in writing to legislation enacted by the legislature. The legislation is returned to its branch of origin. pediatric emergency medical care.

# How a Bill Becomes a Law

*Below is a reprint of "How a Bill Becomes a Law in New Jersey," which can be found in its entirety at [www.njleg.state.nj.us](http://www.njleg.state.nj.us). Most states follow a similar procedure. For specific state practices, contact the state's legislature.*

## 1. Idea Developed

A legislator decides to sponsor a bill, sometimes at the suggestion of a constituent, interest group, public official, or the Governor. The legislator may ask other legislators in the same House to join as co-sponsors.

## 2. Bill Drafted

At the legislator's direction, the Office of Legislative Services, a non-partisan agency of the Legislature, provides research and drafting assistance, and prepares the bill in proper technical form.

## 3. Bill Introduced

During a session, the legislator gives the bill to the Senate Secretary or Assembly Clerk, who reads the bill's title aloud. This is known as the first reading. The bill is printed and released to the public.

## 4. Committee Reference

The Senate President or Assembly Speaker usually refers the bill to a committee for review, but may send the bill directly to second reading in order to speed its consideration.

## 5. Committee Action

When scheduled by the chair, the committee considers the bill at a meeting open to the public. The committee may report the bill to the House as is, with amendments, or by a substitute bill. If not considered or reported, the bill remains in committee.

## 6. Second Reading

When the bill is reported to the floor (or referred directly without committee review), its title is read aloud for the second reading. The bill is eligible for amendment on the floor. After the bill is given third reading, the House must vote to return it to second reading for any further amendments.

## 7. Third Reading

When scheduled by the President or Speaker, the bill is given third reading and considered on the floor. The bill may not go through second and third reading on the same day, except by an emergency vote of 3/4 of the members (30 votes in the Senate, 60 in the Assembly).

## 8. House Vote

The bill passes when approved by a majority of the authorized members (21 votes in the Senate, 41 in the Assembly) and is sent to the other House. If a final vote is not taken, the bill may be considered at another time or may be returned to a committee by a vote of the House.

## 9. Second House

The bill is delivered to the second House where it goes through the same process. If the second House amends the bill, it is returned to the first House for a vote on the changes. A bill receives final legislative approval when it passes both Houses in identical form.

## 10. Governor's Action

After final passage, the bill is sent to the Governor. The Governor may sign it, conditionally veto it (returning it for changes), or veto it absolutely. The Governor may veto single line items of appropriation bills. Bills passed in the last 10 days of a two-year session may be "pocket vetoed."

A bill becomes law upon the Governor's signature or after 45 days if no action is taken. If vetoed, a bill may become law if the Legislature overrides the veto by a 2/3 vote (27 in the Senate, 54 in the Assembly). A law takes effect on the day specified in its text or, if unspecified, the July 4th following its passage.

# Model EMSC Legislation

NEW JERSEY  
1992 NJ S.B. 408  
VERSION: Enacted  
VERSION-DATE: February 24, 1992

## SYNOPSIS:

For An Act

"AN ACT CONCERNING EMERGENCY MEDICAL SERVICES FOR CHILDREN AND SUPPLEMENTING CHAPTER 2K OF TITLE 26 OF THE REVISED STATUTES."

TEXT: BE IT ENACTED BY THE SENATE AND GENERAL ASSEMBLY OF THE STATE OF NEW JERSEY:

1. The Legislature finds and declares that:

a. Traumatic injuries, such as automobile accidents, bicycle accidents, drownings and poisonings, are the most common cause of death in children over the age of one; and children have a high death rate in these emergency situations.

b. Children react differently than adults to stress, metabolize drugs differently, and suffer different illnesses and injuries. Because of these differences, children's emergency medical needs should be recognized.

c. Emergency medical services training programs focus on adults and, therefore, offer fewer hours of pediatric training. In addition, many emergency medical services personnel have no clinical experience with children, indicating the need to improve training of these personnel in pediatric emergencies.

d. It is the public policy of this State that children are entitled to comprehensive emergency medical services, including pre-hospital, hospital and rehabilitative care.

2. As used in this act:

"Advanced life support" means an advanced level of pre-hospital, interhospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care and other techniques and procedures authorized in writing by the commissioner pursuant to department regulations and P.L.1984, c.146 (C.26:2K-7 et seq.).

"Advisory council" means the Emergency Medical Services for Children Advisory Council established pursuant to section 5 of this act.

"Basic life support" means a basic level of pre-hospital care, which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the commissioner.

"Commissioner" means the Commissioner of Health. program within the Office of Emergency Medical Services in the Department of Health.

"Department" means the Department of Health.

"EMSC Program" means the Emergency Medical Services for Children Program established pursuant to section 3 of this act, and other relevant programmatic activities conducted by the Office of Emergency Medical Services in the Department of Health in support of appropriate treatment, transport, and triage of ill or injured children in New Jersey.

"Emergency medical services personnel" means persons trained and certified or licensed to provide emergency medical care, whether on a paid or volunteer basis, as part of a basic life support or advanced life support pre-hospital emergency care service or in an emergency department or pediatric critical care or specialty unit in a licensed hospital.

"Pre-hospital care" means the provision of emergency medical care or transportation by trained and certified or licensed emergency medical services personnel at the scene of an emergency and while transporting sick or injured persons to a medical care facility or provider.

3. a. There is established within the Office of Emergency Medical Services in the Department of Health, the Emergency Medical Services for Children program.

## Model EMSC Legislation

b. The commissioner shall hire a full-time coordinator for the EMSC program in consultation with, and by the recommendation of the advisory council.

c. The coordinator shall implement the EMSC program following consultation with, and at the recommendation of, the advisory council. The coordinator shall serve as a liaison to the advisory council.

d. The coordinator may employ professional, technical, research and clerical staff as necessary within the limits of available appropriations. The provisions of Title 11A of the New Jersey Statutes shall apply to all personnel so employed.

e. The coordinator may solicit and accept grants of funds from the Federal government and from other public and private sources.

4. The EMSC program shall include, but not be limited to, the establishment of the following:

a. Initial and continuing education programs for emergency medical services personnel that include training in the emergency care of infants and children;

b. Guidelines for referring children to the appropriate emergency treatment facility;

c. Pediatric equipment guidelines for pre-hospital care;

d. Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, and treat critically ill infants and children, either to resolve the problem or to prepare the child for transfer to a pediatric intensive care unit or a pediatric trauma center;

e. Guidelines for pediatric intensive care units, pediatric trauma centers and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists;

f. An inter-hospital transfer system for critically ill or injured children; and

g. Pediatric rehabilitation units staffed by rehabilitation specialists and capable of providing any service required to assure maximum recovery from the physical, emotional, and cognitive effects of critical illness and severe trauma.

5. a. There is created an Emergency Medical Services for Children Advisory Council to advise the Office of Emergency Medical

Services and the coordinator of the EMSC program on all matters concerning emergency medical services for children. The advisory council shall assist in the formulation of policy and regulations to effectuate the purposes of this act.

b. The advisory council shall consist of a minimum of 14 public members to be appointed by the Governor, with the advice and consent of the Senate, for a term of three years. Membership of the advisory council shall include: one practicing pediatrician, one pediatric critical care physician, one board-certified pediatric emergency physician, and one pediatric physiatrist, to be appointed upon the recommendation of the New Jersey chapter of the American Academy of Pediatrics; one pediatric surgeon, to be appointed upon the recommendation of the New Jersey chapter of the American College of Surgeons; one emergency physician, to be appointed upon the recommendation of the New Jersey chapter of the American College of Emergency Physicians; one emergency medical technician, to be appointed upon the recommendation of the New Jersey State First Aid Council; one paramedic, to be appointed upon the recommendation of the State Mobile Intensive Care Advisory Council; one family practice physician, to be appointed upon the recommendation of the New Jersey chapter of the Academy of Family Practice; two registered emergency nurses, one to be appointed upon the recommendation of the New Jersey State Nurses Association and one to be appointed upon the recommendation of the New Jersey Chapter of the Emergency Nurses Association; and three members, each with a non-medical background, two of whom are parents with children under the age of 18, to be appointed upon the joint recommendation of the Association for Children of New Jersey and the Junior Leagues of New Jersey.

c. Vacancies on the advisory council shall be filled for the unexpired term by appointment of the Governor in the same manner as originally filled. The members of the advisory council shall serve without compensation. The advisory council shall elect a chairperson, who may select from among the members a vice-chairperson and other officers or subcommittees which are deemed necessary or appropriate. The council may further organize itself in any manner it deems appropriate and enact bylaws as deemed necessary to carry out the responsibilities of the council.

6. The commissioner shall, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to effectuate the purposes of this act.

7. This act shall take effect immediately.

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