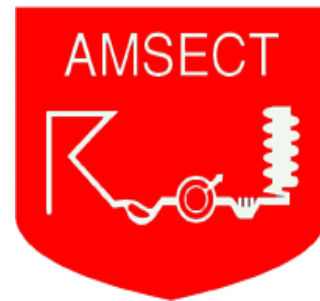


*Perfusion
By
Perfusionists:*



*Guide For Participating
In The
Legislative
Arena*





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FOREWORD

Lee Bechtel
Government Relations Director
American Society of Extra-Corporeal Technology

The American Society of Extra-Corporeal Technology held its first organizational meeting in 1963. Almost immediately, the tradition of maintaining a low professional public profile was started. Until 1990, there were no serious challenges to this posture. State legislative and regulatory developments affecting public health policy, the health insurance system, and the respective roles of medical service providers, including the perfusion profession, have necessarily changed this professional posture.

The lack of public identity and state and federal legislative recognition in many instances has been a professional handicap. The profession is well known to those who interact with it on a daily basis, but it is largely unknown to those who shape public policy decisions at the state and federal levels of government. Legislators pass laws and regulators implement the laws. It is the inherent role of elected or appointed state or federal officials to ensure that medical professionals operate safely and in the best interest of the public. Government relations were thought of as the exclusive province of the professional lobbyist. While this type of professional continues to play an important role, they alone are not enough to effectively influence public policy or legislative outcomes. Like other medical professional groups responding to the evolution in the health care system, perfusionists will only succeed if they learn how to operate in today's political and legislative arenas in a constructive and organized manner.

Progress is being made in many states and on a more limited basis on the federal legislative level. State legislators are developing an awareness of the profession as a result of the AmSECT Government Relations Program and its work with state perfusion associations. Insofar as state laws and regulations are concerned, it is the position of AmSECT that clinical issues affecting the profession are best addressed through state perfusion societies. AmSECT has and does provide various forms of financial and technical assistance to associations on state legislative matters. On the federal level, AmSECT is the national professional organization for the profession, and works with state perfusion organizations to address national public policy and practice issues.

As the author of this Guide, along with the assistance of the Government Relations Committee, it is hoped that this publication will educate perfusionists on the general components of legislative process and how to effectively engage in the legislative and political arenas that comprise our systems of public government. The Guide is not a comprehensive treatment of all of the subject matter presented. The Guide is intended to provide guidance to state perfusion associations and AmSECT members on the basic tools necessary to participate in organized professional efforts to influence state and federal legislative or regulatory matters. Perfusionists must recognize that the profession cannot escape the impact of the political and legislative decisions made by Congress, state legislatures, or state and federal regulatory agencies. The better perfusionists are prepared to work within both arenas, the more effective they will be in representing the best interests of the profession and how it is practiced.

INTRODUCTION

Before 1991, AmSECT responded to state or federal government relations problems by drawing upon the volunteer services of dedicated members, supplemented by the compensated services of attorneys and professional lobbyists. While mostly effective, this approach was deemed unnecessarily expensive and the society's Board of Directors decided to establish a Government Relations Program. The mission of the program is to organize perfusionists at the state and federal levels of government to enhance the profession's effectiveness on socioeconomic and public health issues impacting how the profession is practiced.

The challenges facing the profession are inherently linked to state and federal legislative and regulatory changes used to implement reforms in our health care system, and the willingness to try to exercise influence on decision makers. Many professions, including perfusionists, typically have minimal interest in government relations activities until some threatening development arises. Very often, but not in every case for the profession, the threat has been in the guise of professional practice encroachment at the state level. It is estimated that between 1995 and 1998, close to 50% of AmSECT members experienced some state legislative scope of practice threat. In these changes or attempted changes in

state laws, groups sought to define their scopes of practice to include performing blood-gas analysis, operating mechanical equipment, or collecting body fluids. A 1996 AmSECT survey found that 89% of perfusionists said that protecting their scope of practice was important to their future in the profession.


It is currently estimated that sixty (60%) percent of the non-Medicare insured population is enrolled in managed care insuring plans. In five years, it is estimated that managed care might cover 80% of the non-Medicare insured population. The growth of managed care has not escaped the attention of perfusionists. A 1996 AmSECT survey found that at least 43% of perfusionists felt that managed care would have an impact on how they practiced. The evolution of the health care system has just started. In the coming years, there will be further structural changes that will impact how medical services are packaged and delivered. The next phase has already begun to take shape in the form of Provider Service Organizations (PSOs), which may eventually replace the current managed care system of providing medical services.

In a managed care system, the profession must respond to ensure that perfusionists' will have some protection against insurers or employers overriding their professional judgments on the use of clinical products and patient care. According to managed care experts, legal credentialing of health professionals will be used to establish minimum levels of medical provider qualifications. AmSECT recommends the state legal credentialing of perfusionists. This represents a change in the society's previous position in that AmSECT had only expressed support for individual state's perfusionists if they choose to pursue legal credentialing. AmSECT now recommends that all clinically practicing perfusionists be professionally regulated under any of the following four categories - Registration, Titling, State Certification, or Licensing. State legal credentialing is the only way perfusionists can ensure that their scope of clinical practice is protected so that they can continue to use their education, training, and clinical expertise to ensure that the quality of medical care received by patients is not jeopardized.

The changes taking place in the health care system involve decisions by legislators and regulators at both the state and federal levels of government. These decisions are being influenced by the perceived need to make health care less expensive, the perceived need to micro-manage how medicine is practiced, attempts of other perfusion related health professions to capitalize on change, and other related public health policy issues like the need for perfusionists to be legally credentialed.

Within this environment, state and federal political and legislative activism by specialty groups within organized medicine presents opportunities for those medical professional groups who do actively participate. These groups, interacting with legislators and regulators, will dictate how hospitals are reimbursed (and thus how hospitals reimburse perfusionists), whether perfusionists are a recognized medical profession, whether perfusionists will have to defend their scope of practice from encroachment, and how the profession is practiced on a day-to-day basis.

The characteristics of the current health care environment for perfusionists make an organized and effective legislative and political action lobbying effort a necessity. It is the right and duty of organized and informed perfusionists at the state level to determine their level of involvement in state and federal legislative and regulatory issue campaigns. A perfusionist's professional future is ultimately tied to their individual willingness to participate in the legislative, regulatory, and political arenas that will, without a doubt, have an impact on the profession. The last thing that any perfusionist should want is for some group other than perfusionists deciding how they can or cannot practice, or making decisions without having the collective opinion of the profession being heard by state or federal legislative or regulatory decision makers.

We hope that "Perfusion By Perfusionists: AmSECT's Guide For Participating In the Legislative Arena" will provide the information and guidance needed to help the profession effectively participate in these public policy processes. 

Sincerely,

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Chairman, Government Relations Committee
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Richard Burns, CCP, LP
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ORGANIZING AND INFLUENCING LEGISLATIVE DECISION MAKERS



A critical component in any legislative campaign is having state and national professional societies. The scope of the professional agenda for these groups is different when it comes to participating in efforts to influence state or federal legislative or regulatory decisions affecting perfusionists. As a 501(c)(3) non-profit professional association, AmSECT is limited in the extent of the legislative lobbying activities that it can engage in at the federal and state levels of government. State non-profit 501(c)(6) professional associations are not limited in the extent of lobbying and political activities that can legally be done.

The federal and state legislative processes are basically the same. An organized campaign to influence a legislative decision is different for different issues and situations. The legislative influencing process is to be viewed as dynamic and not linear. The components for a proactive campaign for state legal credentialing of perfusionists are different from a campaign to prevent the passage of state legislation that negatively impacts the profession. The lobbying processes and underlying dynamics for federal legislative or regulatory issues are similar to the state level of government, but the public policy frameworks for addressing professional issues are different. In either case, it is essential to effectively articulate professional concerns to legislative decision makers.

REPRESENTATION OF PROFESSIONAL CONCERNS

To enhance a patient's medical outcome, a competent perfusionist always performs as much advance preparation as possible before actually pumping a case. Careful planning and attention to detail are important. Preparing for and engaging in a legislative lobbying campaign is not particularly glamorous. However, good preparation is essential to shifting the legislative odds for a favorable public policy outcome.

When it comes to addressing state or federal legislative or regulatory issues, the first step in being able to effectively influence decision makers is being able to answer the question: Who does the perfusion society represent? It is necessary to quantify the profession, the potential impact an issue may have on the practice of the profession, and the implications for the thousands of people who suffer cardiovascular disease and rely on perfusionists for their continued well being. Prior to a personal meeting with a federal or a state legislator or engaging in a grassroots campaign, it is critical to develop a quantitative profile of the professionals being represented and of the public which will be impacted.

In most legislative initiatives legislators are being asked to make difficult choices. To put these decisions in their proper context there needs to be a numerical representation - i.e. the number of perfusionists in a state or in the country, the number of people who suffer from cardiovascular disease in a state or in the country, the number of people who receive cardiopulmonary and coronary artery bypass, heart valve procedures, organ transplants, and the costs of these services to third party payers such as private and public health insurance programs.

Legislators are the elected representatives for their state or federal districts, and need to be educated on how their decision on an issue will or will not benefit their respective constituents - patients, taxpayers, and perfusionists. They also view a relationship to a successful campaign to address a public health policy problem as an opportunity to raise their name recognition among their political peers and the public at large. This is more the case at the state level than at the federal level of government, but the political motivation exists.

The perfusion profession is small when compared to other health care professions. However, what perfusionists do and the potential for irreversible human harm far outweighs the smallness of numbers. Historically, perfusionists recoiled at the notion of being professionally licensed professionals, or being involved in state politics. This was largely based on the naive idea that if no one knew that the perfusion profession existed there would be a low probability of being sued for malpractice. This rationale has been supplanted by numerous malpractice cases, legislative and regulatory developments affecting state and federal public health policy, the changes in the health insurance system, the respective political and legislative activism of perfusion related health professions, and the recognition that there is an essential need for strong perfusion organizations at both the state and national levels of government if the profession is to adapt and grow.

One of the most strategic decisions AmSECT made with its Government Relations program occurred in 1994. That decision was to encourage the formation of state perfusion societies. Over the preceding years, the most difficult legislative problems the profession had experienced were at the state level. This national professional society program policy was adopted by the AmSECT Board of Directors when it approved the first three year Strategic Management Plan for the Government Relations program, as drawn up by the Government Relations Committee and the AmSECT Government Relations Director. The Management Plan was revised and extended in 1997.



Government Relations Program

The mission of the Government Relations Program is to inform, support, and prepare the membership to effectively engage medical practice public policy issues affecting the perfusion profession and the delivery of high quality patient care. To this end, the program is designed:

- ♥ To organize perfusionists at the grassroots level to enhance their political and legislative effectiveness on socioeconomic and public policy issues impacting the profession.
- ♥ To stimulate professional interest by recognizing the achievements of AmSECT volunteers in advancing the interests of the profession in the field of government relations with the membership, and with the public.
- ♥ To maintain a federal and state liaison network supporting government relations programs that will keep perfusionists and the membership of the Society informed.
- ♥ To educate the membership and perfusionists on how to operate effectively in the state and federal political arenas by building professional relationships with legislators and staff.
- ♥ To encourage active grass roots participation by perfusionists in efforts to shape the legislative and regulatory outcomes on matters affecting the daily practice of the profession.
- ♥ To educate and train members on how to advance proposals favorable to the profession and to defend the profession against legislative and regulatory proposals that would adversely affect good medical practice in both the federal and state legislative and regulatory arenas.
- ♥ To serve as a technical resource concerning questions about legislative and political strategy and problems.
- ♥ To monitor and supply data on federal and state legislation, regulations, actions by other health providers, and any issues that may affect perfusionists and the profession.
- ♥ To prepare members on how to represent the profession to the Congress and to the state legislatures. To prepare state liaisons to interact with state and federal legislative and regulatory authorities.
- ♥ To have independent state perfusion organizations maintain an active involvement with their respective state medical organization government relations community.
- ♥ To formulate and recommend to the AmSECT President and/or Board of Directors the adoption of any professional practice or public policy deemed vital to the profession's best interests.
- ♥ To supply financial assistance to the extent appropriate to support the development of independent perfusion organizations, and to target financial or programmatic resources on states having state societies with the potential to have a substantive impact on the national professional status of professional licensing.

COMPONENTS OF THE PROGRAM

GOVERNMENT RELATIONS COMMITTEE

- ♥ The committee is comprised of seven members who serve as appointed by the AmSECT President.
- ♥ Committee members provide direction and leadership for the AmSECT Government Relations Program.
- ♥ Committee members actively communicate with the AmSECT Director of Government Relations, independent state societies through AmSECT State Liaisons, with the Regional Directors of AmSECT, and with all AmSECT and non-AmSECT member perfusionists on public policy and medical practice legislative and regulatory issues and activity.
- ♥ The Committee, by a consensus of Committee members, develops and recommends Society positions on public policy and medical practice legislative and regulatory issues affecting the profession to the AmSECT President and to the AmSECT Board of Directors.
- ♥ Committee members provide political education to members through participation in regional AmSECT meetings, participation in educational workshops on grass roots organizing campaigns and participation in political campaigns and related activities, and on an individual member basis.
- ♥ Committee members, in conjunction with AmSECT State Liaisons, monitor, represent, and engage the profession in legislative and regulatory matters at the

state and federal levels of government.

- ♥ The Committee, by a consensus of Committee members, reviews and acts on requests for financial assistance by perfusionists in a state wishing to establish a state perfusion organization, and on requests by state societies for donations to assist with proactive or reactive legislative educational and influencing campaigns.

ACTIVITIES OF AN AMSECT STATE LIAISON

- ♥ Encourages the establishment and maintenance of 501 (c)(6) state perfusion organizations.
- ♥ Identifies volunteers to serve in leadership positions for an independent state society and to serve on a society's legislative committee. Serves on the Legislative Committee of a society and as a member of a state society's executive committee.
- ♥ As a member of an independent state society, assist with the representation of a state's perfusionists and the profession's concerns to state legislative and regulatory authorities and to representatives of allied medical professional groups in the state.
- ♥ Serves as AmSECT's official contact for legislative and regulatory activity in their respective state and with regard to mobilizing the membership with regard to federal matters affecting the profession.
- ♥ Establishes and maintains a government relations communications network for perfusionists in their respective states. Facilitates communication between the AmSECT Government Relations Committee members and the AmSECT Director of Government Relations and the state's perfusionists.
- ♥ Represents the views and concerns of perfusionists in their state to the AmSECT Government Relations Committee.
- ♥ Coordinates legislative research and membership organizing, and related short term and long term political activities within the state.
- ♥ Assists with the administration of state manpower surveys and surveys to measure membership attitudes on socioeconomic and professional practice issues.
- ♥ Coordinates legislative and government relations related informational meetings for perfusionists in their state.

WORKING WITH PERFUSION STATE SOCIETIES

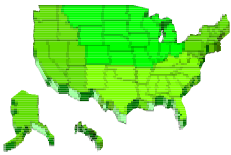
The paradigm for state societies was to get organized and to be vigilant regarding any legislation or regulations that would harm the perfusion profession, as well as being proactive in matters that would help the profession. The expense of organizing and preparing for a legislative crisis that hasn't happened is only a fraction of the cost of fighting one when there is no professional apparatus in place. A state society is intended to be a 501(c)6 nonprofit association having the right to engage in political activities and be totally independent, financially and managerially, from AmSECT. This IRS nonprofit status gives state organizations the legal and organizational flexibility to engage in political activities and to lobby at that the state level; these are capabilities which AmSECT does not have as a 501(c)3 nonprofit professional association. As recently as 1994 there were only two 501(c)6 state perfusion societies. In 1999 there were twenty-one 501(c)6 state societies, with more being formed.

The relationship of AmSECT to state associations is to have an organizational synergism which allows the profession to have a voice in both state and federal legislative or regulatory issues. The AmSECT encouragement to form and work with state associations is in the form of providing financial, technical, and managerial assistance. AmSECT itself has no professional agenda for any state. AmSECT is the national professional organization for the profession, but it works with state perfusion organizations to address clinical practice issues. More specifically:

- ♥ AmSECT has a full-time government relations person and a Government Relations Committee which can provide technical assistance and resources to individual state groups on legislative or regulatory issues.
- ♥ There are federal issues that transcend states involving the Food and Drug Administration (FDA), Medicare hospital and physician reimbursement, the Clinical Laboratory Improvement Act (CLIA), funding of federal allied health professions education and training program grants to universities, and the Occupational Safety and Health Administration (OSHA). In federal clinical practice matters, AmSECT relies on state associations to lobby their respective Congressional representatives, and to generate grassroots lobbying efforts.
- ♥ AmSECT has access to state and federal legislative information systems to assist with the monitoring of state and federal legislation and regulations . This is the starting point for either level of government when it comes to identifying public policy issues which may affect the clinical practice of perfusion.

- ♥ AmSECT has strong communications assets, both in print and on the Internet (Perfusion Channels) that can be marshaled to help states
- ♥ AmSECT has an extensive network of state liaisons that are integrated to the national government relations program to keep perfusionists informed, and to generate their participation in state or federal membership lobbying campaigns.
- ♥ AmSECT has financial assistance grants available to help with the formation of state associations and with state legislative lobbying campaigns.
- ♥ AmSECT has produced numerous written resource materials available at no cost to help the formation of state associations and with state legislative lobbying campaigns.

OVERVIEW OF STATE AND FEDERAL LEGISLATIVE PROCESSES



There are many thousands of bills introduced each year in the state legislatures and the US Congress. Only a small fraction are enacted into law. Given the current state of the perfusion profession, the issues

that more directly effect perfusionist's ability to practice are almost exclusively within the domain of the states. Changes to any health profession's credentialing status will be affected by the state, not the federal government. Global issues such as Medicare reimbursement fall under Federal jurisdiction and cannot be ignored. It is important to understand the state legislative process, which is similar to the federal legislative process.

STATE LEGISLATIVE PROCESS

The primary work of a State Legislature is to make state laws which result in the issuance of state regulations. State regulations are administrative law. When assessing the professional impact of proposed state legislation, perfusionists need to look beyond the perfusion profession for other groups which might also be affected. For example, reforms in state regulation of managed care insuring plans could apply to "all licensed medical professions" in a state. If perfusionists are licensed in a state, then they are being included in with all other licensed medical professions. Or, if a state bill has application to "all unlicensed medical professions" in a state and perfusionists are not licensed, then perfusionists are included with the "unregulated" groups of medical professions.

As perfusionists become involved in state legislative politics, they may take positions in favor of or in opposition to legislation. Frequently, all that may be sought is a change in language in a section of a bill. Successful influencing efforts will be determined by how well perfusionists are professionally organized, how well the profession is recognized by state legislators and their staffs, by the political involvement of the perfusion community, and by how well the legislative process is understood and used to promote perfusionist's concerns.

The "perfusion community" in the context of state legislative politics can include more than just practicing perfusionists. It can include perfusion students, perfusion supply and equipment manufacturers, non-perfusionists who do autotransfusion, surgical assistants, operating room nurses, cardiovascular and thoracic surgeons, and other perfusion related health professions.

As the beginning point of the state legislative process, it is necessary to know what the general calendar is for a particular state legislature. Does the legislature meet every year or two years? What months of the calendar year is it in session? Several state legislature meet year round. During a legislative session, is the calendar of bills open to all types of legislation or is it limited? Some states consider financial/budget/spending bills in one year and other public policy bills in the "off" years. Some states allow both types of bills during a session. State legislatures also have "special sessions". These are referred to as "veto sessions" or by some other specific name.

The legislative calendar is different from the legislative politics which occur within this framework for each state, but both need to be understood. The legislative politics that occur within the legislative calendar are not the same from state to state or even from legislative session to legislative session. This is because the legislative players in the process and the public mood change. Governors are defeated or retire. The political orientation (Republicans or Democrats being the majority party) and philosophy of a state legislature also changes.

In general, the "big picture" campaign election themes of legislators and governors will most likely impact the political and legislative environment and the legislative process as much as, or even more than, what might be perceived as being "good" for the public in general. For example, if a legislator or governor ran on a campaign theme that took the position that there was too much state regulation of business and commerce, then they would not be likely to be supportive of legislation that proposed new state regulatory authority, regardless of the specific busi-

ness or commerce issue addressed in proposed legislation. Professional disputes within the medical professional field, between physicians and nurses, physicians and hospitals, or any other health professions, can have a significant impact the political and legislative processes. These may have more influence on what might be perceived by legislators as needing to be done for the “good” of the public. These can take the form of any of these groups opposing specific legislative proposals, or can take the form of a public policy/legislative dispute between one another holding up the legislative process on other health related legislation.

The following outlines the general steps of the state legislative process. It is within this process that the aforementioned factors can come into play and is the general framework against which a legislative influencing campaign is implemented.

DRAFTING A BILL

Legislative proposals begin in many different ways. They may be original ideas of the sponsor or may have been drafted by the executive branch, a special interest group, a labor or trade association, or a respected constituent of a legislator. Knowing the source of the legislation can tell a great deal about it and help in determining a strategy to use in seeking to change or defeat it. Often, the easiest way to stop a bill is to talk to the sponsor. They may not have anticipated certain adverse effects of the proposal, or are unaware of alternative ways to correct a perceived public policy problem.

The draft of a bill starts well before the time of “official” introduction. Most, if not all, state legislatures have “Pre-Filing” deadlines in the months at the end of a year. The deadline applies to bills that can be considered in the following year’s legislative session. During the pre-filing period, select groups of legislators and committees convene to “informally” review and approve or disapprove the legislation that has been submitted for official consideration. The language of a bill also has to be drafted in accordance with existing legislative drafting rules and its provisions must be checked against existing state statutes.

OFFICIAL INTRODUCTION

Once drafted and approved through the “Pre-Filing” process, legislation is introduced into either Chamber (House/Assembly or Senate) by a first reading. Usually, members in different chambers will agree to introduce identical bills simultaneously in order to speed up the process or there may be a one bill one chamber strategy. The key point with bill introduction is the referral to a standing committee and the committee to which it gets referred. In many states, this is done by the Speaker of the House or the President of the Senate. Many times a bill will get referred first

to an internal chamber committee (For example a House/Senate Rules Committee) which is in charge of controlling the volume of bills to be considered by a chamber. In some state this process replaces the “Pre-Filing” process. This committee will then approve or disapprove of the referral of a bill to the substantive “authorizing” committee of jurisdiction. In many states, the leadership is granted discretionary powers in making committee assignments and adopting rules that establish the jurisdictional areas for each standing committee. The overlapping of committee jurisdiction allows for further discretion in determining which committee will receive a bill. Decisions made at this point can mean life or death for a bill, because of possible assignment to an unfavorable committee or no assignment at all.

COMMITTEE ACTION

Committee action is the next step in the legislative process. Because most of the legislative work on a bill takes place within committee, this phase of a bill’s legislative progress is regarded as one of the most important. There are many options a committee can exercise on a bill under its consideration. Before recommending a bill for passage, a committee usually holds one or more public hearings and often amends a bill, rewrites it, or combines it with elements of several similar proposals. The committee chairman can appoint a subcommittee which can also conduct hearings, amend, rewrite, or combine bills. A committee can recommend passage of a bill in its original, amended, or substitute form; or, it can defeat a bill by majority vote, or by not taking up the bill at all. If a bill has been “jointly” referred and one committee passes the bill then it is automatically referred to the other committee. The second committee can do the same things that the first committee can do.

It is the committee chairman who sets the flow of committee activity and can speed or slow action on a bill. They determine if hearings will be held, when hearings will be held, and other critical decisions affecting committee business. Committee hearings often provide the last line of defense for those seeking to make a major impact on a bill’s substance. Hearings on bills are the “public record”. They provide the opportunity for expert testimony and to demonstrate support or opposition to legislation. Close attention should be given to the comments and questions of the committee members at hearings. They can reveal a member’s position and show where support lies and where work remains to be done on individual committee members.

SECOND READING

If the bill receives a favorable recommendation from the

standing committee, it moves on for its second reading. The bill can be amended by a majority vote of the members.

FLOOR VOTE

As in the decision to refer a bill to committee, the legislative leadership decides to schedule a third reading or floor vote. The bill is debated and can be amended by a majority vote of all of the members of the legislative body.

SECOND CHAMBER ACTION

If the bill passes, it is subject to the second chamber action, and the preceding steps are generally, but not indispensably, repeated. If the bill is amended by the second chamber, the original chamber must concur with the amendments. If concurrence is not reached, the second chamber may either withdraw its amendments or request a conference committee. If the bill passes the second chamber in the same form it passed the original chamber, it goes directly to the governor.

CONFERENCE COMMITTEE

A conference committee is named when the two Chambers pass different forms of a bill. Conference committee members are appointed by Chamber leadership. It is their duty to work out a compromise bill. This can provide an excellent opportunity to revise problem sections of a bill. When the committee issues a conference report, the votes of all members of the legislature are very important. The conference committee must issue a conference report that is signed by (at least) a majority of the delegation from each Chamber. The report must then be approved by both Chambers. The bill is not amendable. If no agreement is reached in conference committee, the bill is usually dead.

SIGNING

Bills that pass both chambers go to the governor for signature. After a bill is received by the governor's office, the governor has a limited time period in which to act on the legislation. The governor can sign the bill into law, allow it to become law by not signing it, or veto the bill and return it to the legislature along with an explanation. In most cases, legislatures have the option to override the veto by a majority or two-thirds vote of each chamber.

FEDERAL LEGISLATIVE PROCESS

The US Congressional legislative process is similar to the state legislative process. It is longer (a few states have two year legislative cycles like the US Congress) and more complex from the standpoint of political legislative politics and the legislative process. Conflicts of intra and inter political party philosophies impact the legislative process and com-

promise is inevitably involved in the making or changing of federal public health policy. Similar to the enactment of state laws, federal laws that are enacted lead to the issuance of federal regulations that carry the weight of federal administrative law.

As a profession, perfusionists are the technical experts on the safe operation of the heart-lung machine with all of the potential ramifications for the patient's well-being. The training and education required is complicated for just anyone to understand - yet this is only one function performed by a perfusionist. In contrast, consider how hard it is for federal (and for that matter state) legislators. It is their job to set federal public policy and to be conversant with every imaginable professional and public health policy issue that lends itself to a national legislative solution.

For the perfusion profession, there are federal issue areas that transcend states. These involve the regulation of blood and cardiopulmonary devices and equipment by the Food and Drug Administration (FDA), Medicare hospital and physician reimbursement, the Clinical Laboratory Improvement Act (CLIA), other federal health insurance programs, funding of allied health professions education and training grants, and the Occupational Safety and Health Administration (OSHA). In federal legislative matters, AmSECT relies on perfusion state associations to help in its Congressional lobbying efforts through membership letter writing campaigns.

There are two major power structures within the US Congress, political party leadership and committee leadership. Both determine how legislation is considered and approved. Party leadership is the long-standing power center within the Congress. Although the influence of party leaders has diminished in recent years, they remain a pervasive force in the legislative process. The House and Senate are each controlled by the party to which a majority of the chamber's members belong. The members of the major political parties in each chamber elect their own officers, such as the Speaker, Whip and Caucus Chairman. The proportion of majority members to minority members on each committee is determined by the total proportion of party members in each house.

The Speaker of the House is the presiding officer of that chamber and is the leader of the majority party. The Speaker is his party's chief strategist and devotes a great deal of time to promoting the legislative policies of his party. The Speaker also exerts considerable influence over assignments of individual Congressmen to committees.

Although the Vice President of the United States presides officially as the President of the Senate, the Senate does elect a President Pro Tempore who acts in the absence of the Vice President. Vice Presidents rarely preside over the

Senate, except on rare occasions or when their vote may be decisive. The Majority Leader of the Senate is the real leader and like the Speaker of the House acts as the principal legislative strategist for the majority party and influences decisions regarding committee assignments.

The Congressional power structure is also made up of the standing committee chairmen. The importance of the committee function in the legislative process has previously been covered. Committee chairmen derive their power from control over bills referred to their committees and may determine whether bills will even be considered.

An increasingly informal power structure that has developed within the congressional legislative process are the ad hoc groups or caucuses composed of legislators who share common viewpoints. There are many of these informal groups at work in the legislative process and they coordinate their efforts with single-issue grassroots organizations, professional business and labor groups, and public interest groups outside of the Congress to gather support for their federal legislative proposals.

In general, these power blocs work together or at odds with one another on issues and more often they must bargain and compromise to resolve conflicts to emerge with a portion of what they set out to achieve. The role that each individual power center plays within the Congress is an integral part of the legislative process. The following is a general description of the federal legislative process.

INTRODUCING A BILL

A bill can be introduced into either the House or the Senate (except Appropriation bills which must originate in the House) by a member of that body. Like the state level of government, the sources of legislative proposals are diverse. The most obvious is an idea conceived by a member of Congress, either from a campaign promise or from experience. In addition, constituents -individually or through organizations such as corporations, labor and management groups, trade and professional associations, and consumer groups - may have legislation introduced in their behalf. Coalition groups and lobbyists - whether business, labor, or other special interest groups - give political expression to the values and interests of various special interest groups. The most prominent promoter of legislative ideas is the President of the United States, who defines a legislative program yearly in the State of the Union address and in Budget Messages.

The President also makes known his desires for new or revised laws through Executive communications to departments, e.g. the Department of Health and Human Services, and agencies, such as, the Health Care Financing Admin-

istration (HCFA) which transmit proposed legislation to Congress. Finally, a congressional committee will sometimes write its own bills or make so many amendments to a bill under consideration that the committee decides to develop a new or "clean" bill. Knowing the source of proposed legislation can reveal a great deal about it, including its chances for passage. Many bills never get beyond the introduction stage of the legislative process.

REFERRAL TO STANDING COMMITTEES

Upon introduction, the Speaker of the House or the Senate Majority Leader, in consultation with Committee Chairman and legislative sponsors, refers it to the committee having proper jurisdiction. Each committee has jurisdictional responsibility for several general issue areas. For the perfusion profession the following are the standing committees of the Senate and House of Representatives that affect the profession.

SENATE

Committees

Perfusion Profession Subject Matters

Finance Committee

Has jurisdiction over Medicare reimbursement for hospitals and physicians and the CLIA program, and the Medicaid program.

Labor & Human Resources Committee

Has jurisdiction over the Food and Drug Administration; the Occupational Safety and Health Admin.-Labor Dept.; the National Institutes of Health-biomedical research.

Appropriations Committee - Subcommittee on Labor, HHS, Education Departments

Has jurisdiction over the funding levels for these agencies and their programs.

HOUSE

Committees

Perfusion Profession Subject Matters

Ways & Means Committee - Subcommittee on Health

Has jurisdiction over Medicare reimbursement for hospitals, the CLIA program, and the Medicaid program.

Energy & Commerce Committee

Has jurisdiction over the Food and Drug Administration; the Occupational Safety and Health Admin.-Labor Dept.; the National Institutes of Health-biomedical research; and Medicare reimbursement for physicians.

Appropriations Committee Subcommittee on Labor, HHS, Education Departments

Has jurisdiction over the funding levels for these agencies and their programs.

COMMITTEE ACTION

Congressional committees carry out the central functions of Congress - processing bills which have been introduced, investigating the need for new legislation, and overseeing the executive branch. Each committee must oversee the administration of those laws, once enacted by Congress, that fall under its legislative jurisdiction. Subcommittees have been formed for each standing committee. When a bill is referred to a committee, the chairman frequently refers the bill first to an appropriate subcommittee. Members of the subcommittee then decide whether the legislation is worth considering and, if so, in what manner. It is at the subcommittee and committee level that a law is formulated and balanced with public comment.

Committee action generally falls into one of three categories:

A. Hearings - In performing their functions, committees rely to a large degree on the hearing process - inviting other members of Congress, public officials, business people, private citizens, experts, and other interested groups to offer their opinions.

B. Mark-up Sessions - At the completion of scheduled hearings, committees will usually consider a bill in an executive session known as the “mark-up” session. There the views of all sides are studied, the bill is examined, usually line by line, and frequently amended. A vote is then taken. The members of the committees may decide to report a bill out favorably with or without amendment, to report it unfavorably, or to “table” the bill and take no further action. The full committee may decide simply to approve the actions of the subcommittee.

C. Reporting Bills - In reporting a bill to either the full Senate or House, a committee may:

- ♥ report the bill as it was introduced;
- ♥ report the bill with amendments;
- ♥ report the bill unfavorably; or
- ♥ decide to introduce a “clean” bill. If there have been numerous amendments to a bill, the committee can order the introduction of a new bill encompassing the amendments.

If a committee votes to report a bill favorably to the House or Senate, a committee report is written which explains the justification for the measure, describes the purpose, scope and impact of the bill, and elaborates on any changes the committee made in the original version. If a committee

fails to report a bill, the measure is dead — with few exceptions it cannot proceed to full House or Senate consideration.

FLOOR SCHEDULING

If the bill is reported favorably out of committee, it is placed on one of five legislative calendars. The Union and House are most commonly used calendars. In the House, the Rules Committee makes that determination. The Rules Committee must also grant each bill a rule before it can be considered on the House floor. The type of rule granted determines how much time will be permitted for debate, and whether the bill may be amended by the full House. Most often, denial of a rule will halt further action on the bill. The Senate has a Rules Committee but it does not exercise any of the power of the House Rules Committee. The Senate Majority Leader determines if and when a bill comes to the floor for debate and there are fewer time constraints on its consideration. Because of the complexity of moving a bill from the calendar to the floor, this is another stage at which many bills die.

FLOOR ACTION

Like state legislators, US Senators and Congressmen receive information on new legislative proposals from many sources, e.g., media, trade and professional associations, public interest groups, law firms, labor unions and businesses. Many are based in Washington, DC, and are frequently the dominant source of information and personal one-on-one lobbying. Unfortunately, legislators are seldom approached by a group of people who represent a broad cross-section of interests from their home districts, and who offer thoughtful, constructive, and balanced opinions while the legislation is still in the formative stage at the subcommittee or committee level. It may be possible for a Congressman or Senator to ignore a lobbying thrust from Washington sources, but only a foolish legislator would ignore a lobbying effort from his or her voting constituents.

Public comment to adjust a law’s content must occur well before the bill reaches the floor. Policy in the House and Senate requires that a quorum (the numerical majority of total membership) be present before official business can be transacted. For most floor debate and even some non-controversial votes, each body operates under the “assumption” that a quorum is present — even if only a single member is in the chamber. When an issue becomes heated, though, there is always a member of Congress who will raise the issue of a quorum, thus prohibiting further votes until a majority convenes and the Clerk calls the roll of members in the House or Senate.

The House and the Senate utilize two principal types of votes — the voice vote and roll call or recorded vote. The

voice vote is used primarily for routine or non-controversial matters, whereas the roll call or recorded vote is used for more substantive or controversial issues. Only the roll call or recorded vote is made a part of the public record. Most votes are decided by a simple majority, although certain types of action require a larger percentage. For example, a two-thirds vote of the total membership in each chamber is necessary to adopt a resolution to amend the Constitution, to override a Presidential veto, or to suspend the rules of the chamber.

SECOND CHAMBER ACTION

The first chamber to pass a bill sends it to the presiding officer of the other chamber - the Speaker of the House or the President of the Senate - to repeat the steps taken in the originating chamber. If both chambers are working simultaneously on identical or similar measures, the first one completed will be sent to the other body for consideration.

CONFERENCE COMMITTEE

The House and Senate often pass different versions of the same bill. Before it can be finalized and sent to the President for executive action, identical language must be approved by both Houses of Congress. To reach this goal, a conference committee, composed of members of both chambers, is created to resolve conflicts in the legislation. Members of the conference committee are selected by the Speaker of the House and the presiding officer of the Senate. Selections are usually made from the members of the House and Senate committees that first handled the legislation. Conferees from either side generally have three options available to them in trying to reconcile two bill versions:

- ♥ recommending the other chamber withdraw from its provisions;
- ♥ recommending their own chamber withdraw from its provisions to accept those of the other body; or
- ♥ recommending that both chambers withdraw on some of its provisions in exchange for keeping others - in effect, a compromise.

If the conference committee is able to resolve all the points of disagreement, it votes to issue a conference report — much like the original committee voting to report the bill. Occasionally, however, conferees are unable to come to agreement, and any bill which is not reported back to both chambers “dies in conference.”


FINAL FLOOR ACTION

Because a bill may have undergone considerable rewriting in conference, both the Senate and House must pass it again in its amended form. However, this step is essentially a formality, because legislators no longer have the opportunity to offer amendments. If both chambers vote to accept the final language, the bill is put in final form and signed by the Speaker of the House and the President Pro Tempore of the Senate.

EXECUTIVE ACTION

The bill is next forwarded to the President who has ten days in which to sign or veto it. If he chooses to sign it, it becomes a public law that same day. If he vetoes it, it is sent back to Congress for a chance to override the veto. If, however, the President chooses not to sign a measure during the ten-day period and Congress adjourns at the end of a session, the bill dies by “pocket veto” without Congress having the chance to reconsider. If Congress remains in session, the bill becomes law without the President’s signature.

CONGRESSIONAL VETO OVERRIDE

A bill vetoed by the President still has an opportunity for enactment. When it is returned to Congress, a measure is subject to an override vote, in which both houses can decide whether to honor the President’s veto or to enact the law without his signature. However, unlike the simple majority required to initially pass the legislation, an override action requires a two-thirds vote in both chambers. If this occurs, the bill becomes a public law, having the same effect and power as if it has been approved by the President. 

BASIC LOBBYING COMPONENTS



The following checklist of basic lobbying components and techniques is meant to help in establishing effective long term relationships with legislators and their staffs. This checklist is followed by a more detailed discussion of the subject matter presented, unless covered in greater detail in another section of this Guide.

- ♥ Building And Maintaining A Relationship With Legislators
- ♥ Know A Legislator's Office Organization
- ♥ Maintaining A Relationship With Legislative Staff
- ♥ Perfusion Case Viewing for Legislators Or Legislative Staff

Legislator And Staff Follow-Up

- ♥ Understanding The Political Environment
- ♥ Knowing The Political Legislative Process
- ♥ Communicate Effectively When Lobbying

BUILDING AND MAINTAINING A RELATIONSHIP WITH LEGISLATORS

The first step in the political legislative process is identifying the legislators who have control over the perfusion profession in a state. This process can be initiated through identifying Open Heart facilities in a state and the state Senate or Assembly districts in which they are located. Secondly, identifying perfusionists in the other state House/Assembly and Senate districts. It is very important that every perfusionist be properly identified by state House/Assembly and Senate, as well as Congressional House districts. Federal Senators represent the entire state.

It not only is necessary to understand the general legislative and political legislative process, but also desirable to establish a personal relationship with the US Congressional member, state legislators, and other public policy makers who can affect the federal or state laws which can impact the profession. In other words, be aware of the political points of view, backgrounds, and personalities of those persons who can influence state or federal public health policy. Getting to know your state or federal legislators involves gathering basic information about them and their senior aides.

Before having a personal meeting or a social or professional contact with a legislator, the following basic research should be done. Find out:

- ♥ What kind of constituency the legislator has - rural, urban, suburban?
- ♥ What is the legislator's standard political philosophy - pro/anti-labor, pro/anti-business, pro/anti-government, etc.?
- ♥ What is or was their professional background, education, or previous elective office?
- ♥ How long have they been in elected state or federal office and what were the offices?
- ♥ What kind of political ties does the legislator have to the party organization? Do they hold a political party leadership post?
- ♥ On what committees do they serve? Do these have a role in the health care field?
- ♥ What is the nature of the funding for a legislator's election campaign?
- ♥ Who or what influences the legislator the most? Have they ever had a major surgical procedure performed on them, or a member of their family?
- ♥ What were the winning vote margins of previous elections? This will give a sense as to how politically vulnerable the legislator may be in an upcoming election.

There are various sources for this information which are produced by state legislatures and are free. Other sources are the Clerks of the House/ Assembly and Senate of a state legislature, public libraries, and a state legislature's internet homepage. For federal Congressmen and Senators there are similar printed and internet homepage sources of information, and the AmSECT National Office.

Once you have become familiar with legislators' backgrounds, it is important to stay abreast of their activities and positions on issues. One of the keys to becoming an effective advocate is to establish and maintain an ongoing relationship that creates an open channel of communication with a legislator. Information gathered through public statements, votes taken on issues, and print and broadcast media reports on the legislators' actions are invaluable in keeping abreast of what a legislator is up to, their views on issues, and whether or not they directly

pertain to the perfusion profession. Keep in mind that your goal is to develop an ongoing personal or organizational relationship with legislators to facilitate communication on legislation concerning perfusionists. By establishing a rapport before professional problems arise it will be easier to gain access to them when a problem does in fact arise. Unless a legislator is your next door neighbor, someone you grew up with, or went to college with, or is related by family, a relationship will have to be developed by taking advantage of opportunities to meet them at community or political functions. Some of these are:

- ♥ Scheduling a personal meeting when a legislator is at the district office;
- ♥ District or town hall meetings;
- ♥ Public hearings held in local communities on specific social, environmental, or community development legislation;
- ♥ Public office or facility dedications;
- ♥ Local ethnic or religious festivals;
- ♥ Political party fundraising events;
- ♥ Personal campaign fundraising events;

If a legislator is already aware of what a perfusionist does professionally, you may be surprised at how glad they are to have a thoughtful view or opinion on a public health policy issue that does not directly affect the perfusion profession. However, getting to know legislators, and offering to keep them informed on issues concerning the profession is critical to building a professionally creditable recognition level.

Most legislators and their staff want to know as many of their constituents as possible. You should have little or no trouble getting acquainted with them if you take advantage of available or created opportunities to meet them. You can create opportunities to meet them by inviting them and their staff to your “office,” the hospital or operating room, or to perfusion state society meetings. Relationships initiated through such meetings can prove very helpful in the long run. As you begin your educational process, bear in mind that as you are learning about their “culture” they are learning about the medical culture of perfusion. When legislators or their staff members begin to ask advice from you on legislative matters relating to the interests of perfusionists, you’ll know you have built a productive relationship.

Given a legislator’s busy schedule, meetings are sometimes difficult to arrange. Yet, they are just as vital as any other important professional meeting. The contact can be made with the legislator directly or through key staff aides. Unless you already know your legislator, you should write,

rather than phone, to request an appointment or schedule a special event. If a meeting is to discuss a specific issue, it is important to be thoroughly familiar with all aspects of the issue before the meeting. When talking to the legislator, be concise and well organized. Demonstrate a regard for his or her schedule. Most of all, state your views firmly, but be attentive to the legislator’s opinions and positions. A meeting should be an exchange of ideas, not a lecture. The most important tool that you have when lobbying a legislator is personal creditability

KNOW A LEGISLATOR’S OFFICE ORGANIZATION

Each federal legislator’s office is organized differently, but most offices include the following staff positions. State legislators may have a few of these staff positions. State legislators maintain much smaller staffs, and as a result, may themselves be more personally involved in office management, and be more personally accessible. There will be exceptions in some larger states.

- ♥ Though principally concerned with local matters, the district or state director can be an excellent conduit for conveying your views on national issues to a Congressman or Senator. The director of the district or state office is the staff member closest to the constituents and, as a result, is particularly sensitive to their concerns. Getting to know the district or state director can be important in establishing a relationship with a Congressman or Senator.
- ♥ The administrative assistant is a Congressman or Senator’s chief of staff and is normally based in Washington. The “AA” directs the rest of the staff and usually follows both local and national issues, especially political ones. State legislators may or may not have an administrative assistant that functions differently.
- ♥ The appointments secretary is the keeper of a legislator’s schedule. Congressmen and Senators, and state legislators usually have this staff person. Get to know this staffer if you want to have ready access to a legislator.
- ♥ Legislative assistants are issue specialists. Congressmen and Senators have at least several of these staff persons. State legislators may or may not have at least one person serving in this position. Become acquainted with the LA who follows federal or state health issues for a legislator since these are the people most likely to be responsible for legislation relating to the perfusion profession.
- ♥ If a state or federal legislator has attained a seniority

position on a committee or a subcommittee, issues within the panel's jurisdiction may be handled by committee or subcommittee staff person. At the Congressional level, these are people who are knowledgeable in specific issue areas. At the state level, these people may handle all of the issues over which the panel has jurisdiction. Though employed by the committee or subcommittee, these staffers may also be responsive to constituents of a legislator.

- ♥ Case and project workers are responsible for responding to non-legislative constituent concerns - including any specific problems constituents have with state or federal government agencies. These workers may be in Washington, or the district or state offices of Congressmen and Senators. State legislators may or may not have this type of person on their staff.

MAINTAINING A RELATIONSHIP WITH STAFF

The demands on legislators' time make their staff very important. Staff members serve as your legislators' eyes and ears, bringing issues to their attention and relaying constituent concerns. While there is no substitute for working directly with a legislator, building rapport with staff is essential for establishing an effective lobbying presence. After meeting with a staff member, he or she is likely to summarize the meeting in a memorandum to the legislator. If you present your legislator with a complex problem, he probably will ask for staff recommendations before taking any action. For these reasons, do not underestimate the value or importance of maintaining a personal relationship with a legislator's staff.

Some general rules you should consider and keep in mind when working with a legislator's staff person are:

- ♥ Do not overestimate what they know; staff members often require outside assistance on public policy issues.
- ♥ Do not underestimate their influence on a legislator.
- ♥ Be honest and provide accurate, complete information to maintain your credibility. If presented with a question that you cannot honestly answer, do not be afraid to say this and that you will attempt to find out and get back in touch with them. This same adage applies to legislators as well.
- ♥ Provide them with summarized, useful information. Always be concise, brief, and to the point. If requested, more detailed information can be provided.
- ♥ Do not hesitate to seek their advice and opinion on your particular issues with regard to their own

legislator's views and position, and with regard to the political and legislative process factors in which the issue or legislation is occurring.

Unless you already know the staff member well, you should write, rather than phone, to request an appointment. If a meeting is to discuss a specific issue, it is important to be thoroughly familiar with all aspects of the issue before the meeting. When talking be concise and well organized. Demonstrate a regard for his or her schedule. Most of all, state your views firmly, but be attentive to the staff person's views and positions as well. A meeting should be an exchange of ideas, not a lecture. The most important tool that you have when lobbying a legislator's staff is credibility.

PERFUSION CASE VIEWING FOR LEGISLATORS OR LEGISLATIVE STAFF

Having a legislator or a member of their staff tour the surgical department of a hospital and watch a case being pumped is one of the most effective lobbying techniques available to the profession. Visiting a perfusionist in their natural environment - the operating room - gives legislators or a member of their staff a valuable opportunity to develop a good sense of what perfusionists do and the role they play in complicated surgical procedures.

Having a legislator or a legislative staff person view a case is particularly useful for educating them on the day-to-day environment in which perfusionists operate. Most legislators do not have any type of medical background. Watching a coronary artery bypass case or a pediatric ECMO case being set up is an experience they most assuredly will not have had, and presents the perfusionist with a unique opportunity to educate a legislator or a member of their staff about the training and background required to be a perfusionist, and the high degree of cognitive medical skill and judgment exercised by a perfusionist. Watching a case pumped also provides the opportunity address professional practice concerns with pending legislation or with proposed perfusion legislation through the juxtaposition of day to day medical care situational responses.

Before organizing a perfusion cases viewing visit the following should be considered:

- ♥ Why should a perfusion case viewing be conducted? Determine what is to be accomplished with the legislator or legislative staffer.
- ♥ What will the perfusion case viewing accomplish for the state society's legislative agenda? Will a perfusion case viewing provide a concrete opportunity to explain how a pending bill would affect the clinical practice of perfusionists? Or, is the session meant

to educate legislators or their staff on the need for perfusionist sponsored legislation?

- ♥ Is the perfusion case viewing only meant to help build legislator or staffer rapport on a general professional level?
- ♥ Is the hospital and the surgical department supportive of such a visit? Can they be convinced of the benefit from the visit? Would the surgeons be supportive?
- ♥ Is the time to be invested in planning and conducting a perfusion case viewing well spent or are other political activities more appropriate? For example, hosting a fund-raiser on behalf of a legislator's election campaign.
- ♥ If the case viewing visit is to be used to explain how a pending bill would affect the clinical practice of perfusionists or to educate legislators or their staff on the need for perfusionist sponsored legislation, have the public policy arguments and positions been drafted and are they in a summarized form to give to the legislator or their staff person following the viewing. Has a lobbying informational packaged been developed for use after the visit?
- ♥ Who will be the designated spokesperson for the perfusionists? Which surgeons or hospital administrators will participate and do they support the perfusionists' position on legislation?

The following should be helpful in setting up a meeting. Careful planning for a visit by a legislator or a member of their staff maximizes the perfusion cases viewing session.

- ♥ Send a written invitation to the legislator. Don't be discouraged if it takes several invitations before they accept, or send a staff person in their place. The invitation offer should be directed to the legislator first, unless there are other compelling reasons to get a staff person to view a case.
- ♥ Fellow perfusionists, surgeons, and pertinent hospital staff need to know the exact date and time of the perfusion case visit well in advance. In fact, it would be best to get some "tentative" approved dates to include in the letter of invitation. If possible, share highlights of the legislator's biography when informing them that a legislator or staff member has committed to see a case.
- ♥ Develop a schedule that allows enough time to watch a case being pumped, but don't expect a legislator or staff person to watch a case from beginning to end. Find out well in advance how much

time your guest has. Minimally, they need to see the beginning of a case (setting up can be explained before a case starts) and most, but not all of, of the perfusionist's involvement with a surgical procedure.

- ♥ Ideally, two perfusionists should be involved. One perfusionist will actually pump the case and one would be available to chaperone the legislator and be available to explain what the perfusionist is doing and to answer questions as a case proceeds. Ideally, the legislator would be physically present in the OR, but they can also view the case via televised monitors.
- ♥ Before the beginning of a case, give a brief introduction of the people who will be involved in the case, especially the surgeon, the perfusionist, and the department manager or hospital administration person. If possible, include professional colleagues who are known to be supportive of the perfusion position on a legislative or regulatory issue, are known to be politically active, or who have a relationship with the legislator or staff member viewing the case.
- ♥ Before the beginning of a case, give a brief explanation of the purpose for the visit, to the legislator or the staff person in the context of the legislative issue and its impact on the profession and/or the public, i.e. surgical patients. This "issue briefing" should be done before the case viewing to facilitate the linkage between the "theoretical" explanation of the issue and the real world impact presented by the case viewing.
- ♥ After a brief verbal presentation, give the legislator or staff member written material on the society's position on the legislative issue. This material can be presented by using AmSECT's generic brochure, "A Guide To Clinical Perfusion".
- ♥ If not done as part of the pre-case "issue briefing", when the time for viewing a case has ended:
 - ♥ Be sure to thank the legislator or the staff member for their willingness to come to the hospital to view a case, and their willingness to learn more about the profession, or to thoughtfully consider the points made in the "issue briefing".
 - ♥ It is appropriate to ask them if there are other legislators whom they believe might benefit from seeing a case pumped.
 - ♥ It is appropriate to indicate that you and the profession hope that they will agree with the position the profession has taken.

- ♥ It is appropriate to indicate that you or a representative of the perfusion society will be back in touch with them after they have had some time to consider the matter.
- ♥ It is not appropriate, at this time, to try to pin them down on what position they might take on an issue. If, after viewing a case, a legislator (but not a staff member) freely volunteers that they are supportive of the position the profession has taken, then it is appropriate to indicate that the perfusionists appreciate a legislator's support and that the perfusion society will be back in touch with them at the appropriate time.
- ♥ If appropriate, arrange to have a photographer cover the legislator's visit to the Operating Room and take black-and-white photographs. These can be used in perfusion society newsletters or hospital newsletters, and in perfusion society print media activities.
- ♥ Urge other perfusionists to make their views known to their state or federal legislators concerning legislation or regulations affecting the clinical practice of the profession.
- ♥ Keep up with what the legislators are doing and the votes they cast on issues of concern to the perfusion profession. Let them know when you are pleased or displeased with their votes or opinions on an issue.
- ♥ Personally visit a legislators' office to talk to them or their aide about professionally related current news and activities, the political scene, or particular legislation of mutual concern. This is also known as "smoozing".
- ♥ Invite a legislator to speak at a perfusion state society annual meeting on legislative issues impacting the profession, and on their own legislative initiatives even if they are not related to the perfusion profession. Especially during an election campaign, legislators are looking for public speaking opportunities to directly communicate their accomplishments and/or positions on "hot" social or economic issues.

LEGISLATOR AND STAFF FOLLOW-UP

One of the primary purposes of a perfusion cases viewing, or any other kind of event arranged for a legislator, is to educate perfusionists and legislators about one another's professions. The perfusion cases viewing or participation in other political events tells a legislator that perfusionists are a vital part of their political constituency. To reinforce this, follow-up activities are important.

Post Perfusion Case Viewing Follow-up

- ♥ Send a thank you letter to a legislator or a staff member and re-emphasize the key points that were discussed at the "issue briefing". Send a note of thanks to the staff person who helped arrange the visit or the legislator's scheduler.
- ♥ If photos of the perfusion cases viewing were taken send copies to a legislator. Provide copies of any newspaper articles or other media coverage detailing the visit.
- ♥ Visit key aides who may have accompanied a legislator on the perfusion cases viewing. Express interest in maintaining contact with them.
- ♥ Invite legislators and their spouses to small social gatherings with perfusionists, or host a political fundraising event for a legislator.
- ♥ Attend political party functions and legislator sponsored fund-raisers. At each function, introduce your legislators to as many perfusionists as possible.
- ♥ Invite your legislators and members of their staff to visit your hospital to see a perfusion case.
- ♥ Get involved personally in a legislators' political campaign or in local community projects they undertake.
- ♥ Make political contributions to a legislator's political campaign, and be sure to let them and their staff member know that you are a contributor.

When your legislators or their staff members begin to ask advice from you on legislative matters relating to the interests of perfusionists, you'll know you have built a productive personal and professional relationship.

Other Event/Activity Follow-up

- ♥ Write a note of thanks and re-emphasize key points of the experience.
- ♥ Verbally or in writing, express interest in a legislator's political and legislative activities.

UNDERSTANDING THE POLITICAL ENVIRONMENT

At the state or the US Congressional levels of government, apart from the respective legislative process difference there is an overriding political climate that must be taken into

account. The prevailing political philosophy, quantitatively speaking, is represented by which political party has a numerical advantage in a state legislature or in the Congress. There are also differences in philosophy within each of the respective political parties. It is also present, but could be somewhat different, at the committee level of the legislative process depending upon the philosophical preferences of the committee chairman. There is also the prevailing political philosophy of the executive branch of the government, the governor at the state level and the President at the national level.

The importance of understanding the political environment comes when developing arguments to support a position on a bill and drawing up a lobbying strategy for an issue affecting the practice of perfusion. For example, if a bill was introduced in a state legislature that negatively impacted the perfusion profession, it is not enough to just take the position that a legislator should vote against it because it would be “bad” for the profession. An effective argument against it, or in support of a bill, must be constructed to take into account those things that fit into the political philosophy of a legislator and his or her view of how the government and public policy should operate. Like salespersons who have “hot button” words to persuade people to buy their product, arguments for or against a legislative proposal need to closely coincide with the “hot bottom” philosophy views of a legislator and their political colleagues.

With regard to legislative strategy, individual political philosophies and the “grayer shades” in between conservative Republican and liberal Democrat come into play as a result of being able to present plausible public policy arguments to those legislators who are in the strongest position to legislatively argue the position that the perfusion profession has taken. The relative value scale for the prevailing political philosophy is the legislator’s view about what the level of involvement of the state or the federal government should or should not be with regard to, in the case of the perfusion profession, the protection of public health and safety, the delivery of health care services, and their costs to the public and the conduct of individuals relative to other social policy issues. It is important to keep in mind that in taking a position on proposed legislation a legislator is being asked to make a decision on the role of the state or federal government in addressing a new public policy problem or on changing the role or scope of government on a matter that has previously been legislated.

Getting information on the prevailing political environment is not difficult. State legislators and US Congressmen and Senators produce publications during their election campaigns that generally address large public policy issues and their general solutions to such problems. After being elected to office, and having been in office for several years, there

is likely to be newspaper articles and broadcast media coverage of their legislative initiatives. Another source is committee hearings on legislation, or press releases that their offices sent out.

The important aspect to keep in mind on such pronouncements on public health policy issues, or social issues in general, is not the particular issues being addressed but a legislator’s reasons for taking a particular position on an issue. For example, should a state government be doing more or less on an issue by increasing or decreasing the role of a state agency? Should a state agency or program be doing more to protect the public against the spread of AIDs or contaminated blood? Should the state or a state agency be doing more, or be more effective, in the regulation of the safety of medical devices, or with regard to protecting the public against the incompetent practice of medicine? The exact nature of the issue does not have to have a direct correlation to the practice of perfusion. That linkage can be made by “issue analogy” when developing arguments that more closely fit with the legislator’s philosophy that the role of government, or the state regulation of a profession, in protecting the citizens of the state should be expanded, or not expanded.

Every time there is a change in the numerical political makeup of a legislative body, state or federal, there is a change in the prevailing political environment. This change directly affects the dynamics of how legislative decisions are made, and how individual legislators vote on legislation. While change is not new to our political system, perfusionists must understand the political environment of a legislature and what those changes mean when and if it is necessary to individually and organizationally participate in the federal and state legislative arenas in an effort to influence legislative matters affecting the perfusion profession, now and in the future.

KNOWING THE POLITICAL LEGISLATIVE PROCESS

The previous over view sections on the legislative processes covered the general administrative and the “big picture” political influences affecting the legislative processes for the state or the federal levels of governments. This section presents the subject of the “smaller picture” political legislative dynamics that may affect the legislative process for a piece of legislation - the “political management” of legislation. The more “micro” political management aspects include factors such as:

- ♥ The political philosophy and working relationship of the respective political party leaders in a legislative chamber - state legislatures and the US Congress. The “partisan factor” of legislative politics.
- ♥ The political philosophy and working relationship of the respective chamber leadership members and

their management style in building a legislative consensus among their own party members. The “intra-party” partisan factor of legislative politics.

- ♥ The willingness of any and all of these leadership members to compromise on their respective political party’s stated philosophical position on legislative proposals, and their ability to influence committee chairman and/or their political party colleagues on committees that compromise is needed to help shore up their respective political bases in the general public.
- ♥ The political philosophy and legislative management style of committee chairman in building consensus among committee members.
- ♥ The political philosophy and personal relationships between committee members.
- ♥ The willingness of committee chairman to compromise on their respective political party’s philosophical position on legislative proposals, their ability to convince their colleagues on the committee, and ability to convince their party leadership that compromise is needed to help shore up their respective political bases in the general public.
- ♥ The presence, or lack thereof, of noticeable public and/or media attention to a perceived public health problem which a legislative proposal has been introduced to correct. The public wants something to be done factor of legislative politics.
- ♥ The “prevailing” public opinion and whether the perceived response by those segments of the public that are part of a legislator’s or a political party’s electoral base will be supportive of a particular public policy solution. The electoral base wants something to be done factor of legislative politics.
- ♥ The personal closeness of legislators, especially key legislative players, to particular special interest groups and the amount of political leverage, financial and public relations, they have, especially at the state level of government. The “who” has the most political leverage among the affected groups and can the legislator benefit factor of legislative politics.
- ♥ The political party orientation of the legislative and executive branches of government, and the intra-party political philosophy and relationships with the top elected official in a state (the governor) or the President of the United States. The “governing” and the “election year” factors of legislative politics.

All legislators of a political party do not always agree philosophically on what the role of government should be, or on a proposed legislative solution to a public health issue. And, governors and US Presidents can philosophically disagree with legislators of their own parties. In fact, legislators from two different political parties may have a closer philosophical view than other legislators from within their own respective party. The legislative management style of committee chairman in building consensus on legislation under the committee’s jurisdiction, and the legislative management style of chamber leadership can affect the legislative process. The political legislative process is also affected by public attention. It is not uncommon, for example, for highly publicized issues and pending legislation addressing the issue to have a major impact on the whole legislative process for a state legislature, or for the US Congress.

To be effective in the legislative arena it is necessary to know the procedural process for a particular bill, but more importantly to know what will effect the political legislative process that accompanies it. Legislators and/or their staff can provide some important insight on this important legislative influencing factor. This knowledge and information comes into play in analyzing a specific piece of legislation and its prospects for passage or legislative defeat, and in constructing credible public policy and political philosophy arguments that will successfully fit the prevailing environment and help accomplish the intended goal for a lobbying campaign.

COMMUNICATE EFFECTIVELY WHEN LOBBYING

The basic ground rules have been previously covered. The following summarizes in outline form the ground rules which should be followed when engaging in the legislative arena. These fall into the categories of “Credibility”, “Communications”, and being “Proactive”. Following this outline is a list of ten “Don’ts” regarding lobbying interactions with legislators or legislative staff members.

CREDIBILITY

- ♥ Before meeting with a legislator or their staff member know the facts of an issue.
- ♥ Know the legislator’s general political philosophy. A legislator’s voting record and legislation they have introduced are important indicators of their receptiveness to your position on legislation.
- ♥ Become acquainted with the legislator’s staff. They are an important component in the legislative and political processes.
- ♥ Know who the opposition is. There might be points

of view upon which you and they have agreement. There may be more in common than might be expected.

- ♥ Be prepared to be able to respond to opponent's opposing arguments and points of view. Having data to support your position, or data which calls into question the strength of the opponent's arguments is very important.
- ♥ Be prepared and be willing to be a credible and constructive participant in the policy making process. Be willing to work with the other parties either in support or opposition to legislation.
- ♥ Only get involved with public policy issues on which you have professional expertise.

COMMUNICATIONS

- ♥ Establish ongoing communications with staff and when possible legislators.
- ♥ In meetings, be brief and limit your comments to one issue at a time. Know what facts and arguments are important to the overall message you want to deliver.
- ♥ Do not be afraid to answer a question from a legislator or their staff by saying "I don't know the answer to that question, but I will try to get an answer and will get back to you". Not knowing all of the answers provides the opportunity to continue the ongoing relationship and helps build credibility.
- ♥ To have a more meaningful conversation, have some understanding of the legislative process, and the key legislative players. Do not attempt to "bluff" your way through because the legislator or their staff will, almost always, have a better understanding of the legislative and political processes involved.
- ♥ Maintain communications on issues with which perfusionists and the profession agree as well as disagree.
- ♥ Establish communications with other allied health professions, local public interest and consumer groups with a link to public health and welfare.
- ♥ Develop a relationship with the local media in the hope that your views and interests on legislation or proposed state regulations will be presented, and will be presented fairly to the public at large.

BE PROACTIVE

- ♥ It is important to demonstrate a willingness to participate in the legislative process. It is not just a matter of being for or against an issue or legislation.
- ♥ Be timely. Political and legislative options become restricted as the legislative process proceeds.
- ♥ Be prepared to have a solution to a problem or a proposal to put on the table when necessary.
- ♥ Make the patient and quality of care the top priorities in discussing the issues which have an impact on the clinical practice of perfusion. This is certainly the case with regard to the professional licensing of perfusionists, but can also be the case on other professional practice issues as well.
- ♥ Educate the legislator or their staff on the impact that proposed legislation will have on their constituents. These constituents are also candidates to be patients, and are also voters. Perfusionists and the perfusion community, i.e. cardiovascular surgeons and other health care providers, are also voters. With regard to professional licensing of perfusionists, educate the legislator on the scope of perfusion services and the numbers of persons who receive these services in your state, and who depend on a perfusionist for the safe delivery of these services.
- ♥ Be prepared to be reasonable; this means having to compromise and negotiate a solution. Making laws is not the end of the process but is more likely the beginning of a longer process to establish what is the best, most workable, solution to a problem that exists.
- ♥ Be persistent. There are times in the legislative process when it pays to be persistent. It is important to keep in mind that there is a fine line between persistence and being a pest.
- ♥ Be a participant in, and not a victim of, the political and legislative processes.

TEN "DON'TS OF THE LEGISLATIVE PROCESS

- ♥ Don't talk to your legislator or their staff person for the first time when you want something from them. Develop a rapport beforehand.
- ♥ Don't be afraid to defend or debate an issue. But, do your homework beforehand.
- ♥ Don't take a self-serving position on legislation. Leg-

islaters are looking for political solutions to public policy issues.

- ♥ Don't deliver ultimatums or be threatening or argumentative. These responses do not build credibility.
- ♥ Don't be too quick to call attention to newly introduced legislation that is bad for the profession. But, do your homework and monitor developments. Be prepared to respond with good public policy arguments against the legislation.
- ♥ Don't try to amend or compromise on poor legislation. Oppose legislation with which you and the profession disagree.

- ♥ Don't limit your legislative options by politicizing an issue.
- ♥ Don't be too quick in compromising on legislation and be firm about principles and convictions.
- ♥ Don't tell legislators or their staffs something they already know. Tell them something they don't know and that they can use to solve the problem.
- ♥ Don't feel that something always has to be done, and done immediately. Sometimes the best approach in the legislative process is to remain neutral or to do nothing. 🇺🇸

CONSTRUCTING AND IMPLEMENTING A LOBBYING STRATEGY



- ♥ Develop A Strategic Political and Legislative Lobbying Plan
- ♥ Deciding On How To Advocate Your Position
- ♥ Getting Second Opinions On Strategy
- ♥ Revising The Strategy

DEVELOP A STRATEGIC POLITICAL AND LEGISLATIVE LOBBYING PLAN

- ♥ Analyze The Issue(s) and Political Situation
- ♥ Develop Strong Factual and Policy Arguments
- ♥ Identifying And Lining Up A Sponsor
- ♥ Targeting Lobbying Efforts

Having done analysis of legislation and deemed it would have a negative impact on the profession, or if wanting to have legislation introduced to address a professional concern, it is not a good idea to simply charge off into a lobbying campaign without thinking ahead to how to effectively present and argue the profession's point of view. After having done analysis and having some idea of the overall political environment and the "historic" of the legislative process in a state, or the US Congress, it is necessary to think through an overall game plan. The game plan takes these factors and the administrative aspect of the legislative process into account. Depending upon the situation, a strategic plan seeks to use these factors to effectively influence the legislative outcome.

In developing a strategic plan of action, there are several sources that can be initially consulted to craft a plan and

be counseled with as the plan is carried out. Good preparation is essential to shifting the odds in your favor but it is unreasonable to expect that the final outcome will be exactly what was initially envisioned. It is important to periodically give a strategic political plan a reality check, and be willing to amend the plan of action if necessary to accomplish most of the intended goal.

Several sources that can be consulted are:

- ♥ Perfusionists who have developed a close personal relationship with a legislator
- ♥ Professional lobbyists in the health care field
- ♥ Current legislators and/or their staff members
- ♥ Retired legislators
- ♥ People who work for state or federal level political party organizations
- ♥ Political campaign consultants

ANALYZE THE ISSUE(S) AND POLITICAL SITUATION

To be effective, it is necessary to understand the details of a bill. There are at least four primary sources for legislative policy analysis. These do not include sources outside of the legislative realm, like lobbyists or professional or trade associations who have done their own analysis. These are:

- ♥ **The Legislative Sponsor** - A sponsor is not necessarily the author of a bill. They have joined the author on the legislation. A legislator, or their staff member, generally can provide an analysis of the issue(s) addressed in a bill, and why the issue(s) need to be addressed.

- ♥ **Committee Analysis** - Bills are referred to a committee that has jurisdiction over the issue(s) in a piece of legislation. Before committee hearings are held, the committee may prepare a bill analysis that addresses the legislative intent, and the economic or social impact of the legislation.
- ♥ **Author's Analysis** - Check with the author of a bill. They are most likely to be the best source, or their staff person is, for an analysis. In the US Congress, the author presents an "Introductory Statement" that is reprinted in the Congressional Record that contains an analysis of the issue(s) addressed and the legislative intent of the legislation.
- ♥ **Legislative Counsel Office** - Most states have a legislative office that is responsible for drafting the to be introduced version of legislation and may provide an analysis.

Having obtained the legislative and public policy analysis of legislation, the issue(s) raised and the proposed solutions presented need to be assessed for political legislative "strengths" and "weakness". Within this context, what is the larger political legislative agenda for the key legislative decision makers and their respective political parties? Which groups affected by the legislation have the most political leverage? How will a piece of legislation be perceived by a legislator's or a political party's electoral base of support? These are all factors that legislators or their staff can provide some important insight on when evaluating the initial legislative prospects.

DEVELOP STRONG FACTUAL AND POLICY ARGUMENTS

If after having doing legislative analysis and having deemed that a bill would have a negative professional impact, or if wanting to have legislation introduced to proactively address a professional concern, it is not sufficient to have a position which is based on the statement that "This is a bad or good bill" or that "We perfusionists want or do not like this bill." Reputable public policy arguments are based on facts, not personal or a general collective opinion. Having done an analysis of a piece of introduced legislation and having deemed that it would have a professional impact, the following outlines a process for how arguments can be developed to effectively advocate with legislators and their staffs.

- ♥ List how it would specifically affect the clinical practice of the perfusion.
- ♥ Gather data to support the major facets of the clinical impact argument on the profession. This type of

data could include employment or economic cost and impact, professional fairness, regulatory burdens, legal burdens, or other implications for the practice of the profession.

- ♥ Gather data to support the potential impact that the legislation could have on the health and safety of the public. It is preferable to use state or federal government generated data, but data generated by a professional society is equally acceptable.
- ♥ If statistical evidence is not available, or not suitable to an argument, anecdotal evidence or experiences can be used.
- ♥ Rewrite these observations and the data collected into short objective statements that emphasize the negative or the positive impact relative to the public and to the clinical practice of perfusion.
- ♥ Then, rewrite these objective statements with the addition of descriptive words that make a connection to the prevailing political philosophy about the role of state or federal government.

IDENTIFYING AND LINING UP A SPONSOR

Selecting a sponsor or co-sponsor for proactive legislation, or as the person to lead the charge against legislation, is an important step in constructing a lobbying strategy and drafting a strategic lobbying plan to influence legislative decisions and the legislative process.

A sponsor is a legislator with whom a great deal of time will be spent. There will also be extensive interaction with a legislator's staff. It is important to realize that if a bill takes two to four years to be passed by the Assembly/US House and Senate (which is not at all unusual in state legislatures or the US Congress) the legislator who is asked to sponsor a bill will be virtually a member of the family by the time legislation is enacted. This could conceivably be the case in lining up a legislator to "carry your water" in opposition to legislation.

In some states the ideal sponsor of legislation will be virtually a fate accompli - a fellow health professional turned legislator, or a good friend who is either the Health Committee chairman or a senior member of the committee. If this is the case, you will likely want to involve them early on. They have the staff and legal counsel to translate your objectives into proper legislative parlance. Because most legislators want to have a hand in how a final bill is crafted, expect a strong supporter to want to be involved from the outset.

Most senior legislators are keenly aware of how much work

it takes to see a bill signed into law. Newer legislators are not likely to have this same level of awareness. In approaching legislators, weigh the value of their understanding of the perfusion profession and its clinical practice issues, their experience with other health care issues, their committee assignments (preferably they are on a committee where the bill will be referred), and their commitment to the time a successful effort might take. The following are some criteria to use in considering a legislator to approach to sponsor perfusion backed legislation.

- ♥ Does a legislator have enough experience in health care issues to understand the importance of a perfusion backed bill and the profession's position?
- ♥ Has a legislator previously been involved with other health professional groups and their issues? Has a legislator previously sponsored legal credentialing/licensing legislation for health professions?
- ♥ What level of seniority does a legislator hold on a committee where a perfusion backed bill would likely be referred? Are they the Chairman? If not, would the Chairman be a better legislative sponsor?
- ♥ Is a legislator a senior member of the committee where a perfusion backed bill would likely be referred? Do they have enough political weight among their colleagues to generate committee support?
- ♥ Is a legislator well regarded by his peers? Has he been involved in any scandals, ethics investigations, or questionable activities that would detract from their credibility?
- ♥ Is a legislator a member of the majority or minority party? Does their majority/minority status impact the ability to get a perfusion backed bill on the legislative schedule?
- ♥ Is a legislator close to the leadership of a legislative chamber? This could be of great assistance when legislation goes before the full chamber for a vote. Before this occurs, the legislation will have to be scheduled by the chamber leadership.
- ♥ Is a legislator close to the governor? This could be of great assistance if the perfusion backed legislation passes the legislature and goes to the governor for signature.
- ♥ Is a legislator up for re-election soon? If so, how difficult is their race expected to be? Will they have the time or will they be too busy campaigning?
- ♥ Does a legislator already have other legislation they

are intending to sponsor, or are currently sponsoring? Will it affect the amount of time they can devote to a perfusion backed bill?

- ♥ Does a legislator's staff understand the profession and the perfusion backed legislation? Are they willing to work with perfusionists in the legislator's absence?

Again, every state and situation is unique. Frequently it is better to work with a more senior legislator who holds a committee assignment on a pertinent Health committee, who has the staff and expertise to understand perfusionist issues, and the time to devote to them. It is particularly helpful for the legislator to have a medical background. Many state legislators have such a background and may have the fundamentals at their fingertips to understand what a perfusionist does. They can also be very helpful in translating technical information for their lay colleagues.

There is also an argument for working with a junior legislator. Being newly elected, junior members are looking to learn the legislative process and to establish their reputation. They will frequently be less experienced but they may also be willing to stick doggedly with an issue that a more senior legislator would grow tired of.

There is no formula. Like so many things in life that are driven by intangible qualities, such as human emotion and power, the selection of a sponsor has to "feel right" to the perfusionists involved in a legislative lobbying campaign. Assistance in making a selection can be provided by those individuals previously mentioned as sources to develop a strategic lobbying plan and by perfusionists who can consult with legislators and their staffs on a personal basis because they have a good personal relationships.

TARGETING LOBBYING EFFORTS

As was previously mentioned, it is not a good idea to simply charge off into the legislative arena without thinking ahead to how to effectively go about influencing legislative decisions. Likewise, it is not a good idea to simply charge off and start lobbying any legislator or staff persons that can be found. Next to the considerations of developing a political legislative game plan, selecting a legislative sponsor to "carry the water", and whether or not to hire a professional lobbyist, the consideration of who to specifically target in conducting lobbying efforts is critical to a successful lobbying campaign. This is where a good lobbyist is worth what they are being paid.

Having developed a targeted list of legislative members, from most to least important in terms of the administrative and political legislative process, and having met with those individuals or their staff members, it is important to ascer-

tain where these “key” people are on a legislative issue or a bill. These are the “bell whether” legislators. Also included in this group of “key” players are any informal or formal legislator issue groups or coalitions.

If these key legislators or legislator coalitions accept your public policy arguments as being creditable, then the arguments have passed the public policy litmus test. If they don’t believe your arguments are creditable, or lack merit, then further work needs to be done to strengthen the arguments. Most importantly, these are the legislators that, if they agree with your position, can be used to identify the political strength behind your position to other committee members, or to the rest of the general members of a legislative chamber.

As supporters are picked up, the numerical size as well as the political power of individual supporters becomes important to the lobbying message delivered to other legislators who are “potential” supporters, or legislators who may have previously taken an opposing position on an issue or legislation. When assessing the effectiveness of a legislative strategy, consistency and due diligence to targeted lobbying efforts cannot be overlooked.

DECIDING ON HOW TO ADVOCATE YOUR POSITION

- ♥ Hiring A Lobbyist
- ♥ Utilizing “Independent” Outside Expert Opinion
- ♥ The Protocols of Letter Writing
- ♥ Forming A Coalition
- ♥ Purchasing “Grassroots” and/or Media/Public Relations Capabilities

Important components of carrying out an effective lobbying strategy are personal, professional, formal and informal organizational, and public promotion of the profession’s position. On the personal level, advocacy is done through personal meetings by individual perfusionists with legislators or their staff members. On the professional level, advocacy is done through meetings by representatives of a perfusion state society, in behalf of its membership, with legislators or their staff. Advocacy can take the form of hiring professional lobbyists to represent the profession’s public policy concerns and issues, and through the formal or informal creation of a coalition. Public advocacy is done through the print and radio and television media, public demonstrations, the involvement of public interest groups in issue coalitions, and, for example, surgical patient support groups.

To effectively advocate all of these vehicles to get legislators’ attention must be considered. Not all have to be used. In terms of constructing a lobbying strategy, they must be considered and incorporated into the strategic lobbying

plan adopted for legislation. Most importantly, the forms of advocacy selected for use must be carried out with an emphasis on the public policy arguments being used to support a position on legislation. As a general proposition, the greater the use of these different forms for getting the message out to legislators the more effective a legislative lobbying campaign will be.

HIRING A LOBBYIST

Perhaps the most important consideration in constructing a lobbying strategy is whether to hire a professional lobbyist or to “go it alone”. A good lobbyist understands the issues of importance to those who have hired them; equally important, they know how to put issues into terms that are understandable to legislators and staff. For a state perfusion society seeking state legal credentialing of the profession, it is highly recommended that a lobbyist be hired. With regard to other state legislative issues affecting the profession, a lobbyist may not be necessary. This is covered in more detail in the section on “Working With Professional Lobbyists”. There are three important issues to keep in mind when considering to hire a lobbyist:

- ♥ The cost of professional lobbying services
- ♥ The previous background of a lobbyist or lobbying firm
- ♥ The amount of volunteer time and effort that can be contributed by perfusionists

The political and legislative atmosphere and strength of individual legislator support are influences which also must be taken into consideration. These types of assessment are best left to a lobbyist although perfusionists may have personal relationships with legislators which could be valuable.

UTILIZING “INDEPENDENT” OUTSIDE EXPERT OPINION AND DATA

A self-evident truth of political campaigns is that a candidate cannot personally extol their legislative successes or virtues because people view this as being self-serving. This is why politicians will get other politicians to do this for them. This same principle applies when developing the factual information to support a position on a piece of legislation. The solution to this “self-serving” position is to use, when possible, data from second party sources, or the expert opinion of professionals who do not have a direct professional stake in the issue or legislation being considered. For perfusionists, this could be cardiovascular or thoracic surgeons when a perfusion state society is pursuing state legal credentialing/licensing of the profession. In terms of developing and assessing the effectiveness of a legislative strategy, this facet is strongly encouraged.

THE PROTOCOLS OF LETTER WRITING

- ✂ The best time to write to a legislator is when an issue or bill first surfaces. This is not always possible, but when it is, it assures that a letter will find an audience. If legislators are getting calls, letters, and visits they are more likely to go along with the interests of those people who are contacting them than they are from those people who are not proactively expressing an opinion.
- ✂ Use business or personal letterhead stationary. Personal stationery should be used if your home address is in the district of the legislator, and your office is in another legislative district.
- ✂ Make sure that you thoroughly understand the issue you are writing about. If the issue has been introduced in bill form, try to provide the legislator with a the bill number and the short title of the bill as a reference point. When possible indicate which committee is dealing with the bill.
- ✂ Try to keep a letter to one page. Cover only one issue per letter. If extending an invitation or requesting a meeting, suggest a time, place and date, or several dates, for the visit. Be flexible. Indicate how much time you would like with the legislator and the purpose of the meeting.
- ✂ Your purpose for writing should be stated in the first paragraph. A second paragraph should include the arguments for your position on the legislation and some personal information. For example, the hospital at which you work, length of time lived in the district, and if you previously voted for the legislator.
- ✂ Do not use a postcard and try to avoid a “stock” form letter. A form letter can be used as an outline, but it should be modified to include some personal information in your own words. Communications written in your own words that reflect your own personality and cite your own expertise are more effective.
- ✂ Be constructive. If a piece of legislation deals with a problem that you know exists, but you believe that the bill is the wrong approach, suggest a “better” approach.
- ✂ Ask the legislator for their help, explaining what you

would like supported or opposed and requesting a reply that states their position.

- ✂ When the legislator replies to your letter, write a follow-up letter thanking them for their response. If there is agreement with your position, then thank them for taking this position. If there is opposition to your position, reiterate your views. It gives one more chance to change their mind.

- ✂ Don't forget to write when the legislator does something that deserves approval or thanks. A word of appreciation will create a more favorable light for the next communication.

- ✂ Be sure to use the proper forms of address when writing. On the envelope and on the inside address refer to the elected official as:

Salutation: “The Honorable (First and Last Name)”

United States House of Representatives
Washington, D. C. 20515
Dear Congressman (Last Name)

United States Senate
Washington, D. C. 20510
Dear Senator (Last Name)

State House of Representatives/Assembly
(address of the state capital)
Dear Representative/Assemblymen (Last Name)

State Senate
(address of state capital)
Dear Senator (Last Name)

FORMING A COALITION

The extent of the professional impact of legislation and the degree of political cohesiveness around an issue needs to be factored in to a decision to form or participate in a coalition. Whether to form a new issue coalition or to join an existing issue coalition is a factor to consider in constructing a lobbying strategy. Coalitions have their advantages and disadvantages when legislative decisions are made. In short, legislative compromises made be made which affect coalition members differently. Coalitions may also suffer from the “too many chiefs and not enough Indians” management syndrome. Coalition building is discussed in greater detail in the next section.

PURCHASING “GRASSROOTS” AND/OR MEDIA/PUBLIC RELATIONS CAPABILITIES

Generating grassroots lobbying participation and advocating your position on legislation through the media and

public relations activities are important support mechanisms. Grassroots letter writing or phone calling can be done through volunteer efforts, organized by perfusion state societies or public interest groups. Similarly, state societies can also approach the media on their own to generate public attention and help apply pressure on legislators concerning legislation which may affect the profession. These subjects are covered in other sections of this Guide. An alternative approach to having these capabilities is to purchase these through professional firms that specialize in doing these things.

When constructing a lobbying strategy, the decisions on whether this component should be used involve the following:

- ♥ Is the legislative issue or legislative bill important enough professionally to merit this level of public advocacy? The issue may involve only a small change in legislative language, which could be accomplished without building public attention. Or, the professional issue may be so significant that it does merit going public?
- ♥ What is the “grassroots” capability of the state perfusion society, or perhaps a coalition? Is it sufficient in terms of numbers, or insufficient?
- ♥ In approaching the print, radio, or television media, or in hiring a public relations firm is there some reasonable assurance that the public policy arguments will be interpreted or reported favorably, and will the correct audiences be targeted?
- ♥ What will it cost? Is the legislation or clinical practice issue important enough to merit this cost?

GETTING SECOND OPINIONS ON STRATEGY

In assessing the effectiveness of a legislative strategy, it is important to periodically give a strategic political plan a reality check. Good preparation, persistence, and common sense are essential to shifting the legislative odds in your favor. It is unreasonable to expect that the final outcome will always be what was envisioned at the beginning of the lobbying campaign. The plan may need to be amended to accomplish most of the intended legislative goal.

The sources for getting second opinions have already been identified in the section “Develop A Strategic Political And Legislative Lobbying Plan” This exercise should be done with the assistance of the “hired” lobbyist, if one is involved with the lobbying campaign.

REVISING THE STRATEGY


COMPROMISE

The prospects at a piece of legislation that would affect the practice of perfusion will be approved out of committee, and could be passed by a legislative chamber, are good. Despite good preparation, persistence, hard work, and common sense the legislative strategy to get a “clean” bill passed has not worked. Instead, a perfusion backed bill has been amended and changed. From a strategy point of view, the question is whether the perfusion profession can “live” with the compromise version of a piece of legislation, short and longer term. It is important to keep in mind that making state or federal laws, and their enactment, is not an end in itself. Legislation that has been enacted into law can always be changed to “correct” unintended consequences. Sometimes compromise on legislative language or provisions can further professional interests in that it will set the stage for other issues which need to be addressed in further legislation.

UTILIZE STRATEGIC DELAY

The prospects at a piece of legislation that would negatively affect the practice of perfusion will be approved out of committee, and could be passed by a legislative chamber, are good. Despite good preparation, persistence, hard work, and common sense the legislative strategy to change the provisions in a piece of legislation through amendment or redrafting has not worked, or perhaps more time is needed.

Every state and situation is unique. Strategic delay of a piece of legislation can take different technical forms, but the general idea is that committee consideration rules or legislative chamber parliamentary rules are used to delay, or hopefully prevent, committee or full chamber consideration of a piece of legislation. Legislators and/or their staff, or professional lobbyists familiar with the rules of procedure can provide some important insights on points of order which might be used to accomplish a delay.

Constructing a lobbying strategy and implementing the strategy involves persistence, hard work, and common sense. Not all of the aforementioned components of a legislative strategy will come into play when a legislative lobbying effort is undertaken. However, the components of a basic lobbying strategy need to be carefully reviewed to ensure that the most effective influencing activities are brought to bear in a lobbying campaign. 

COALITIONS AND PROFESSIONAL NETWORK BUILDING



WHAT ARE NETWORKS

Networks are groups that exist primarily to share information and perspectives on issues and to gain a broad insight into the concerns of other network members. The focus is educational rather than purely political. However, networks do serve the purpose of obtaining information on public policy issues that can affect public health and medical professions. Many state and national based professional and trade associations participate in networks and legislative lobbying coalitions.

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WHAT ARE COALITIONS

A coalition is a group or alliance formed by organizations to take political action by pooling their numerical and financial resources to achieve a shared public policy and legislative goal. A legislative coalition is two or more groups who band together, sometimes for the sake of only one issue, to work on behalf of an issue or piece of legislation. Coalitions may be more or less continuous, sporadic or spontaneous, formed only with difficulty and be easily dissolved. Coalitions should have as their stated public policy mission the improvement or protection of quality patient care. Legislators are viewed as potential allies of the coalition and protectors of the delivery of quality patient care.

FORMING COALITIONS ON PERFUSION RELATED LEGISLATION

The extent of the professional impact of legislation needs to be considered in a decision to form or to participate in a legislative coalition. Coalitions have their advantages and disadvantages. Legislative compromises may be made which affect coalition members differently. This can lead to organizational breakdown. Coalitions may also develop the “too many chiefs and not enough Indians” legislative management syndrome.

Most legislators are well acquainted with the major health care professional groups are less informed on the medical role of the perfusion profession. Physicians, nurses, physician assistants, respiratory therapists, and medical technologist have been active in the state and federal legislative arenas for many years. Before deciding on which groups should be contacted about participating in a perfusion legislative coalition, research needs to be done on which medical professional groups have a state organization that can work with a perfusion state society, on which groups have a legislative presence, and which groups have the most influence on health related legislation. To accomplish this, a legislator from a state health legislative committee or a member of their staff, or a lobbyist in the health care field, can be contacted to inquire on the presence and influence of the following groups. There may be other health professional groups in a state that are not listed here.

Three groups that are most likely to have a legislative presence are a state medical society, the nurses, and a state hospital association. A state medical society, in most states, is the most important of these groups. The respective “political clout” of these three groups may or may not be as substantial as might be perceived. If a medical professional group does not have a state association, or is not politically active then there is no need to include them on a list of groups that should be considered for being approached about participating in a perfusion related legislative coalition.

In the minds of legislators, thoracic or cardiovascular surgeons speak more authoritatively on the open heart surgery experience than, for example, a pediatrician. It behooves perfusionists to identify all potential allies and cultivate their support. Although perfusion is one of the smallest professions involved in the legislative arena, this does not mean success is impossible by operating independently. However, the legislative process encourages “strength in numbers.” If “numbers” are available, this represents an advantage that should be used. Legislators want assurance


	Have State Association	Legislative Presence	Political Influence
State Medical Society			
Nursing Association			
Physician Assistants			
Respiratory Therapists			
Anesthesiologists			

	Have State Association	Legislative Presence	Political Influence
Am. College of Surgeons			
Surg. Assist./Technologists			
Operating Room Nurses			
State Hospital Association			
Medical Technologists			

that they are helping the greatest number of constituents. The more they see this demonstrated through active coalition support the more inclined they will be to support the perfusionists' legislative position.

Conferring with the major health care players does not mean allowing them to set the legislative agenda or dictate the terms of a piece of legislation. Contacting groups and informing them of the perfusion profession's concern with a piece of legislation, or intention to initiate legislation, should reflect a respect for a group's position in the legislative arena. This is legitimate and important. If such professionals hear from a perfusion state society or representative of the society first, they will not be blind-sided when legislation is considered or acted on.

Contacting groups should be done regardless of where perfusionists may think they may or may not come out on

a piece of legislation or a clinical practice issue. While there is always the possibility of "tipping your hand" to those who may publicly oppose or actively work against legislation supported by perfusionists, the odds are that they will learn about it anyway. Most legislators look to the sections of bills that note "Those Supporting" and "Those Opposed." If one of the major health care players is opposed to the perfusionists' position, legislators will want the opposition resolved before proceeding. That does not mean every difference of opinion can always be worked out. Experience shows that "neutralizing" potential opposition beforehand goes a long way towards paving a smoother road to successful passage. In short, informing or enlisting the participation of other state professional groups in support or opposition to legislation affecting the perfusion profession will most likely yield a stronger advocacy effort and could minimize legislative roadblocks that could develop. 

WORKING WITH PROFESSIONAL LOBBYISTS



REASONS FOR USING A LOBBYIST

It is possible, by reading or through personal experience, to learn about the legislative process. However, a state capitol or the US Congress is stocked with

legislators, legislative staff, political campaign people, fundraisers, media specialists, pollsters, and other persons who know nothing about the perfusion profession, much less the health care system and how it works. A good lobbyist understands the issues of importance to those who have hired them. Equally important, they know how to put these practice concerns into terms that are understandable to legislators. A good lobbyist knows the history of a legislators' elections, how they came to be assigned to the committees on which they serve, who is locked in a power struggle with whom, what motivates members to take on the issues they do, and most importantly, how to achieve success within a framework that is largely driven by political legislative politics. If a legislature is controlled by a party other than the governor's or the US President's, there is often a mood to shape the public policy agenda to weaken or diminish their elective stature. The above considerations are critical elements in a successful legislative campaign and with regard to assessing a lobbyist's credentials.

Whether in a defensive posture — trying to affect the outcome of legislation to which perfusionists are opposed — or in an offensive posture — initiating legislation that will benefit the profession — the time will come when the question of whether to utilize the services of a lobbyist will arise. For states who pursue legal credentialing of the per-

fusion profession, it will most likely be necessary to hire a lobbyist. However, it is also important to take into consideration the legislative access and recognition that perfusionists themselves, or through their state association, may bring to the table when working with a lobbyist.

VALUE OF BUILDING PROFESSIONAL RECOGNITION

Previous sections covered the "how to" aspects of going about establishing a personal relationship or organizational recognition with legislators and their staffs. The value of this effort comes into play when there is a small, or less consequential, issue that needs to be addressed and that can be accomplished without the need to hire a lobbyist. In a situation where it has been decided that a state perfusion society does need a lobbyist, the value of having developed a level of professional recognition is equally, if not more, valuable to the profession and to the retained services of a lobbyist.

The value of professional recognition in the legislative arena comes into play when constructing a lobbying strategy. In the context of hiring and working with a lobbyist, the political and financial value of having an established professional legislative presence can mean that a lobbyist:

- ♥ does not have to spend a lot of time educating "key" legislative players on the perfusion profession, and professional concerns with legislation.
- ♥ can use the access that a perfusionist or a perfusion society has to a legislator who, although not directly involved in the legislative process for an issue, may have a personal relationship with a "key" legislative

decision maker, to help build support. This avenue might otherwise not be available to a lobbyist.

- ♥ can provide a “focused” scope of professional work effort. If, for example, a perfusion state society already has the support of a committee chairman in one legislative chamber to sponsor their legislative issue position, then the professional lobbyist’s scope of work can be limited to lining up support in the other legislative chamber. The same principle applies to lining up political support within the legislative process.
- ♥ will not have to expend as much work effort on the issue and, as a result, the cost for their professional services will be less than it might otherwise be if there is no established presence with legislators.

The ability of a perfusion state society to bring an established legislative presence, i.e. access to legislators in general and “key” legislators involved in the legislative process, as well as experience and knowledge to the table when hiring a professional lobbyist, and working with a lobbyist, has benefits that may help in carrying out an effective lobbying strategy. Lobbyists and the organizations for which they work must have a broad base of political support for the legislative positions they present to members of Congress and state legislators. The degree to which this can be accomplished up front will make the issue education and lobbying campaign that much easier to implement.

CONSIDERATIONS IN SELECTING A LOBBYIST

The following questions should be covered before entering into a contract with a lobbyist:

- ♥ What is their professional background and experience? Did they work in the state legislature and if so for whom? Did they come from the private sector but previously work with another firm as a lobbyist?
- ♥ What are their professional lobbying and political strengths and weaknesses?
- ♥ Have they worked in a particular field that would help them in understanding the perfusion profession? Have they lobbied for other health professions?
- ♥ What legislators and key staff people do they know, and what is the connection? Do they have good contacts with the members on committees of importance to the perfusion legislation?
- ♥ What is their party affiliation? Do they work on a

partisan basis (A good lobbyist does not, but some are very involved with certain candidates and it is important to evaluate the potential impact on access to legislators.) that in any way inhibits or helps access to legislators?

- ♥ Does the lobbyist have a good reputation with legislators or their staffs?
- ♥ Who are their other clients? Does this pose a conflict of interest?
- ♥ How does the lobbyist charge for their fees? (Some charge hourly, monthly, yearly, or on a fixed-fee basis) Equally important, how do they bill for expenses? Do they bill expenses in addition to an agreed upon fee for their professional services? (It is imperative to have an agreement in writing that clearly delineates how these types of expenses will be incurred and billed.)
- ♥ If a lobbyist builds in a “contingency” fee for a successful campaign, is it legal under state law? (Many states restrict such “bonuses”. It can be very embarrassing to have your lobbyist “under investigation”, particularly if it relates to a contract involving perfusion legislation) Has the lobbyist ever been involved in any scandals?
- ♥ Are overhead charges for the operation of a lobbyist’s office factored into the fee you will be paying, or will this be paid in addition to it? (Dividing operating costs evenly among clients can be detrimental to a small client.)

States have offices that are responsible for enforcing state lobbying and disclosure statutes. These offices receive complaints filed against lobbyists and may publish Directories of registered lobbyists which may include information on a lobbyist’s clients and related public disclosure information. These office are the best source of information on registered state lobbyists. A list of state lobbyist registration and information offices is contained in the Resource and Informational Materials section. Before hiring a lobbyist, be sure that legislators or their staff consider them trustworthy. A good lobbyist is someone the perfusionists will be spending significant time with, and it is very important to believe that they will be honest, responsive, and helpful. Most lobbyists are “people” oriented, but this does not necessarily mean they always get along with everybody. It is important that they be committed and excited about the legislative challenge to perfusion, and have the time and desire to work closely with the representatives and members of a perfusion state society who will be involved in a legislative or regulatory lobbying effort.


TYPES OF LOBBYING ARRANGEMENTS

There are three basic forms in which lobbying services can be retained. The most expensive is in the form of a law firm which also specializes in lobbying. There are public relations firms that have lobbyists which may be less expensive than law firms. The least expensive form is the small independent contractor lobbyist. An independent contractor lobbyist may have a background in working for a state legislator or a governor.

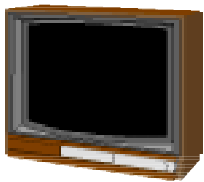
There are three basic packages of lobbying services, which can be classified as follows: 1) A written lobbying strategy; 2) A written lobbying strategy and limited professional services; and 3) The comprehensive package of lobbying services. In general, package (1) is the least expensive and the comprehensive package the most expensive. The amount of volunteer time and effort contributed by perfusionists should influence the level of contracted professional lobbying services and contract pricing.

RESEARCH ON COST OF HIRING A LOBBYIST

The best method for trying to determine the cost of a state lobbying campaign is to seek cost estimates for the three types of lobbying service packages from one or two of the forms in which lobbying services can be retained. These cost estimates should be considered in conjunction with the amount of volunteer time and effort which will be committed by perfusionists. The level of professional lobbying services contracted for and the type of retainer for professional services will influence the cost. Retainers can be hourly or on a monthly basis, and can vary depending upon the level of contracted services. There are several factors which will determine the cost of professional lobbying services:

- ♥ The type of lobbying firm or lobbyist hired;
- ♥ The level of lobbying services contracted for;
- ♥ The political and legislative atmosphere and strength of individual legislator support. 

HOW TO APPROACH AND USE THE MEDIA



Using the mass media effectively requires that the mission for utilizing this component of a legislative lobbying strategy can be clearly defined. In the legislative arena, the three objectives usually are: (1) to increase

legislator awareness of the profession; (2) to expose the public to an issue that perfusionists believe would compromise public health and safety, or cardiovascular surgical patient care; and (3) to use public opinion to influence legislative decision makers. These objectives apply regardless of whether the profession is in a defensive posture or an offensive posture on state or federal legislation or a regulatory issue.

There are various choices among the media that can be used to accomplish these objectives. In developing a legislative lobbying strategy, it is necessary to select which of these mediums can help achieve one or all of the objectives. When deciding on which of these mediums to use, the following are the general criteria that apply to their services and what audiences are reached.

RADIO

Local talk or news programs

Local news as a program within music another program format

Reaches a narrow segment of the total population in an area. Can provide frequent exposure to information. It is recommended that 8 to 10 paid spots a week be used to get the message out to the public. Production and "air time" costs are much cheaper than television.

TELEVISION

Local Affiliate Stations
Local Cable Stations

Local Affiliate Stations

Reaches a large segment of the total population in an area depending on the format and the station. High paid production costs of ads.

Local Cable Stations

Reaches a fairly narrow segment of the population in an area, similar to radio. Low cost rates for purchasing air time on local cable systems, but low public response rate as well. Production costs of ads are similar to local television stations.

NEWSPAPERS

Metro daily newspapers
Community weeklies
Monthly newspapers

Reaches large or narrow segments of the population in an area. More often reaches a better-educated, higher-income segment of the population. Lower production costs than radio or television.

THE NEWS RELEASE - THE BASIC TOOL

News releases are by far the quickest, cheapest and most widely used technique to gain media coverage. Releases can be sent to several news media outlets at once, increasing the chances of getting the attention of news programmers, newspaper editors, and reporters. An effective news release should be clear, concise, accurate, complete and to the point. The following outline should help convince an editor to report the story that is being told.

- ♥ Type the release on standard 8.5x11 paper, double spaced, with one-inch margins on each side. Use organizational letterhead stationary with official name, address, and contact numbers.
- ♥ At the top of the page, put the date of the release. If wanting it to be released immediately, put "FOR IMMEDIATE RELEASE" on the top. If wanting a delayed release until a certain date, put "FOR RELEASE: MONTH/DATE/YEAR. If a picture is to be included, add "WITH ART" under the release date.
- ♥ At the top of the page, include the name and phone number of someone who can be contacted by reporters for further official information. Make sure this "spokesperson" can be reached at the number given. Use a second spokesperson if the first person is not available all the time.
- ♥ Include a brief, four to six word headline at the top of the page which summarizes the main point of the story.
- ♥ Begin the text of the release with the most important or most interesting information - information that is most likely to catch a person's attention. The first sentence of the release should be able to stand alone as a summary of the story. Follow with details. It is necessary to keep sentences short and simple. Try to answer all of the five W's in the first two or three sentences of the release. The five W's are:

WHO: Full and correct name of the organization
WHAT: What is the issue
WHY: Why is the issue important to the public/profession
WHERE: Where is the event taking place
WHEN: If there is upcoming legislative action scheduled for the issue.

- ♥ Don't assume others know anything about the issue. If names of people are used in the release, identify them by occupation or other relevant facts. Don't assume others know about the perfusion state society, so include who and what it is, and who it represents.
- ♥ Don't exaggerate. Let the facts speak for themselves. If opinions are stated, they need to be attributed to a perfusionist who is involved in the legislative lobbying campaign, the perfusion society's lobbyist, or a legislator. It is preferable to use direct quotes.
- ♥ Be accurate. Double check the facts and double check spelling.
- ♥ Keep a release as short as possible while still telling all the essential information. If a second page is needed, type "MORE" at the bottom of the first page.

NOTE: The section on Constructing And Implementing A Lobbying Strategy covered the topic of "Develop Strong Factual and Policy Arguments". These facts and arguments can serve as the basis for constructing a press release.

PUTTING TOGETHER A PRESS KIT

Other information relevant to the press release can be included so long as it does not make the press release too long. This is a Press Kit. The purpose of the Press Kit is to save reporters time in gathering background information on the profession, the issue, the political or legislative situation affecting the legislation, or related information.

The guidelines for materials are similar to those for a news release. Provide the information on 8.5x11 paper, check to make sure the material is accurate and the spelling is correct. If photographs are included, do not expect that they will be returned. Photographs must be black-and-white glossies, measuring 5x7 or larger. Write a summary statement (a "cutline") that describes the photo. Print the "cutline" on the bottom half of a blank piece of paper, then tape the photograph onto the paper so that the cut line hangs just below the bottom edge of the photograph. A Press Kit could include the following items:

- ♥ Fact sheets/brochures about the perfusion state society and the profession in a state.
- ♥ Biographies of key persons involved in the "story".

- ♥ Photographs of perfusionists doing perfusion.
- ♥ Other published newspaper articles on the issue.
- ♥ An issue “Backgrounder”.

LETTERS TO THE EDITOR

Letters to the editor of a newspaper are by far the quickest, easiest and most widely used method for people to get their issues and ideas published. Most newspapers, including large metropolitan dailies, are quite eager to publish them, particularly because readership surveys indicate that they are very popular with readers. Getting published can be very competitive; large metropolitan dailies may receive several hundred a day. The following are the guidelines for a letter:

- ♥ Type the letter on 8.5x11 paper, preferably double spaced. Include name, address, and phone number. Few newspapers will print anonymous letters.
- ♥ Letters should be addressed to the “Letters to the Editor” section and mailed to the newspaper.
- ♥ Keep the letter to one page and to the point. Editorial page editors are more likely to use three short letters than one long one, and most newspapers will condense overly long letters.
- ♥ Make the letter newsworthy in the same way as a press release. The letter does not have to be in response to a particular story the paper has published; it can be on any topic that is of interest to readers.
- ♥ Be creative. A catchy, humorous letter can be more effective and more likely to be published, than a dry, straightforward one.
- ♥ Have the facts and stick to the main issue. Avoid personal attacks.

NOTE: The section on Constructing And Implementing A Lobbying Strategy covered the topic of “Develop Strong Factual and Policy Arguments”. These facts and arguments can serve as the basis for constructing a press release.

- ♥ If a letter is being sent in response to a article that the newspaper recently published, send it promptly. It stands a lesser chance of being used if several other letters on the topic have already been published.
- ♥ Avoid sending reproduced letters that look like they were sent to more than one newspaper. Editorial page editors are less likely to print a letter that has appeared or appears to have been sent to other newspaper.

OPINION EDITORIALS (OP-ED)

Some newspapers accept articles submitted by readers. Often, these articles appear in guest editorial or “Reader Forum” columns. These usually appear in small community newspapers. Sections of larger metropolitan dailies may accept reader-submitted articles under certain conditions. It will be necessary to call the editor of a newspaper to find out its policies and determine if they are interested in a story.

Prior to making contact, a legislative analysis and the development of strong factual and policy arguments in support of the perfusion profession’s position will have to be done. A possible story line for an OP-ED piece would be public or patient care impact and the impact on the profession from a personal or local hospital point of view.

UNFAIR OR INACCURATE COVERAGE: HOW TO LODGE A COMPLAINT


Reporters are not perfect. They make mistakes. If those mistakes result in inaccurate, biased, or incomplete reporting, the reporter and their editors want to know. Even if the problem is not serious, being aware of it might prevent its recurrence in later stories. If a published story has been mishandled in terms of facts, opinions, or the record of events related to legislation, the following are some suggestions on how to lodge a complaint:

- ♥ Determine exactly what is wrong with the story. Is it inaccurate, biased, or incomplete? Prepare evidence to back up the arguments. Other sources that would give the story a more complete or accurate presentation should be suggested.
- ♥ Call the reporter first. State what the problem is but don’t assume that the reporter is at fault. It could have been the fault of a copy editor who changed the wording of the story, or a tape editor who cut out key footage.
- ♥ If the story is seriously misleading or inaccurate, ask for a retraction, a correction, or a clarification to be printed or broadcast. News and broadcast outlets are willing to use these. Some have designated news ombudsmen or reader’s advocates whose jobs are to receive and assess complaints and make changes if appropriate.
- ♥ For newspapers, write a letter to the editor or a guest editorial.
- ♥ If these methods fail, prepare the evidence to back up the arguments and write or call a member of the television’s management. At newspapers, contact the “city desk editor” or other supervising editor. At radio stations, try the news director.

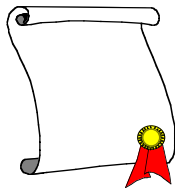
BUILDING AND KEEPING GOOD MEDIA RELATIONS

Building good relations with news media involves more than writing good news releases or appearing on radio or television talk shows. The following are some DOs and DON'Ts for how to approach and use the media to help publicize a public policy issue contained in legislation affecting the profession.

- ♥ Do take opportunities to help reporters and print or broadcast editors in ways that are not personally or organizationally self-serving. Reporters and editors, like normal people, appreciate honesty and objectivity, which might increase the chances that stories will be covered.
- ♥ Don't be pushy. If a story or idea is rejected by news outlets, there probably needs to be a better news angle presented.
- ♥ Do be honest and a credible source. Trust is a valuable asset with the news media. Lose it and suspicion and negative coverage might be the end result.

- ♥ Don't neglect other ways to publicize a public policy issue contained in legislation affecting the profession.
- ♥ Do plan ahead. Avoid the last minute rush of news deadlines.
- ♥ Don't forget to look for ways to "sell" a public policy issue contained in legislation affecting the profession as a human interest story. A "hard" news story is confined to the details of a particular issue and event related to the issue. News outlets are always look for fresh and different story line angles.
- ♥ Do follow-up. Reporters and editors do like to know what happened to the people or issues they covered. By following up, a relationship will be maintained and perhaps another news story can be generated.
- ♥ Don't get discouraged if the media doesn't use the press release or press kit, or doesn't publish the Letter to the Editor or the OP-ED piece. There may be other opportunities because what is not news today may be news tomorrow. 

PREPARING FOR A STATE LEGAL CREDENTIALING LOBBYING CAMPAIGN



In preparation for the introduction of professional licensing legislation, or the other forms of state legal credentialing, a perfusion state society should engage in several precursory activities before the introduction of legislation. For the purposes of this section of the Guide, professional licensing is used as the example for credentialing legisla-

tion. The same steps could apply to a legislative campaign seeking professional Titling or Certification of perfusionists.

One important point centers on how legislators view credentialing "battles." Most believe that professional groups seek recognition not only to protect the public, but to protect their own profession. If you are in a "turf war" with another profession, recognize before you begin that legislators view that type of situation as their worst nightmare. They realize that whomever they support will be pleased and support them well into the future; however, those they oppose will be a well-defined, hostile body of constituents, also for the foreseeable future. They view that as a risk to their re-election chances, and that makes them skittish.

Most legislators are reluctant to extend a state-sanctioned credential to new groups. There is a fairly strong feeling that all of the groups that need to have credentials already have them. While this cannot stop perfusionists from pursuing their legislative objectives, understand legislators' potential reaction, and be prepared to address it. By showing your understanding of their mind set, you are likely to convince them that it is the perfusionists who are actually the more politically savvy.

This section does not address having to complete a state "Sunrise Survey" or the process for gaining the approval of a state agency before being considered a licensable profession. Information on this is contained in the *AmSECT Guide To State Licensure Legislation For Perfusionists*. This section does not fully address the specific inner workings of the legislative process in a state, nor the specific political dynamics of state legislative committees or a state legislature. These public policy components differ from state to state and can best be addressed by a state based lobbyist, or state legislator.

This section does reference some of the general political dynamics which might affect the legislative process and decisions of legislators.

What is addressed are:



Specific activities to lay the political and legislative groundwork for introduction of licensing legislation;



Ascertaining which medical professional groups are the “key” groups to contact concerning their professional position on licensing of perfusionists; and,



Engaging the “grassroots” participation of perfusionists, surgeons, hospital clinical directors, and surgical patient support groups in a lobbying campaign.

In outlining a framework to follow it is assumed that the society has surveyed perfusionists in a state, not just the membership of the society, and that a majority response was supportive of pursuing state legal credentialing/licensing of the profession. This is the first project which must be done. The Resource and Informational Materials section of this Guide contains a Perfusion Licensing/Credentialing Survey instrument.

To facilitate construction of a state specific timetable leading up to the official introduction of legislation, it is necessary to first find out what the general calendar is for a legislature. Does the legislature hold a session every year or two years? What months of the year is it in session? Several state legislatures meet year round. During a legislative session, is the calendar open to all types of legislation or limited to state financing bills? Some states consider financial/budget/spending bills in one year and only allow other public policy bills in the “off” years. Some states allow both types of bills during a session. Legislatures also have special sessions.

Prior to a regular legislative session, almost all legislatures have a bill “pre-filing” period. It is also necessary to know the “pre-filing” deadline so that a timetable can be constructed. Legislation that has been “pre-filed” is considered for inclusion in the upcoming legislative session.

Assuming no regulatory agency approval is needed and a majority of perfusionists support licensing for the profession, and the necessary legislative calendar information has been researched, the following outlines what should be done to lay the political, organizational, and legislative groundwork for introduction of legislation. Also generally covered are the activities related to lobbying on the legislation after introduction.

LEGISLATIVE CAMPAIGN WORKING GROUPS

The following activities are done separately but concur-

rently. Each has its own designated function but also relies on other committees and their work efforts/products. These are presented in the order in which they should be carried out, but the process should be viewed as dynamic and not linear from the start to the completion time periods. The goal is to have the activities completed before a bill has been “pre-filed”. The exceptions to this are the Lobbying Package/Representation and Grassroots Network Committees. The actual lobbying campaign will take place after bill introduction. The campaign will require a “core” group of perfusionists to manage these affairs and several “working groups” to carry them out. The basic working groups/committees are listed and a brief description of the purpose of the committees follows.

- ♥ Campaign Fundraising
- ♥ Legislator Sponsorship/Viewing
- ♥ Perfusion Cases Data/Survey
- ♥ Lobbyist Recruitment
- ♥ Legislative Drafting
- ♥ Lobbying Package/Representation
- ♥ Medical Group Endorsement
- ♥ Public Relations/Media Exposure
- ♥ Support Group Endorsement
- ♥ Grassroots Network

CAMPAIGN FUNDRAISING COMMITTEE

Raising money is an ongoing activity for a state society. A society should consider a special membership category for raising money for a licensing campaign, consider increasing membership fees, seeking donations from large perfusion service contract companies or perfusion supply and equipment manufacturers, and other revenue raising options. AmSECT can help with this. A society will probably need more funds than what it has in the bank, but it may not need to raise more financial resources to fund a lobbying campaign. The role of the committee is to raise funds, in advance of engaging in a licensing campaign, sufficient to cover all lobbying campaign expenses. The Resource and Informational Materials section of this Guide contains the AmSECT Proactive Grant Application.

The majority of the cost of a campaign is the cost of hiring a lobbyist. The cost of lobbyists is different from state to state but is heavily dependent upon the amount of effort the society and perfusionists want to expend on their own, as opposed to paying a professional lobbyist to educate legislators. In this regard, the support of key legislators and appropriate committee chairman in the House and Senate will most likely lessen, but not necessarily, the costs

associated with a lobbying campaign. The greater the knowledge and exposure of legislators in advance of engaging in a licensing campaign, the more focused the work of a professional lobbyist can be, and the lessor the amount for paid contracted work. For example, only having to lobby one chamber of the legislature instead of two. Or, hiring a lobbyist who has stronger political connections to one party or one chamber because a key leader in the other party or chamber is a licensing supporter.

Even a basic grassroots membership mobilization effort costs money. For more detailed information, see the AmSECT *“Guide To State Licensure Legislation For Perfusionists”*. To get a general idea of lobbying costs, contact several lobbyists or firms to get a “ballpark” figure to use for preliminary budgeting purposes.

TIME FRAME: *Well in advance of engaging in a lobbying campaign.*

PERFUSION CASES DATA/SURVEY COMMITTEE

The purpose of this working group is to gather available state data or conduct a survey of hospitals to gather data that shows the impact the profession has on the people in a state, through the number of individuals that have relied on the services of a perfusionist. In seeking out legislators to sponsor licensing legislation, and in selling the need for perfusionists to be licensed, a society needs to show the “human” impact of the profession through numbers. The Resource and Informational Materials section of this Guide contains information on collecting perfusion cases data for a state. Perfusion cases data may be available from a state Department of Public Health or from the Society for Thoracic Surgery (STS). These data sources may or may not contain the specific “perfusion cases and procedures” necessary to show the full range of cardiovascular/cardiopulmonary, organ transplant, and ancillary cardiopulmonary cases and procedures involving perfusionists in a state. The working group could also use the model perfusion cases survey document contained in the resource materials section of this Guide to develop data to supplement available state data.

The end product of the committee will be used in the lobbying package. The end product and data could be presented in a graphic pie chart entitled “Perfusion Patient Cases”. This should show the total number of patient cases in a state for a given year and broken down into the categories of - Coronary Artery Bypass Cases, Heart Valve Replacement Cases, Other Cardiopulmonary Bypass Cases, and Organ Transplant Cases. A second chart could be entitled “Perfusionist Ancillary Cardiopulmonary Cases and Procedures” and display data for the whole state broken down into the categories of - Isolated Limb Perfusion Cases, Ventricular Assist Device Cases, Cardiopulmonary Support

Cases, Angioplasty Cases, Blood Autotransfusion Procedures, and Diagnostic and Treatment Tests Performed (see *examples*).

Related to this is the production of a separate table of data broken down by hospitals entitled “Estimated Perfusion Cases and Ancillary Procedures” on state society stationary, and a state map containing the location of Open Heart Facilities (OHF) and the total number of cases and procedures for a given year, or years. (*see examples*) The perfusion cases data must cover at least one calendar year, and be the closest to the year of introduction of licensing legislation. Data for one, two or three previous years is preferred so that estimates of current year or future years can be projected, i.e. a trend line analysis chart, if so desired.

TIME FRAME: *The collection of perfusion cases data needs to be done early in the year in which licensing legislation is planned to be pre-filed, if the pre-filing deadline is in the fall. This data needs to be available for use by the Legislator Sponsorship/Viewing Committee early in the process, and later by the Legislative Lobbying Committee.*

LEGISLATIVE DRAFTING COMMITTEE

The purpose of this committee is to review the AmSECT model licensing legislation for its potential impact on the practice of perfusion in the state, and to develop a working draft bill. The model language is contained in the AmSECT *“Guide To State Licensure Legislation For Perfusionists”*.

Research needs to be done on how other health professionals who are licensed have established their licensing Boards. Research needs to include an estimate of the annual cost to be professionally licensed. This information is needed to inform perfusionists and may dictate the choice between pursuing a free-standing perfusion licensing board, or a perfusion board or committee under the jurisdiction of an existing licensing board or state agency. Research needs to be done on what the state has done historically with the administration of state licensing boards. The Resource and Informational Materials section of this Guide contains a list of State Licensing Information Agencies.

The Drafting Committee, working in conjunction with the Medical Group Endorsement Committee, should identify an existing state regulatory board which would be willing to house a perfusionist licensing committee or board. This can also be accomplished by contacting the appropriate state regulatory agency and meeting with their representatives. Is it more likely that placing a perfusion licensing board/committee under an existing state licensing board will be more politically and administratively viable than a free standing perfusion licensing board. A free standing perfusion licensing board should be the first option pur-

sued because it will establish a position from which the society can negotiate down from. The Resource and Informational Materials section of this Guide contains a list of State Departments of Public Health which can be used as a starting point.

When a final “working draft” of a bill is completed, this should be provided to the Medical & Patient Group Endorsement Committee to send to other medical professional groups as needed. The working draft will be given to a legislator so that the technical details of having the bill format fit with state drafting requirements can be done by the state legislative drafting office. The final version of the to be introduced bill, should be reviewed by the committee prior to “pre-filing”/introduction by a legislator.

The committee should be involved with explaining legal credentialing to perfusionists so that they are informed, either in state society meetings or via correspondence. The Resource and Informational Materials section of this Guide contains the AmSECT publication, “State Legal Credentialing of Perfusionists”. This publication is available to state societies to share with perfusionists.

TIME FRAME: *This needs to be completed early in the year in which licensing legislation is planned to be pre-filed, if the deadline is in the fall, for the following year’s legislative session. The issue of a free standing perfusion licensing Board or a committee or Board under an existing state licensing board needs to be clarified among all of the key participants, but the introduced legislation should, absent other political considerations, include a free standing perfusion licensing board. Changes in legislative provisions may occur as a result of endorsement negotiations with other medical groups.*

MEDICAL GROUP ENDORSEMENTS

The purpose of this committee, which should include people who will be involved in the actual lobbying effort and the state society President, is to contact other medical groups and inform them of the perfusion licensing effort. The workig draft of the Legislative Draftign Committee should be sent to the President, or the appropriate representative, for a medical group with the request that they review it and respond with a position on endorsing

the licensing of perfusionists. The Resource and Informational Materials section of this Guide contains a list of State Professional Medical Societies which can be used as a starting point for establishing contacts.

QUALIFYING POLITICAL CLOUT - MEDICAL GROUPS

Contacting groups should be done regardless of where perfusionists may think they may or may not come out on endorsing licensing. Before identifying which groups to contact, research needs to be done on which medical professional groups have a state organization and, among those that do, which groups have a legislative presence and which may the most influence on health related legislation. To accomplish this, a legislator from a state health legislative committee or a member of their staff can be contacted, or contact a lobbyist in the health field, to inquire as to the presence (*Do they have a lobbyist ?*) and influence (*Do legislators usually go along with their positions on legislation?*) of the following groups.

Prior to “pre-filing” a bill, a society should know, and legislators will want to know, where the influential medical groups are. Which groups support, oppose, or have no position ? The three groups most likely to have a legislative presence are the state medical society, the nurses, and the hospital association. Their respective “political clout” may or may not be as substantial as might be perceived. The “key” groups are the ones that should be contacted, and other groups with a presence which might be perceived as being supportive should be contacted. If a medical professional group does not have a state association, or is not politically active, then there is no need to include them on a list of groups that should be contacted. There may be other groups than those listed.

The Medical Group Edorsemet Cjommittee should organize a effort to have members of the society approach their individual cardiovascular and/or thoracic surgeons and anesthesiologists to ask for their edorsement. The vehicle for expressing support can be by signing a petition. A copy of a petition or petitions should be sent by the President of the perfusion state society to the State Medical Society, along with the draft perfusion licensing legislation, and a letter asking for the endorsement of the State Medical Society. The names from the surgeon’s petition effort should

	Have State Association	Legislative Presence	Political Influence
State Medical Society			
Nursing Association			
Physician Assistants			
Respiratory Therapists			
Anesthesiologists			

	Have State Association	Legislative Presence	Political Influence
Am. College of Surgeons			
Surg. Assist./Techologists			
Operating Room Nurses			
State Hospital Association			
Medical Technologists			

also be included on a master list of surgeons and physicians. This printed list can be included with the legislative lobbying package, along with other medical group endorsement letters. Another vehicle for surgeons is the sending of a form letter to the State Medical Society for their endorsement and to Senators and Representatives at the appropriate time.

AmSECT will provide a letter of support for the legal credentialing/licensing of perfusionists.

TIME FRAME: *Contacting the “key” medical professional groups should be done after the Legislative Drafting work group has developed its draft of a bill. A final legislative draft version is not needed to send to these groups. Some groups may have changes to request before issuing an endorsement, which should be made before, but not always before, the final legislative draft version is completed for “pre-filing” consideration. This may slow the process down, but should not hold the process up. The petition project for surgeons should be started after the Legislative Drafting work group has developed its draft of a bill. The sooner petitions can be collected the better. This is especially the case with regard to surgeons and the perfusion state society’s endorsement request to a state medical society.*

By the time a bill has been pre-filed to be considered during the “pre-filing” period, official endorsement letters from medical professional groups should be in hand. If a medical group has a response in opposition to licensing of perfusionists, it should state specific reasons for its opposition. The society should “officially” respond to these opposing reasons in a letter back to the group. There needs to be an “official” documented record of dialogue with opposing groups, and the Endorsement committee needs to develop credible professional/public health & safety arguments to refute opponents’ positions. This information needs to be made available to the legislative sponsor.

SUPPORT GROUP ENDORSEMENT

This can be a separate working group or be combined with the Medical Group Endorsement working group. There may be local chapters of patient support groups, like “Mended Hearts”, that would be willing to endorse licensing of perfusionists. There may be other groups affiliated with individual hospitals. Particular attention needs to be paid to support groups in “key legislator” House or Senate districts, including members of the appropriate committees. The individuals in patient support groups might be used to send “canned” letters of support to legislators after a licensing bill has been introduced.

PATIENT GROUPS

Representatives for these groups should be contacted. Official letters of support should be included in the licensing

lobbying package. If a group cannot provide such a letter, then a signed petition should be pursued with a request to have individuals, at the appropriate time, send a letter to their state Senator or Representative. A source to contact to identify support groups is the hospital or the American Heart Association. Some perfusionists may have contact with such groups.

HOSPITAL ADMINISTRATION

A state hospital association will most likely oppose licensing of perfusionists. Alternatively, perfusionists at their own hospitals should consider asking individual hospital department managers to sign a petition supporting licensing of perfusionists. These individuals might include Administrative/Clinical Directors of the Operating Room, the Surgical Department, Cath Laboratory, Emergency Room, Surgical Heart Unit, the Critical Care Unit, or the Clinical Laboratory. This has the advantage of being able to show legislators that even though hospital CEOs might not be supportive of licensing for perfusionists, front line hospital managers are supportive.

TIME FRAME: *The sooner endorsement letters from patient groups or petitions can be collected the better. Patient support group endorsement letters or petitions can be pursued at the end of the year prior to the year a bill is introduced, i.e. during the “pre-filing” period. All of this information needs to be made available to the legislative sponsor, and endorsement letters should be included in the version of the lobbying package sent to legislators when a bill is introduced.*

LEGISLATOR SPONSORSHIP/VIEWING COMMITTEE

This is an important committee in that its purpose is to identify the members of the appropriate legislative committees, and any state legislators that already have a connection with perfusion to use an emissary to a member of a committee, and attempt to get committee members or other legislators into a hospital to see a case. Open-heart facilities in House and Senate committee member districts need to be identified, and a perfusionist who can speak for the profession to these members needs to be identified for each legislator, if possible.

This activity should be started after the Perfusion Cases survey data has been collected. If the cases data is not available it can be sent as a follow-up to a legislator. The goal of this activity is to get the Chairman or the Ranking Member of the appropriate committee in the House and Senate which will consider the licensing legislation as a sponsor or cosponsor of the legislation. Alternatively, getting any member of the appropriate committee to sponsor the licensing legislation, and getting the Chairman or the Ranking Member of the committee signed on as a bill co-

sponsors. Related to this is the educational outcome of the experience to any and all legislators who are not members of the “authorizing” committee.

The more legislators, whether they are on the appropriate committees or not, that can be directly exposed to what a perfusionist does when doing perfusion, the easier the legislative process and the higher the prospects for passage may, but not always, be. The more legislators that are exposed in this manner, especially if they are committee members, the easier the lobbying load that will be carried by a professional lobbyist, and subsequently, the cheaper the professional lobbying fees may be.

In cases where a member of the legislature has a personal relationship with perfusion or an individual perfusionist, but is not on the relevant committee, this relationship should be used to have the member approach members of the appropriate committee and ask them to view a case.

TIME FRAME: *This should be started during the year before the year of planned introduction. During a legislative session, except when a state has a year round session calendar, legislators will most likely not have the time to go watch a case.*

LEGISLATIVE LOBBYIST COMMITTEE

This committee is assigned the purpose of interviewing and selecting a lobbyist to use in the licensing campaign. The committee will need to research the cost associated with hiring a lobbyist, and if it is decided to contract a lobbyist, to negotiate a fee and specified services. Lobbyists and professional service packages come in different types. For more information, see the appropriate sections of the Guide.

There are several ways to go about identifying lobbyists and/or lobbying firms to consider. The easiest way is to contact a staff member of the appropriate legislative committee and ask them to recommend 3 or 4 lobbyists. If a member of the appropriate committee is supportive of licensing ask them to recommend a lobbyist. In conjunction with this, contact a perfusion related group in the state that is licensed and inquire as to who served as their lobbyist. Committee members will have to be prepared to meet with the lobbyist candidates and make a recommendation to the society.

The committee should also have the task of drawing up a legislative strategy, which should include some “free” input from lobbyists and any legislators that have been “recruited” to the licensing effort. Along with this is the development of a list of perfusionists who can act in behalf of the state society to cover hearings, to testify at hearings, and to personally lobby committee members and or committee staff as the need arises.

TIME FRAME: *This can be done in the fall of the year prior to the year of introduction. It is preferred to be able to have a legislative sponsor lined up an idea of medical group support or opposition. Having this information is very beneficial to planning a lobbying strategy, and in particular, whether to proceed on a 1 or 2 bill lobbying strategy. This information is beneficial in negotiating for a lobbyist’s professional services.*

LOBBYING PACKAGE/REPRESENTATION COMMITTEE

The AmSECT publication “**A Guide To Clinical Perfusion**” was developed to serve as the packaging vehicle for a state society’s lobbying materials. The “Guide” contains a Foreword from Denton Cooley, MD, Surgeon-In-Chief, Texas Heart Institute, which supports the licensing of perfusionists, contains 16 color pictures depicting perfusionists performing their professional services, the perfusion scope of practice which matches what is included in the model legislative language, a definition of what a clinical perfusionist is, an explanation of who the AmSECT and American Board of Cardiovascular Perfusion (ABCP) are, and explanations of the perfusion accreditation committees.

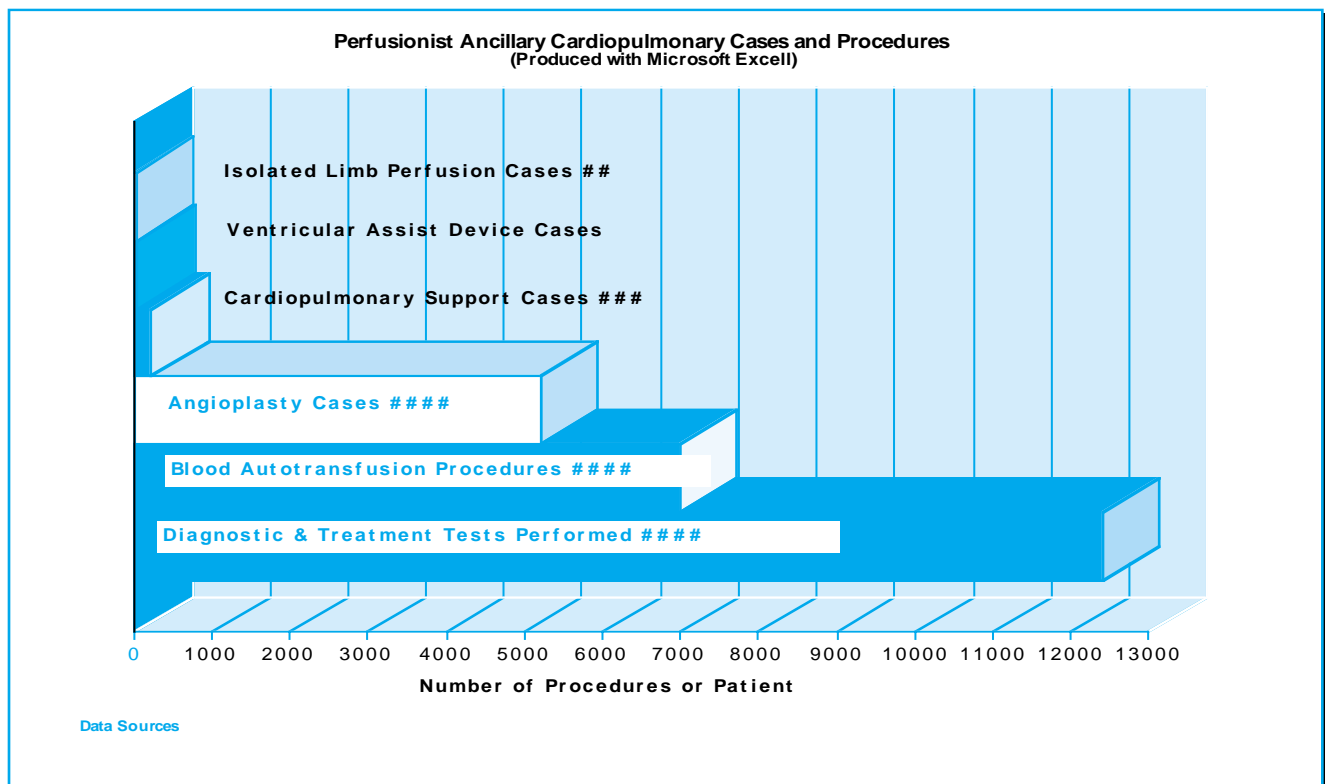
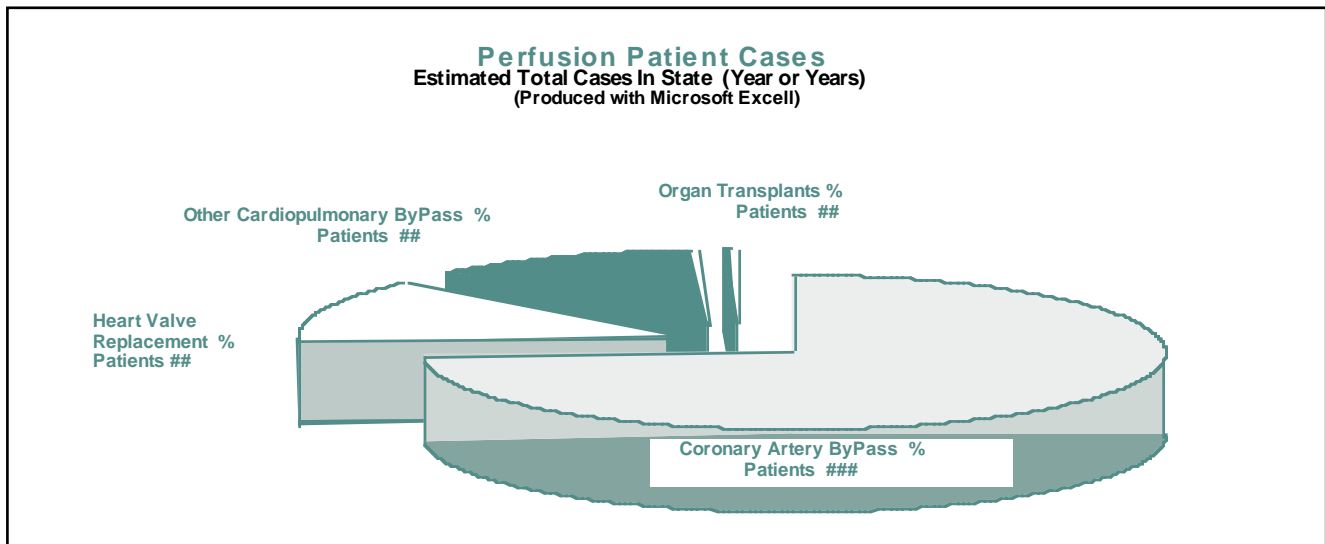
Lobbying package materials are used at different times and for different purposes. The package is principally used to educate legislators. The materials of the package will change from time to time. After the perfusion cases data has been collected and put into a “graphical” presentation format, and after the initial draft legislation has been written, this information along with the summary of why perfusionists should be licensed can be given to legislators viewing a case. As petitions are received and names processed, and when endorsement letters are obtained, these should be added to the package. Lobbying package information can also be adapted for use in public relations and print and broadcast media activities. A lobbying package should contain the following information:

- ♥ Reprints of endorsement letters from national and state professional medical groups and, if available, patient support groups. Reprints of endorsement letters from any prominent state legislator, past or present, or surgeon(s) affiliated with state universities.
- ♥ A typed list with the headings “Organizations Supporting Licensing of Perfusionists” and “Surgeons & Physicians Supporting the Licensing of Perfusionists” (the names from petitions) on state society letterhead stationary.
- ♥ A graphic chart entitled “Perfusion Patient Cases” showing the total number of patient cases in a state for a given year and broken down into the categories of - Coronary Artery Bypass Cases, Heart Valve Replacement Cases, Other Cardiopulmonary Bypass Cases,

and Organ Transplant Cases; and another graphic chart entitled "Perfusionist Ancillary Cardiopulmonary Cases and Procedures" showing the data for the whole state broken down into the categories of - Isolated Limb Perfusion Cases, Ventricular Assist Device Cases, Cardiopulmonary Support Cases, Angioplasty Cases, Blood Autotransfusion Procedures, and Diagnostic and Treatment Tests Performed.

♥ A separate table of data broken down by hospitals entitled "Estimated Perfusion Cases and Ancillary Procedures (in Year)" on state society stationary.

- ♥ A state map containing the location of OHFs and the total number of cases and procedures from above for a given year on state society letterhead stationary.
- ♥ Any newspaper or magazine articles covering or mentioning the perfusion profession - good or bad.
- ♥ Summary of the perfusion licensing legislation and summary of why perfusionists should be licensed.
- ♥ When a bill has been introduced and assigned a number, this should be included in the package. Prior to that time, whatever legislative draft version of a bill that is available should be included.



**Example of Table Showing
Estimated Perfusion Cases and Ancillary Perfusion Procedures (Year)**

Hospital	City/Town	Major Cardiovascular & Cardiopulmonary Cases	Ancillary Cardiopulmonary Cases & Procedures	Combined Perfusion Patient Cases & Procedures
Mercy Medical Center	Someplace, USA	####	####	####
St. Elizabeth	Someplace, USA	####	####	####
Columbia HCA	Someplace, USA	####	####	####
Hope YaLive Hospital	Someplace, USA	####	####	####
Christ Memorial	Someplace, USA	####	####	####

Table Notes

Major Cardiovascular & Cardiopulmonary Cases - Includes Coronary Artery Bypass, Other Cardiopulmonary Bypass, Heart Valve Replacements, and all Organ Transplants.

Ancillary Cardiopulmonary Cases & Procedures - Includes Isolated Limb Perfusion, Ventricular Assist Device Cases, Cardiopulmonary Support Cases (ECMO), Angioplasty Cases, Blood Autotransfusion Procedures, and all Diagnostic & Treatment Tests

ANECDOTAL EVIDENCE OF PATIENT/PUBLIC HARM

This may or may not be included in a lobbying package, but should be prepared for potential use with individual legislators. There is some published information from *“Case Reports: Clinical Studies in Extracorporeal Circulation”*, edited by Toomasian, Kurusz, Stafford. This information does not directly bear on what evidence there is in an individual state that the public has been harmed as a result of the incompetent practice of perfusion. In lieu of specific cases, anecdotal cases based on real experiences should be written up in a brief format. In so doing, no names or places are to be cited. The title for the document could be *“Anecdotal Perfusion Cases”*, with an explanatory statement that this information is from cases which have recently occurred in the state.

POINTS ON WHY PERFUSIONISTS SHOULD BE LEGALLY CREDENTIALLED — LICENSED.

This is the most important piece of information in the Lobbying package. The general themes for why perfusionists should be regulated are the need to ensure quality of patient care by protecting the public health and safety. There must be creditable specific reasons, backed up by factual information, to support the need for the state to license the profession. The following points should be included in a Summary. This should be a key part of the Lobbying package, and can be used in individually lobbying legislators or in any public relations materials.

WHY PERFUSIONISTS SHOULD BE LICENSED

♥ Perfusionists are highly trained professionals who ex-

ercise a high level of cognitive medical skill and judgment in performing their medical responsibilities.

- ♥ Perfusionists are the only medical professionals in the state that have the medical responsibility for administering drugs, anesthetics, and blood to people and are not licensed nor regulated by the state.
- ♥ Other than the surgeon, no other member of the operating room team can adversely affect the quality of life of a person undergoing a cardiovascular or cardiopulmonary surgical procedures more than a perfusionist.
- ♥ According to the American Heart Association, one in every **(fill in number)** people in our state will develop cardiovascular or cardiopulmonary diseases this year. Most, but not all, will eventually rely on the services of a perfusionist when receiving treatment. As the population in our state grows older, there will be even more people needing cardiovascular or cardiopulmonary surgical procedures involving perfusionists.
- ♥ In **(fill in year)**, there were **(fill in total number)** people in the **(fill in state)** that were affected by cardiovascular diseases and had major surgical procedures performed on them by an unlicensed perfusionist. These people depended on the competent services of a perfusionist for their continued life and physical and mental well being.
- ♥ Every day in **(fill in state)** there are at least **(fill in number/number of Perfusion Patient Cases/365)** people who have major surgical procedures performed on them by an unlicensed perfusionist.

- ♥ The accompanying risks posed to patients and the public at large merit the licensing of the perfusion profession in our state.

TIME FRAME: *As a general proposition, the final lobby package should be completed for use during the “pre-filing” period, and after a licensing bill has been officially introduced. For starters, the lobbying package should be sent to every member of the appropriate House and Senate committees, and as the legislative process moves forward, to each member of the House and Senate.*

PUBLIC RELATIONS/MEDIA EXPOSURE

USING THE PRINT AND BROADCAST MEDIA

The information and materials developed for the lobbying package can also be used to educate members of the print (newspaper reporters) and broadcast (TV) media on the profession and the state society’s effort to license the profession.

This activity does not necessarily need a committee and is not necessarily an assignment for the Lobbying/Representation Committee. This could be done by a contracted professional service, individually on the part of a perfusionist, or as part of a lobbyist/lobbying firm contract.

In the case of print media, the information can be provided through the issuance of a press release by the society and sent to the “health” reporters for local newspapers. There are professional news clipping services that will take information and prepare a “print-ready” news article. Many small local newspapers receive and republish news in this manner.

A press release package from a state society might be issued based on different “professional” issues/concerns or “new” information about the delivery of services to people in a state. For example, the following subject issues could be used to introduce the profession, and relate it to the licensing of the profession.

- ♥ A press release stating that there has been a modest increase in the number of persons receiving cardiovascular or cardiopulmonary surgical procedures in the state. (Data for time periods would be helpful to have)

A press release citing hospitals in the state that have the distinction of having done 5,000 or more perfusion cases (or a lower/higher number) in the past 2 or 3 years.

A press release stating the professional concern over the growth of managed care in the state and the potential for the “cross-training” of unlicensed medical

professionals to do perfusion since perfusionists are not licensed health professionals.

- ♥ In the press release, this “new” information would be linked to the role of the perfusionist and what they do. It would state that perfusionists are involved in thousands of cases each year, and that they are the only medical professionals in the state that have medical responsibility for administering drugs, anesthetics, and blood to people and are not licensed by the state.
- ♥ In the press release, a statement would be included about the society responding to these developments in the near future by seeking legislation to license the profession. If a legislative sponsor or sponsors have been lined up, a mention of their names should be made (Be sure to clear this with the sponsors before sending to the media.)
- ♥ With the press package would be the graphic charts entitled “Perfusion Patient Cases” and “Perfusionist Ancillary Cardiopulmonary Cases and Procedures”, and a table with individual hospital breakdown figures for perfusion services within a state.
- ♥ With the press package could be the Anecdotal Evidence of Patient Harm document. (Optional)
- ♥ On separate society stationery, include a generic letter of invitation to see a case pumped.

For broadcast media, specifically television, a similar package of information could be sent to the Program Manager, or an “Investigative Team”, for a local station. The idea here is to have a station tape part of case being pumped, with an interview with a perfusionist, and perhaps a surgeon, on what goes on, the number of people/patients, and the issue of why perfusionists are not licensed or regulated by the state.

In either case, the main goal is to generate public and legislator exposure to the profession, and the issue of perfusionists not being licensed in the state. Any newspaper articles generated need to be included in the lobbying package. If there is a TV story generated, it needs to be copied for possible future use at a legislative hearing.

TIME FRAME: *This component of a campaign has no strict beginning or ending points, with the exception of passage of legislation. News print or TV contacts that perfusionists may already have should be identified. The use of print and broadcast media can also come into play when or after legislation has been introduced. The media can be used as a means to expose the inside political decisions that may be holding up consideration of perfusion licensing legislation. Careful forethought needs to be given in consultation with a lobbyist and any legislative sponsors.*

GRASSROOTS NETWORK COMMITTEE

To be successful, perfusionists will have to have a “grassroots” lobbying network. This component of the campaign will include (1) having perfusionists write letters to state legislators, or email letters of support to committee members and all state legislative members at appropriate times; (2) having perfusionists get other perfusionists actively involved in writing and financially supporting the campaign; (3) meeting with local patient support/advocacy groups and providing them with “canned” letters of support to send to legislators. The Grassroots committee should also be responsible for generating surgeon/physician letters to legislators.

TIME FRAME: *The Network should be established by the fall of the year prior to the year of introduction. The Network should be used to keep perfusionists informed and to generate personal participation. The Network would, in most cases, be put into action after a bill has been introduced and referred to a committee, when a bill has been voted out of a committee for House or Senate consideration, and if approved by the legislature, when the bill has been sent to the Governor for enactment.*

SPONSORSHIP AND PRE-FILING

Each state has a different pre-filing process and deadline for filing legislation. It is necessary to know what the internal legislative process is for consideration of “pre-filed” bills, and how that process works. Some states have this period in November and December for the following legislative session and limit the number of bills to be considered as part of the legislative agenda for the upcoming session. Some states have “pre-filing” deadlines that continue over into the upcoming legislative session.

If not previously done, during the pre-filing period, a list of legislative cosponsors needs to be developed. This list needs to be reviewed by the legislator(s) who are willing to sponsor perfusion licensing legislation, before the bill’s official introduction. The goal is to have as many cosponsors in the Senate and/or House as possible when the legislation is officially introduced. It may be necessary to mount a “mini” lobbying campaign during the pre-filing period to influence the members involved in the legislative decision making process.


LICENSING BILL HAS BEEN INTRODUCED

The real legislative lobbying effort starts. The process can go on for several months or as long as two years in some states. In some states, bills that have been passed out of a committee, or have passed one chamber of the legislature, are “carried over” into the next legislative session without having to be re-introduced. In other states, if the legislation dies in committee or is voted down in one chamber it

has to be re-introduced as a new bill in the next legislative session. Once the legislative process has started, there may be instances in which medical groups may want changes to the bill, or instances where other political/legislative issues may pose a roadblock to consideration of the perfusion legislation. The Legislative Lobbying/Representation committee, in consultation with the lobbyist, will have to be as prepared as possible to deal with problems as they emerge. **The best way to minimize problems is to do as good a job as is possible in the preparation stages. All of the legislative process contingencies cannot be planned for.**

There are several projects and activities which will most likely have to be done in the lobbying process. The following outlines what these are and the roles of certain campaign committees or working groups.

- ♥ The state society should consider having a “legislative” day at the state capitol. The goal is to have a perfusionist personally meet with their own Senator or Representative. The Lobbying packages would be distributed. This activity would be undertaken by the Legislative Lobbying/Representation committee and the professional lobbyist.
- ♥ Alternatively, or in conjunction with a “legislative” day, immediately after introduction, perfusionists would send letters of support to their individual Senators and Representatives. Letters of support would also be sent to the members of the committee(s) to which the bill(s) have been referred.
- ♥ Testimony should be drafted for a committee hearings. Related to this, is the selection of a perfusionist to be the representative for the state society. This perfusionist should be an officer of the society. It may be decided to have a well known cardiovascular surgeon, a patient group representative, or other individuals testify. This cannot be done at the last minute.
- ♥ The Legislative Lobbying/Representation committee should stay in close contact with the lobbyist and the committees of jurisdiction. During the legislative process, members of the Legislative Lobbying/Representation committee may be asked to participate in meetings with Members and/or their staff persons.
- ♥ The Grassroots Network committee will be called upon to generate a letter writing/email campaign targeted on the committees to which legislation has been referred and all members of the legislature. The campaign would include perfusionists, surgeons, hospital administrative managers who signed petitions, and people belonging to patient support groups.

♥ If the legislative process works out favorably and the licensing legislation is passed by the legislature, it still must be signed into law by the governor. It may be decided that a last letter writing campaign is needed to convince the governor to sign the bill. 

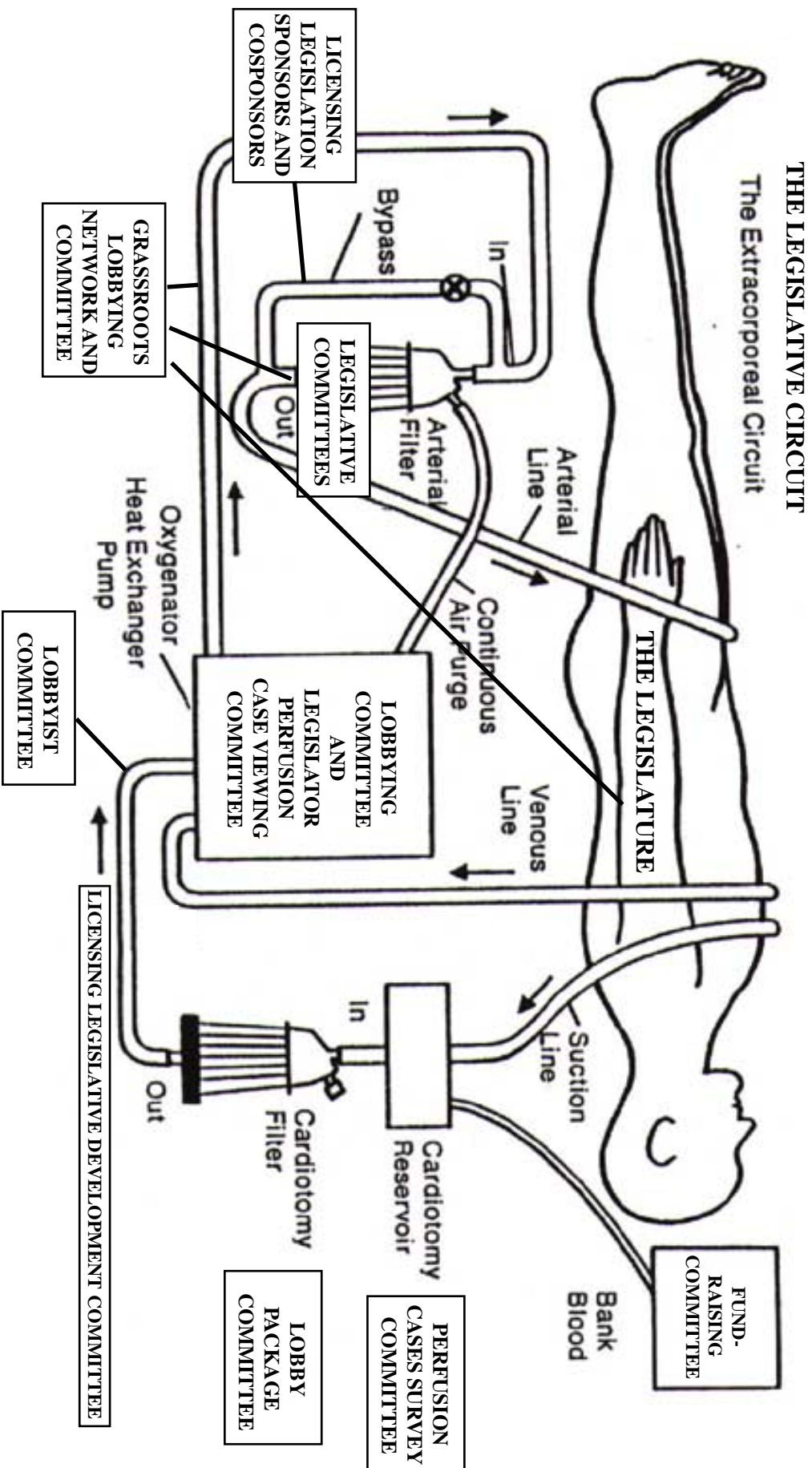


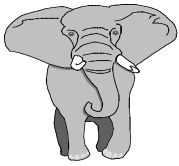
Hypothetical Licensing Campaign Committee Activities Timetable

(Prefiling Deadline Of November 1st)

January Campaign Fundraising/Ongoing Perfusion Cases Data/Survey/Start Legislative Drafting/Start	February Perfusion Cases Data/Survey Legislative Drafting/Ongoing	March Perfusion Cases Data/Survey Legislative Drafting/Ongoing
April Cases Data/Survey/Complete Legislative Drafting/Working Draft Complete Lobbying Package- Initial package for use with Legislator/Viewing	May Lobbying Package - Cases Data and Endorsements To Date Information Legislator Sponsorship/Viewing Medical Group/Patient Endorsement	June Lobbying Package - Cases Data and Endorsements To Date Information Legislator Sponsorship/Viewing Medical Group/Patient Endorsement
July Lobbying Package - Cases Data and Endorsements To Date Information Legislator Sponsorship/Viewing Medical Group/Patient Endorsement	August Lobbying Package - Cases Data and Endorsements To Date Information Legislator Sponsorship/Viewing Medical Group/Patient Endorsement	September Lobbying Package - Cases Data and Endorsements To Date Information Legislative Drafting-Revisions Lobbyist Recruitment Legislator Sponsorship/Viewing Medical Group/Patient Endorsement
October Lobbying Package - Cases Data and Endorsements To Date Information Legislative Drafting - Revisions Lobbyist Recruitment Legislator Sponsorship/Viewing Medical Group/Patient Endorsement	November Pre-Filing Period/Legislative Sponsor Grassroots Network Lobbyist Recruitment Legislator Sponsorship/Viewing Lobbying Package - Cases Data and Endorsements To Date Information	December Pre-Filing Period Legislator Sponsorship/Viewing Grassroots Network
January - Following Year Legislature In Session - Official Introduction of Bill Grassroots Network Lobbying Package/Representation		

SCHEMATIC DIAGRAM ILLUSTRATING AN EXTRACORPOREAL CIRCUIT
AND A LEGISLATIVE LOBBYING CAMPAIGN





PARTICIPATING IN POLITICAL CAMPAIGNS



DIFFERENCES BETWEEN 501 C (3) AND 501 C (6) PROFESSIONAL ASSOCIATIONS

There are many organizational purposes that characterize the differences between these two types of Internal Revenue Service (IRS) defined professional associations. The IRS includes educational and scientific organizations as 501 (c)(3) organizations; 501(c)(6) professional associations are non-profit “Business Leagues” that have one general purpose that is different from (c)(3) organizations - engaging in political activities and lobbying elected state or federal representatives. Organizations that are 501 (c)(3) can participate in a very limited way in these types of activities. IRS Publication #557 defines what activities these two types of organizations can engage in.

A 501 (c)(3) organization “will not, as a substantial part of its activities, attempt to influence legislation (unless it elects to come under the provisions allowing certain lobbying expenditures), or participate to any extent in a political campaign for or against any candidate for public office (See Political Activity and Lobbying Expenditures in this chapter).” From Publication #557, “Political Activity - If any of the activities (whether or not substantial) of your organization consist of participating in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for public office, your organization will not qualify for tax-exempt status under section 501(c)(3).” And “Lobbying Expenditures - In general, if a substantial part of the activities of your organization consists of....attempting to influence legislation, your organization’s exemption from federal income tax will be denied.....Attempting to Influence Legislation - for this purpose means: (1) Any attempt to influence any legislation through an effort to affect the opinions of the general public or any segment thereof (grass roots lobbying); and (2) Any attempt to influence any legislation through communication with any member or employee of a legislative body or with any government official or employee who may participate in the formulation of legislation (direct lobbying).”

Also from Publication #557, “.... the term attempting to influence legislation does not include the following activities: (1) making available the results of nonpartisan analysis, study, or research; (2) Examining and discussing broad social, economic, and similar problems; (3) Providing technical advice or assistance to a governmental body or to a committee or other subdivision thereof in response to a written request by such body or subdivision; (4) Appearing

before or communicating with any legislative body with respect to a possible decision of that body that might affect the existence of the organization, its powers and duties, and its tax-exempt status; and, (5) communications between an organization and its bona fide members with respect to legislation or proposed legislation of direct interest to the organization and the members, unless these communications directly encourage the members to influence legislation or directly encourage the members to urge nonmembers to influence legislation.”

A 501(c)(3) organization may make the election to be subject to the lobbying expenditure limits (instead of the substantial part of activities test) and not lose its tax-exempt status as long as expenditures do not exceed 17.5% of total organizational expenditures. This is referred to as “H-Election” expenditures. The IRS has rules governing what these expenditures can be.

501(c)(3) H Election funds can be used to:

- ♥ Engage in lobbying activities for legislation and regulations.
- ♥ Pay individuals and firms to perform legal and lobbying services
- ♥ Make grants or cash contributions to other organizations which can, without limitations, engage in political campaigns and lobbying activities.

Conversely, 501(c)(3) H Election funds cannot be used to:

- ♥ Support a political candidate running for elective office.
- ♥ Support a political party
- ♥ Encourage its members to vote for a candidate for elective office
- ♥ Conduct public opinion polls for a candidate for elective office

IRS Publication #557 defines trade and professional associations as business leagues. An organization that is exempt under section 501(c)(6) may permissibly engage in any amount of legislative or political campaign activity germane to the common interests of the organization’s members. Further, “A professional association is consid-

ered to be engaging in grassroots lobbying if it contacts prospective members or calls upon its own members to....communicate with their elected state or Congressional representatives to support the promotion, defeat, or repeal of legislation that is of direct interest to the organization.

AmSECT is a 501(c)(3) professional association that has adopted the IRS election to be subject to the lobbying expenditure limits test instead of the substantial part of activities test. This allows it to engage in limited lobbying activities at the state and national levels of government. AmSECT is the national professional organization for the profession, but it works with 501(c)(6) state perfusion organizations to assist them with their educational activities with state legislatures in behalf of public policy issues deemed by state societies to have a positive or negative impact on the profession. The AmSECT encouragement to form and work with state associations is in the form of providing financial, technical, and managerial assistance. AmSECT itself has no professional legislative agenda for any state perfusion association.

PROFESSIONAL VERSUS PERSONAL POLITICAL PHILOSOPHIES

Consideration must be given to the “political legislative process”, the need for “bipartisanship” in building a broad base of legislative support, and the need to line up support among “key” legislators when developing a legislative lobbying strategy. To deal effectively in the legislative arena, perfusionists should understand that there is a difference between their own personal political views and dealing with legislators who may have a political philosophy on social, governmental, or economic issues different from their own. Personal political views and opinions should not be confused with professional interests and the political support needed to accomplish a state society’s legislative agenda.

Fundraising and the electoral process, at the state and federal levels of government, are a fact of today’s democratic process. It should not come as a surprise when a legislator, especially one who has been approached to champion a perfusion backed piece of legislation or a perfusion backed position on a pending piece of legislation, personally or through an intermediary seeks a campaign contribution. A contribution can take the form of several different vehicles. The guiding criteria on whether or not to make a contribution is whether or not a legislator is in a position to directly influence the legislative process when perfusion related legislation is considered.

ASSESSING A POLITICAL CAMPAIGN’S STRENGTHS AND WEAKNESSES

Campaign fund-raisers are hired by campaigns to raise money to get their message out. Pollsters are hired by cam-

paigns to assess public mood on issues and the effectiveness of a campaign’s efforts to build public and electoral support. Books have been written on all of these subjects. The following are some of the major facets of a political campaign to evaluate in assessing a politician’s electability to office.

- ♥ Incumbents usually, but not always, have the advantage over first time office seekers. They have better name identification, campaign organization, and financial resources.
Evaluation - The longer a legislator has been in office the easier it is to criticize their voting record and the fact that they have been in office too long. They have lost touch with the people. A first time office seeker is a fresh face but their campaign will have to match the organizational strength and financial resources of an incumbent to have a competitive election.
- ♥ Is a candidate’s political affiliation the same as the predominant affiliation in the electoral district? In state or federal elections, has the district predominantly voted for the same party as a candidate?
Evaluation - If a legislative district has historically favored one political party, a candidate of another party, all else being equal, is at a disadvantage.
- ♥ What is the prevailing opinion about a candidate’s election chances as reported in newspapers, on talk radio programs, or following a televised debate?
Evaluation - The reporting on a candidate’s election chances can influence uncommitted voters which can swing a close election.
- ♥ Is there an active political party in the district? Does a candidate have the backing of the party?
Evaluation - Active means having the volunteers to do campaign and get out the vote activities on election day. Having the support of the local political party organization is more helpful than not having it, even when a candidate’s campaign has developed its own network of supporters.
- ♥ What, if any, publicly popular elected officials have endorsed the candidate?
Evaluation - The endorsement by a popular governor, US Senator, or Congressmen helps a candidate. The lack of an endorsement may not hurt a candidate. The endorsement by a popular governor, US Senator, or Congressmen of one party of a candidate’s opponent who is of a different party helps the endorsed candidate.
- ♥ Was a candidate’s winning percentage in the party

primary a landslide, or close? Was it larger or smaller than the previous winning percentage for the candidate?

Evaluation - A smaller winning percentage in a party primary from the previous winning percentage means that a candidate's electoral base of support is shrinking. Unless a state has "open primaries", the party faithful in a district are either not pleased with a candidate's performance or are not voting.

♥ For incumbents, what was the winning margin in the previous general election and how does this compare with published candidate support polling numbers?

Evaluation - Polling numbers do not represent actual votes. However, the closer the candidate support polling figures are to the previous general election plurality numbers the greater the likelihood that the plurality in the upcoming election will be close to the previous election.

♥ What are the principle campaign themes and issues of a candidate and is the candidate receiving the open support or opposition of labor, business, religious, or other special interest groups?

Evaluation - The open public support by such groups is better for a candidate's campaign if these groups have historically been supportive and a part of a candidate's base of support. Open public opposition is not good if the group has been a part of a candidate's electoral base of support.

♥ Is a candidate self-funded? If not, how much money has the campaign raised and how much does the campaign have in the bank to spend?

Evaluation - A self-funded candidate can spend as much money as they personally can afford to spend. How much money a campaign has raised is not as important as how much cash-on-hand the campaign has to spend.

♥ If a candidate is not self-funded, what is the larger source of campaign contributions - Political Action Committees or individual contributors?

Evaluation - A well run campaign will have raised decent amounts from both sources. A campaign that relies too much on PAC money is open to "special interest" attack ads, and it may indicate that people are not willing to contribute to a candidate. Conversely, a campaign that only accepts personal contributions may not be able to raise the funds needed to run an effective campaign.

♥ Is a candidate's campaign constantly running paid

television or radio advertisements?

Evaluation - If so, the campaign is well funded and getting its message out. If a campaign is not running paid spots, it may be saving funds until the last minute or does not have the funds. In either case, the message is not getting out to educate the public on what the candidate stands for.

DIFFERENT WAYS TO CONTRIBUTE TO A CAMPAIGN - FINANCIAL AND VOLUNTEER

The willingness of individual perfusionists or a perfusion state society to provide financial or volunteer support to a campaign are the best ways to cement a good relationship with an incumbent or challenger candidate for elective state or federal office. Making a financial investment in a candidate's campaign provides the opportunity to become a valued supporter. Volunteering the personal efforts of a group of perfusionists to help with political campaign activities is, in some respects, more valuable than a cash contribution. Doing both covers all of the bases. One of the easiest forms of involvement is to make a personal contribution to the candidate's campaign. To maximize the impact of financial involvement, an individual perfusionist or a perfusion state society may decide to host a fundraiser on behalf of a candidate.

HOSTING A FUND-RAISER

There are different types of fund-raisers. It may be decided to host an informal coffee, a cocktail reception, or a reception and dinner. The best approach, at least initially, is to conduct a home based fund-raiser. There are two good reasons why. There is the opportunity to make the fundraising event more personal and intimate, thus fostering a closer relationship. Second, a home fund-raiser has more impact in that it gives a candidate the opportunity to meet and speak with dozens of potential voters. (Some legal considerations of fundraising are covered elsewhere)

The type of fund-raiser may be dictated by a candidate's schedule and depend on whether a candidate wants a small intimate fund-raiser with high dollar level contributors, or one that attracts more voters with smaller dollar contributions. Let a legislator or candidate for elective office know you are interested in hosting a fund-raiser. On some occasions the campaign staff may approach and ask you to take on this assignment. To start the process, contact the candidate, campaign manager, fundraising chairman, or the campaign scheduler, depending upon how the campaign is organized. Try to have a realistic expectation of how much money you can expect to raise. Often ticket prices are determined by several factors, including the kind of event, the nature of the office being sought, whether the candidate is an incumbent, and the leadership position a legislator may hold.

Together, the type of fund-raiser and the date, time and place for the event need to be agreed upon. Make sure that the candidate can attend, rather than a representative. After these details have been worked out, follow up with a letter to the campaign to confirm the event.

ORGANIZING A FUNDRAISING EVENT

A steering committee needs to be organized to sell tickets. Fellow perfusionists, friends, neighbors, and local political party activists are good choices. Remember, the larger you make the steering committee, the better the odds you'll have a good turnout at the fund-raiser. Be sure that committee members understand their role - to sell tickets. In setting a date, there must be lead time of approximately nine weeks but the key is essentially being organized and knowing your audience. A planning timeline follows, which can be adapted to specific needs.

- ♥ Determine the date, time and location for the event, in conjunction with the candidate/campaign staff.
- ♥ Confirm the event and date in writing with candidate/campaign staff.
- ♥ Determine and recruit individuals to serve as honorary chairmen of the steering committee.
- ♥ Seek approvals from the honorary chairmen to include their names in the fundraising invitation.
- ♥ Draft invitation letters and seek appropriate approval. Determine a key individual who should sign the letter. Work with the campaign staff to ensure the response card meets all legal requirements.
- ♥ Get cost estimates from printers for producing the invitations.
- ♥ Compile an invitation list consisting of:
 - a. past contributors;
 - b. professional lists;
 - c. targeted lists available from campaign; and
 - d. neighbors and friends
- ♥ Determine the date and location of the first steering committee meeting.
- ♥ Send out meeting notices to steering committee members.
- ♥ Print invitations.
- ♥ Purchase postage for invitations.
- ♥ Recruit volunteers to address, stuff, stamp and seal invitations.
- ♥ Draft and approve a post event follow-up Thank You letter.
- ♥ Conduct the first steering committee meeting.
 - a. have the candidate on hand if possible to thank members for their help.
 - b. give each member five to ten invitations for personal recruitment
 - c. give a overview of campaign finance goals and what is being asked of each member
- ♥ Print follow-up Thank You letter.
- ♥ Recruit photographer and entertainment (if desired).
- ♥ Determine the date and location for second steering committee meeting.
- ♥ Conduct the second steering committee meeting.
 - a. Evaluate the status of ticket sales, and what plan of action must be undertaken to meet the fundraising goal.
 - b. Determine the menu and physical requirements. Avoid the tendency to overspend. Create a warm environment without being too exotic. The candidate is there to meet people more than they are to socialize.
 - c. Determine which VIPs will attend.
- ♥ Recruit volunteers for the evening of the reception.
- ♥ Check physical arrangements and logistics.
- ♥ Secure microphone (if needed).
- ♥ Write or type name tags.
- ♥ Have a master list of invitees.
- ♥ Organize campaign material for the candidate obtained from the campaign staff. Materials such as bumper stickers and pins may be distributed at the reception.

FUNDRAISING EVENT

- ♥ Plan to introduce the candidate to all attendees.
- ♥ Plan for the candidate to address the guests for approximately ten minutes midway through the fundraiser.
- ♥ Allow the candidate to mingle freely with the guests and help avoid anyone tending to dominate the candidate's time.
- ♥ Have someone available to take personal checks and distribute campaign literature.

POST-FUNDRAISING ACTIVITIES

- ♥ Send all checks to the candidate's treasurer as soon as possible.
- ♥ Follow-up with a note of thanks to the candidate for making the fund-raiser a success, and reiterate your support for their candidacy.
- ♥ Send thank you letters to the steering committee and volunteers.
- ♥ Follow up all pledges (people who attended and "pledged" to send a contribution later).
- ♥ Prepare a financial report.
- ♥ Write a summary of the event, with any recommendations concerning future fund-raisers held by perfusionists.
- ♥ Refine the master list for the next fund-raiser.

LEGAL CONSIDERATIONS INVOLVED WITH HOSTING A FUND-RAISER

If a fund-raiser on behalf of a candidate for federal office is held, there are Federal Election Commission rules that apply. Some states may have similar laws. Before hosting a fundraising event, contact the federal or state candidate's political campaign for details of what these rules are, or might be in the case of an individual state. All federal fundraising invitations must carry a disclaimer that contributions to the candidate are not deductible for federal income tax purposes.

BUNDLING OF PERSONAL CONTRIBUTIONS

Individuals can make personal contribution to political campaigns when solicited for contributions. Under Federal election law the absolute amount of the contribution is currently limited to \$1,000 per person per candidate per election. The primary election is one election and the general election is a second election. So, the absolute amount per individual for a federal Congressional campaign is \$2,000. There may be different contribution limits for state elective office campaigns.

Personal contributions can be made through fundraising events, or can be made directly to a candidate's campaign on an individualized basis. Alternatively, individual personal checks can be collected from individuals and delivered in "bundled" form to a campaign. This method of making a contribution to a candidate gives the contributors more recognition with campaign staff and a candidate for elective office, in that the "pooled" amount of the contribution is more visibly recognized than individual checks being received by a campaign through regular direct mail solicitation.

When doing this, a perfusion state society will have to designate one or two people to deliver the checks, which should all be made out to the candidate's campaign. The bundling of personal contributions could be used to contribute more dollars to a campaign than what a political action committee for a state society could contribute to a federal Congressional candidate for elective office. This could also be the case with state elective office campaigns, depending upon whether a state does or does not have a political action committee contribution limit.

POLITICAL ACTION COMMITTEES

State perfusion societies which are registered as 501(c)(6) organizations can have Political Action Committees (PACs). Professional associations that are 501(c)(3) organizations cannot have PACs. PACs provide citizens with an effective means of competing within the political campaign process and, in doing so, helping to influence public policies and legislation. A PAC is simply a group of individuals who have decided to pool their financial resources to help elect candidates to public office.

PACs are an important source of funds to candidates. For candidates to take their messages to the voters in today's campaigns, much money is required. Candidates utilize expensive broadcast media, direct mail efforts, polling and campaign consultants, not to mention the traditional posters, bumper stickers, billboards, and other political paraphernalia. Consequently, they look to every source for campaign support, including individuals, political parties, their own personal resources, and political action committees. PACs have gained more significance in the political process.

Currently, Federal law limits individuals to giving no more than \$2,000 to a candidate per election cycle and PACs to giving no more than \$10,000 per candidate per election cycle. 501(c)(6) professional associations are allowed to establish PACs and solicit voluntary donations from their members, as specified by law. The fifty state laws vary as to contribution limits and other restrictions. Some states allow corporate contributions to PACs with varying degrees of restrictions. Federal law and most state laws require both the contributing group and the candidate to file public disclosure reports of all receipts and expenditures. As a result, the election campaign process is open for public inspection to see how much individuals, political parties, and PACs are giving to political candidates campaigns.

There are two major types of non-party political action committees at the Federal level which are also generally found in the states.

Connected PACs - These types of PACs have sponsoring organizations such as corporations, trade and professional associations, and labor unions. Sponsoring organizations

may pay the administrative and solicitation costs of their PACs, and every dollar given to these PACs can be contributed directly to candidates. (A few state laws do not allow these costs to be paid by the organization.) Connected PACs are restricted, however, to soliciting certain groups of individuals under Federal and some state laws. Association PACs are generally limited to soliciting contributions from the association's members. Most states do not have restrictions as to whom may be solicited if the PAC contributes only to state candidates.

Nonconnected PACs - These types of PACs are independent entities that do not have sponsoring organizations. They represent all ranges of the political spectrum, from very conservative to very liberal. Non-connected PACs may solicit any US citizen; however, their administrative and solicitation costs must be paid from the dollars they raise. As a result, a percentage of a contributor's donation is used to defray operating costs.

VOLUNTEER CAMPAIGN CONTRIBUTIONS


Well financed political campaigns can buy paid media, hire political and media consultants, and hire a small paid staff people to help manage a campaign. The other lifeblood of a political campaign is unpaid volunteers. In today's political campaign environment, volunteer participation has become critical to managing an effective campaign for political office. Campaigns are always on the lookout for people to help implement the campaign strategy. Unlike financial contributions, volunteer contributions are not regulated by the Federal Election Commission or by state election laws.

A perfusionist, as an individual, could volunteer time to stuff envelopes or distribute campaign materials in their neighborhood. However, on a collective basis, as members of a perfusion state society, perfusionists could do the same activities. The difference is that a larger professional recognition is built with a legislator running for re-election, or a candidate running for office for the first time. Instead of exchanging cash contributions for recognition and maintaining a close relationship with legislators, or potential legislators, there is an exchange of time and personal effort that does not go unrecognized.

Campaigns usually have a person who is responsible for finding and recruiting volunteers, sometimes called a volunteer coordinator. This person should be contacted to indicate that a group of perfusionists from a perfusion state society is willing to volunteer a certain amount of time to help with the campaign. Prior to this, the group leader for the society needs to make a list of perfusionists who are willing to volunteer, and the amount of time each is willing to volunteer. The volunteer effort should be a group, and not an individual personal, affair. Volunteering allows

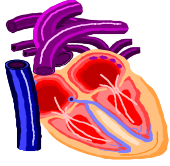
for professional and personal contact with a legislator and their legislative and campaign staff. It is not uncommon for persons who work on a legislator's legislative staff to also work on their paid campaign staff. If a legislator is an incumbent and running for re-election, this will most likely mean that they will be engaged in their legislative duties while also campaigning. This overlapping of activities also provides an opportunity to present a legislative/public policy issue that is of concern to the perfusion profession to a legislator, while the state legislature or the Congress is in session. At the state level, the length of state legislative sessions do not lend themselves to this type of a situation. But this is not the case with regard to Congressional and state gubernatorial elections.

The following lists some of the types of campaign activities that might be volunteered ?

- ♥ Hosting a fund-raiser in a home.
- ♥ Stuffing and addressing envelopes at campaign headquarters.
- ♥ Canvassing neighborhoods to identify registered/unregistered voters.
- ♥ Updating precinct or county registration records/lists.
- ♥ Participating in a telephone bank to conduct a poll for a campaign.
- ♥ Participating in a telephone bank to call registered voters to solicit their vote for a candidate.
- ♥ Participating in a telephone bank to call people to attend a campaign fundraising event.
- ♥ Distributing campaign materials/yard signs door to door in neighborhoods.
- ♥ Participating in a car pool to get voters for a candidate to their precinct to vote on election day.
- ♥ Doing advance work for public appearances by a candidate.
- ♥ Attending, as a group, a public appearance by a candidate to boost audience size
- ♥ Attending, as a group, a public appearance by an opposing candidate and asking planted questions to a candidate's opponent. 

PERFUSION LEGISLATION

ANALYZING PERFUSION LEGISLATION



In general, there are two categories of legislation at the state level of government into which perfusion legislation might be classified - state legal credentialing and health care professional/provider practice regulation. In this second category could fall the issue areas of legislation affecting licensed medical professions, the regulation of how insurance companies operate in the managed care system, the regulation of hospitals, legislation affecting new medical technology and existing medical devices or blood safety, and other issues affecting how surgical medicine is practiced. This second category also includes the issues which legislation would address at the federal level of government, including federal regulations.

PERFUSIONISTS IN UNLICENSED STATES

In states where the perfusion profession is not a licensed profession, the most important professional concern to be aware of is now a licensing bill, an initial bill or a bill to change a perfusion related profession's current legal credentialing status, could affect the perfusion scope of medical practice.

When reviewing the definitions and "Scope of Practice" provisions of a perfusion related profession's licensing bill, the key questions which need answers are as follows:

- ♥ Does the scope of practice language for the other profession allow perfusionists to perform ALL the services currently practiced by perfusionists in the state?
- ♥ Does the scope of practice language allow perfusionists to legally practice new services not yet developed, but which are perfusion related?
- ♥ Does the scope of practice language allow other health care professionals to provide services within the perfusion scope of medical practice which may overlap, but not interfere with perfusionists being allowed to perform the profession's scope of practice?
- ♥ Does the bill include an exemption provision that specifically states, or that could be broadly interpreted, to cover perfusionists in the state?

- ♥ If the language allows other health care professionals to provide services within the perfusion scope of medical practice, does the bill also require continuing education requirements? Who will keep track of the points? How many points will be required? Is there a clearing house where perfusionists will file proof of their having met the continuing education requirement? Is there a system in place that allows for appeals in the event of an error or miscommunication on fulfillment of the continuing education requirements?

If the answer to any of these questions reveals a deficiency, an effort should be made to correct it before the bill is passed and enacted into law.

Here are some actual examples from licensing bills for perfusion related health professions which have been introduced, or enacted into law in states since 1994.

Missouri - 87th General Assembly - 1995
HB #140 Respiratory Care Practice Act

- (4) "Practice of Respiratory Care" includes, but is not limited to:
 - (c) Provision of ventilatory assistance and ventilatory control, including extra-corporeal life-support or hyperbaric oxygen therapy;"

In 1995, HB #140 did not pass the Missouri legislature. In 1996, this provision was amended and included in the bill that was enacted into law.

Missouri - 88th General Assembly - 1996
HB # 955 Respiratory Care Practice Act

- "The "practice of respiratory care" includes, but is not limited to:
- (3) Extracorporeal Membrane Oxygenation (ECMO), limited to the intensive care setting, and delivered under the supervision of a Certified Clinical Perfusionist (CCP, as defined by the American Board of Cardiovascular Perfusion, an allied medical profession whose expertise is the science of extracorporeal life support) and a licensed physician;
 - (12) Point-of-care diagnostic testing;"

Michigan 1994 Regular Session
HB #4485 Laboratory Testing Practice Act

- "(j) Laboratory Test means any microbiological, serological, chemical, hematological, radiometric, cytological, biophysical, immunological, histological, genetic, or other clinical or anatomic pathologi-

cal examination or procedure that is performed on material derived from or existing in a human body that provides information for the diagnosis, prevention, monitoring, or treatment of a disease or assessment of a medical condition or predisposition.”

This bill originally contained no exemption language for perfusionists in performing point-of-care testing. Subsequent versions included perfusion exemption language.

EXAMPLE OF PERFUSION EXEMPTION LANGUAGE POC TESTING/MEDICAL TECHNOLOGIST LICENSING

Michigan 1994 Regular Session

HB #4485 Laboratory Testing Practice Act

“Section 18507 This part does not apply to any of the following:

A perfusionist engaged in the testing of human laboratory specimens for extracorporeal functions, which shall include those functions necessary for the support, treatment, measurement or supplementation of the cardiopulmonary or circulatory system of a patient, provided that the perfusionist performs no act, task or function for which he or she is not trained and that the perfusionist has met one of the following: (1) Graduated from a perfusion training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors and has successfully completed the examination of the American Board of Cardiovascular Perfusion or its successor. (2) Performed a minimum of 40 perfusion cases per year during the two years prior to the effective date of this section. (3) Graduated from a perfusion training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors, and prior to the successful completion of the American Board of Cardiovascular Perfusion examination, is supervised by a perfusionist meeting the requirements of either (1) or (2) of this section. An individual who is engaged in the practice of perfusion as a student in a perfusion training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors. During the performance of laboratory testing as described in (above) , this individual shall be under the direct supervision of a perfusionist meeting the requirements of (1) or (2).”

EXAMPLE OF PERFUSION EXEMPTION LANGUAGE RESPIRATORY CARE LICENSING

Alabama 1998 Regular Session

HB # 563 Respiratory Care Practice Act

“Section 14. Nothing in this act shall be construed as preventing or restricting the practice, services, or activities of:

(4) Any person not licensed as a respiratory care

practitioner in accordance with this act who is employed in a diagnostic laboratory or physician’s office, as a cardiopulmonary technologist, medical lab technician, or technologist, whose function is to administer treatment or perform diagnostic procedures confined to that laboratory or office under the direction of a licensed physician.”

The following is perfusion exemption language which could be used to respond to licensing legislation for perfusion related health professions which have been introduced

GENERAL PERFUSION EXEMPTION LANGUAGE

Nothing in this act shall be construed as preventing or restricting the practice, services, or activities of:

“The practice of perfusionists whose functions include the support, treatment, measurement or supplementation of the cardiopulmonary or circulatory system of a patient.”

DETAILED PERFUSION EXEMPTION LANGUAGE

Nothing in this act shall be construed as preventing or restricting the practice, services, or activities of:

“The practice of a perfusionist whose functions include the support, treatment, measurement or supplementation of the cardiopulmonary or circulatory system of a patient, and that the perfusionist has met one of the following:

(1) Graduated from a perfusion training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors and has successfully completed the examination of the American Board of Cardiovascular Perfusion or its successor.

(2) Has practiced as a perfusionist and has performed a minimum of 40 perfusion cases per year during the two years prior to the effective date of the act.

(3) Graduated from a perfusion training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors, and prior to the successful completion of the American Board of Cardiovascular Perfusion examination, is supervised by a perfusionist meeting the requirements of either (1) or (2) of this section.

(4) An individual who is engaged in the practice of perfusion as a student in a perfusion training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors. This individual shall be under the direct supervision of a perfusionist meeting the requirements of (1) or (2).

PERFUSIONISTS IN LICENSED STATES

Perfusionists residing in state that have professional licensing are in a totally different legislative arena than perfusionists residing in states that do not have professional licensing. In analyzing state legislation affecting the profession in licensed states, the major professional concern is not with an intentional or unintentional invasion of the professional scope of practice by perfusion related health professions. The major professional concern is the potential application of state law(s) to “licensed professionals”.

Within this professional classification, there are countless ways in which the clinical practice of the profession could be impacted. The good news is that if a bill has been introduced that has a “blanket” affect on “licensed professionals” then other, larger, groups of licensed health professions may also be equally concerned with the affect of the legislation. It is important to keep in mind that hospitals are also licensed by a state. Within this professional classification there are major areas of commerce and public health safety that are inter-relate and which should be legislatively monitored for their impact on perfusionists. Some, but not all, of these are as follows:

- ♥ Medical malpractice payment limits
- ♥ Medical malpractice reporting
- ♥ Changes in the administrative structure of state licensing boards/agencies
- ♥ State budgeting for state licensing boards/agencies
- ♥ Regulation of managed care insurance plans - medical credentialing & liability
- ♥ Regulation of other types of insurance companies - medical credentialing & liability

LEGISLATIVE BILL TERMS AND WHAT THEY MEAN

Draft Bill - This is the earliest form of a piece of legislation and has no “official status” as a bill. It is a work in progress.

Introduced Bill - This is the first official form of a piece of legislation and has been introduced by a sponsor. Other legislators can add their names as cosponsors.

Committee Bill - An introduced bill can be a committee sponsored bill. Once a committee has approved a piece of legislation to be considered by a legislative chamber, the legislation is referred to as “the committee” bill.

Enrolled Bill - Once a piece of legislation has passed a legislative chamber, either to be sent to another chamber for consideration or to the governor or the US President it is referred to as an enrolled bill.

Conference Bill - If a state senate or the US senate pass a version of a piece of legislation, or if a state house/assembly or the US house of representatives, pass a piece of leg-

islation that is not identical, then a conference committee of members from both chambers is assigned to work out the differences. Once this happens, a piece of legislation is referred to as the conference bill or conference committee bill, when it goes back to both chambers for final approval or disapproval.

Enacted Bill - This is the name given to a piece of legislation that has passed a state legislature or the US Congress, and been signed into law.

Bill Summary - When a bill is introduced a summary of it may be included as an official part of a state bill. In the US Congress, this is not the case. When a Congressmen or Senator introduces a bill a summary is usually, but not always, included with a prepared statement that accompanies the introduction.


Bill Title - A piece of legislation, either in a state legislature of the US Congress, usually has two bill titles. There is the official bill title and the short bill title. When referring to a bill, it is usually the short bill title that is used.

Amendment/Deletion Identifiers - In state legislation, when a bill adds a new section or new language to an existing state statute the identifier [A] or <A> precedes and follows the language which is proposed to be added. The same applies to language which is to be deleted, but the identifier used is usually [D] or <D>. In federal legislation, the new section or language to be added is preceded by a statement like “the following is to be amended by adding”, and existing language to be deleted ~~will have been stricken through to show it is being deleted.~~

Purpose Clause - In a piece of state legislation, there may be an introductory paragraph stating the general purpose of a bill. For example, “The General Assembly hereby finds, determines, and declares that...” This may also be labeled the Legislative Declaration section or clause.

Definition Section - In every piece of legislation, either state or federal, there is a Definitions section. To insure clarity of legislative intent, it is necessary to identify and define all of the important words, and to link proposed new legislation or changes in existing statute to existing statutes. In many respects, this is the most important section of a piece of legislation.

Exemption Section/Clause - In some cases it is necessary to specify what activities, classifications of people, or classifications of business or commerce are not intended to be affected by a piece of legislation. Exemptions can be very general or specific in terms of the definition of classifications.

Effective Date - This is the date for the proposed law, or change in existing law, to go into effect. 

RESOURCE AND INFORMATIONAL MATERIALS

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CHECKLIST OF BASIC LOBBYING TECHNIQUES AND STRATEGIES



Know The Legislative Process

- Relevant Legislative History
- Legislative Authorization And Appropriations Process
- Rules Of Relevant Committee(s) And Full Chamber Parliamentary Rules

Establish And Maintain Personal Political Relationships

- Build Solid Relationships Over Time
- Campaign Contributions, Fundraising Committee, Hosting Campaign Fund-raiser
- Political Party Involvement/Support-Volunteer
- Periodic Visits With Legislator And Staff
- Entertaining-Lunch/Dinner/Sporting Events
- Arranging Public Speech Appearances
- Establish High Level Of Credibility On Issues - Thorough Knowledge/Truthfulness/Be Reasonable

Communicate Effectively

- Be Able To Explain Concerns And Positions Simply And Concisely
- Pros and Cons Of Position Being Advocated
- Use of "People Skills"
- Make High Quality Educational Presentations

Analyze The Specific Issue(s) And Political Situation

- Become Well Versed In The Substance Of The Issue(s)
- Gather Information From Technical Legislative And Legislative Staff Personnel
- Determine Other Parties' Public Policy Positions And Actions
- Review Relevant Legislative History
- Carefully Analyze Professional Impact Of Pending Legislation
- Monitor Legislative Developments Closely

Develop Strong Factual Professional And Public Policy Arguments

- Cite Specific Facts And Statistics
- Employment And Economic Impact, Legal Implications
- Public Health And Safety Impact
- Regulatory Burdens
- Prior Legislative /Public Policy Intent

Have A Strategic Political Plan

- Do Not Engage In Lobbying Activities Without Having A Game Plan
- Develop An Overall Game Plan Which Includes Compromise Position(s)
- Give The Game Plan Periodic Reality Checks And Updates

Advocate Your Positions

- Forcefully Advocate Position(s) On Legislation
- Use Direct Personal Contacts/Meetings
- Testify Or Offer Written Testimony At Legislative Hearings
- Legislator And Legislative Staff Issue Briefings/Presentations
- Phone Calls And Sending Letters
- Articles In News Print And TV/Radio Spots On Impact Of Legislation

Hire Lobbyist(s)

Substantive Issue Expertise And Legislative Know How
Special Personal Contact And Relationships
Professional Credibility/Reputation With Legislators And Staff
Willingness To Participate In Issue Coalitions
Level of "Personal" Attention And Actual Lobbying

Form Issue/Legislative Coalition

Ad-Hoc Coalition
Structured, Dues Paying Coalition
Comprehensive, Coordinated Efforts
Level Of Increased Political Leverage/Clout

Purchase "Grassroots" Contacts and/or Media/Public Relations Capabilities

Hire Professional Grassroots Firm
Hire Professional Media/Public Relations Firm

Target Lobbying Efforts

Focus On Groups/Legislators Who Should Be Most Involved With Issue
Target Key Players Who Can Make A Difference



INTERNET MONITORING OF STATE LEGISLATION

STATE LEGISLATIVE HOMEPAGES



State legislative homepages contain more information than what is described. The key features listed here are the capability, without cost, to search for bills by key words or numbers, to get legislative status reporting, to retrieve full text of bills pending or passed, and to obtain information on legislators, committee membership, and legislative calendars. Some states have this availability through a paid subscription service. Some states have more than one URL listing. Homepages are constantly being revised. A source to consult for a current list Homepages is the National Conference of State Legislators at <http://www.ncsl.org/public/sitesleg.htm>.

State	InterNet Address	Keyword or Bill # Search Bill Status Information	Bill Text Download or Print	Legislator and Committee Membership Information	Committee and/or House/Senate Calendars
Alabama	http://alaweb.asc.edu/legis.html	No	No	Legislator only	No
Alaska	http://www.legis.state.ak.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-No H/S -Yes
Arizona	http://www.azleg.state.az.us	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Arkansas	http://www.arkleg.state.ar.us	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -No
California	http://www.leginfo.ca.gov/bilinfo.html http://www.assembly.ca.gov/acs/default.asp http://www.sen.ca.gov/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-No H/S -Yes
Colorado	http://www.state.co.us/gov_dir/stateleg.html	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Connecticut	http://www.state.ct.us/ldp/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -No
Delaware	http://www.state.de.us/research/assembly.htm	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Florida	http://www.leg.state.fl.us	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Georgia	http://www.state.ga.us/legis	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Hawaii	http://www.hawaii.gov/icsd/leg/leg.html	Search-Yes Status-No	Yes	Legislator & Committee	Comm-No H/S -No
Idaho	http://www.state.id.us/legislat/legislat.html http://www.idwr.state.id.us/legislat/track97.html	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Illinois	http://www.state.il.us/legis	Search-No Status-Phone	No	Legislator only	No
Indiana	http://www.ai.org/legislative	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-No H/S -No
Iowa	http://www2.legis.state.ia.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Kansas	http://www.ink.org/public/legislative/	Search-Yes Status-No	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Kentucky	http://www.lrc.state.ky.us/home.htm	Search-Yes Status-No	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Louisiana	http://www.legis.state.la.us/rep/webdoc1.htm http://www.legis.state.la.us/sen/info/session.htm http://www.legis.state.la.us	Search-Yes Status-Phone	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Maine	http://www.state.me.us/legis/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Maryland	http://mlis.state.md.us/ http://www.mdarchives.state.md.us/msa/mdmanu al/07leg/html/gacom.html	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Massachusetts	http://www.magnet.state.ma.us/legis/legis.htm	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -No

STATE LEGISLATIVE HOMEPAGES

State	InterNet Address	Keyword or Bill # Search Bill Status Information	Bill Text Download or Print	Legislator and Committee Membership Information	Committee and/or House/Senate Calendars
Michigan	http://michiganlegislature.org/ http://www.house.state.mi.us/ http://www.coast.net/~misenate/senhp.html	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Minnesota	http://www.leg.state.mn.us	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Mississippi	http://www.ls.state.ms.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-No H/S -No
Missouri	http://www.house.state.mo.us/ http://www.senate.state.mo.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Montana	http://www.mt.gov/leg/branch/legis.htm	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-No H/S -No
Nebraska	http://unicam1.lcs.state.ne.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Nevada	http://www.leg.state.nv.us	Search-Yes Status-No	No	Legislator only	Comm-Yes H/S -Yes
New Hampshire	http://www.state.nh.us/gencourt/gencourt.htm	Search-Yes Status-No	Yes	Legislator only	Comm-Yes H/S -Yes
New Jersey	http://www.njleg.state.nj.us	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
New Mexico	http://legis.state.nm.us/	Search-Yes Status-No	Print-Yes Download-No	Legislator & Committee	Comm-Yes H/S -Yes
New York	http://www.senate.state.ny.us http://assembly.state.ny.us	Search-Yes Status-Yes	Yes	Legislator only	Comm-Yes H/S -Yes
No. Carolina	http://www.ncga.state.nc.us/	Search-Yes Status-No	Yes	Legislator & Committee	Comm-No H/S -Yes
No. Dakota	http://pioneer.state.nd.us/lr/	Search-Yes Status-No	Yes	Legislator & Committee	Comm-No H/S -No
Ohio	http://www.state.oh.us/ohio/legislat.htm	No	No	Legislator & Committee	Comm-No H/S -No
Oklahoma	http://www.lsb.state.ok.us/	No Subscription Service	No Subscription Service	Legislator & Committee	Comm-Yes H/S -Yes
Oregon	http://www.leg.state.or.us	Search-Yes Status-No	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Pennsylvania	http://www.pasen.gov	No	No	Senate Legislator & Committee Only.	
Rhode Island	http://www.rilin.state.ri.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
So. Carolina	http://www.leginfo.state.sc.us	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
So. Dakota	http://www.state.sd.us/state/legis/lrc.htm	Search-Yes Status-No	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Tennessee	http://www.legislature.state.tn.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Texas	http://www.capitol.state.tx.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Utah	http://www.le.state.ut.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Vermont	http://www.leg.state.vt.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
Virginia	http://hod.state.va.us/	Search-Yes Status-Yes	No Print Order Service	Legislator & Committee	Comm-Yes H/S -Yes
Washington	http://www.leg.wa.gov/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes
West Virginia	http://www.wvlc.wvnet.edu/legisinfo/legishp.html	No	No Print Order Service	Legislator & Committee	Comm-No H/S -No
Wisconsin	http://www.legis.state.wi.us/	Search-Yes Status-Yes	Yes	Legislator & Committee	Comm-Yes H/S -Yes

STATE BILL AND BILL STATUS INFORMATION

Listed here are the addresses and telephone numbers of the bill or document rooms for each state legislature. These are the rooms where copies of bills and other documents can be obtained while a legislature is in session. Also included is the telephone number for obtaining the status of a pending bill provided that the bill number is known. These hotline numbers are active only during the legislative session. Some bill status numbers change from session to session, and are identified as such.

ALABAMA

House

House Bill Room
Room 512 State House
Montgomery, AL 36130
Phone 334-242-7637
Bill Status 334-242-7627

Senate

Senate Bill Room
Room 716 State House
Montgomery, AL 36130
Phone 334-242-7825
Bill Status 334-242-7825

ALASKA

Documents Room
Room 5, State Capitol
Juneau, AK 99801-1182
Phone 907-465-3737
Bill Status 907-465-4648

ARIZONA

Mail Room
Room 143, State Capitol
Phoenix, AZ 85007
Phone 602-542-4379
Bill Status - House 602-542-4221
Bill Status - Senate 602-542-3559

ARKANSAS

Public Bill Room
Third Floor, State Capitol
Little Rock, AR 72201
Phone 501-682-7771, Ext 51121
Bill Status - House 501-682-7771
Bill Status - Senate 501-682-2902

CALIFORNIA

Legislative Bill Room
Room B-32, State Capitol
Sacramento, CA 95814
Phone 916-445-2323
Bill Status - Assembly 916-445-3614
Bill Status - Senate 916-445-4251

COLORADO

Bill Room
Legislative Services Bldg.
201 East 14th Ave.
Denver, CO 80203
Phone 303-866-2340
Bill Status - 303-866-3055

CONNECTICUT

Bill Room
Rm 1210 Legislative Office Bldg.
Capitol Ave.
Hartford, CT 06106
Phone 860-240-0333
Bill Status - 860-566-5736

DELAWARE

Division of Research
Legislative Council
Ground Floor, Legislative Hall
Dover, DE 19903
Phone 302-739-4114
Bill Status - 302-739-4114

FLORIDA

House
House Documents Division
Room 513, State Capitol
Tallahassee, FL 32399-1300
Phone 850-488-7475
Bill Status -850-488-4371/800-342-1827

Senate

Senate Bill Room
Room 303, State Capitol
Tallahassee, FL 32399-1100
Phone 850-487-5285
Bill Status- 850-488-4371/800-342-1827

GEORGIA

House
Clerk of the House
Room 309, State Capitol
Atlanta, GA 30334
Phone 404-656-5015
Bill Status -404-656-5015/800-282-5800

Senate

Secretary of the Senate
Room 352, State Capitol
Atlanta, GA 30334
Phone 404-656-5040
Bill Status -404-656-5040/800-282-5803

HAWAII

House
House Print Shop
Room 012B, State Capitol
Honolulu, HI 96813
Phone 808-586-6591
Bill Status - 808-587-0700

Senate

Senate Print Shop
Room 012A, State Capitol
Honolulu, HI 96813
Phone 808-586-6755
Bill Status - 808-587-0700

IDAHO

Legislative Mail Room
Lower Level, State Capitol
Boise, ID 83720
Phone 208-334-3012
Bill Status - 208-334-3175

ILLINOIS

House

House Bill Room
Room 402, State House
Springfield, IL 62706
Phone 217-782-5799
Bill Status - 217-782-3944

Senate

Senate Bill Room
Room 409, State House
Springfield, IL 62706
Phone 217-782-9778
Bill Status - 217-782-3944

INDIANA

Office of Legislative Information
Room 230 State House
Indianapolis, IN 46204-2789
Phone 317-232-9856
Bill Status - 317-232-9856

IOWA

Legislative Information Office
Room 16, State Capitol
Des Moines, IA 50319
Phone 515-281-5129
Bill Status - 515-281-5129

KANSAS

Document Room
Room 145-N, State House
Topeka, KS 66612
Phone 785-296-4096
Bill Status -785-296-3296/800-432-3924

KENTUCKY

Public Bill Room
 Legislative Research Commission
 Room 80-B, State Capitol
 Frankfort, KY 40601
 Phone 502-564-8100 Ext 323
 Bill Status - 502-564-8100 (changes)

LOUISIANA

Legislative Bill Room
 Basement, State Capitol
 Baton Rouge, LA 70804
 Phone 504-342-2192
 Bill Status - 504-342-2456
 800-256-3793

MAINE

Documents Room
 Room 315, State House
 Augusta, ME 04333
 Phone 207-287-1408
 Bill Status - 207-287-1692

MARYLAND

Legislative Bill Room
 Room G-00, Legislative Services Bldg.
 90 State Circle
 Annapolis, MD 21401
 Phone 410-841-3840
 410-841-3810
 Bill Status - 410-841-3810

MASSACHUSETTS

Legislative Document Room
 Room 428, State House
 Boston, MA 02133
 Phone 617-722-2860
 Bill Status - House 617-722-2356
 Bill Status - Senate 617-722-1276

MICHIGAN

Legislative Document Room
 North Capitol Annex
 Lansing, MI 48909-7536
 Phone 517-373-0169
 Bill Status - 517-373-0169

MINNESOTA**House**

Chief Clerk of the House
 Room 211, State Capitol
 St. Paul, MN 55155
 Phone 612-296-2314
 Bill Status - 612-296-6646

Senate

Secretary of the Senate
 Room 231, State Capitol
 St. Paul, MN 55155
 Phone 612-296-2343
 Bill Status - 612-296-0504

MISSISSIPPI

Central Bill Distribution Center
 First Floor, New Capitol
 Jackson, MS 39201
 Phone 601-359-3719
 Bill Status - 601-359-3719

MISSOURI**House**

House Bill Room
 Room B31-A, State Capitol
 Jefferson City, MO 65101
 Phone 573-751-3968
 Bill Status - 573-751-4633

Senate

Senate Bill Room
 Room 334A, State Capitol
 Jefferson City, MO 65101
 Phone 573-751-2966
 Bill Status - 573-751-4633

MONTANA

Bill Distribution Room
 Room 60, State Capitol
 Helena, MT 59620
 Phone 406-444-0627
 Bill Status - 406-444-4800

NEBRASKA

Bill Room
 Room 1102, State Capitol
 Lincoln, NE 68509-4604
 Phone 402-471-2609
 Bill Status -402-471-2709/800-742-7456

NEVADA

Bill Room
 Room 1201, Legislative Bldg.
 401 S. Carson St.
 Carson City, NV 89701
 Phone 702-687-3560
 Bill Status - 702-687-5545
 800-367-5057 Ext 5545

NEW HAMPSHIRE

Reference and Information Services
 State Library
 20 Park St.
 Concord, NH 03301
 Phone 603-271-2239
 Bill Status - 603-271-2239

NEW JERSEY

Legislative Information
 & Bill Room
 Room B01, State House Annex
 Trenton, NJ 08625
 Phone 609-292-6395
 Bill Status- 609-292-4840/800-792-8630

NEW MEXICO

Joint Bill Room
 Room 123, State Capitol
 Santa Fe, NM 87501
 Phone 505-986-4350
 Bill Status - 505-986-4600

NEW YORK**Assembly**

Assembly Document Room
 Room 305, State Capitol
 Albany, NY 12224
 Phone 518-455-5165
 Bill Status -518-455-7545/800-342-9860

Senate

Senate Document Room
 Room 317, State Capitol
 Albany, NY 12247
 Phone 518-455-2311
 Bill Status -518-455-7545/800-342-9860

NORTH CAROLINA

Printed Bills Room
 Room 1430
 State Legislative Bldg.
 Raleigh, NC 27603-5925
 Phone 919-733-5648
 Bill Status - 919-733-7779

NORTH DAKOTA

Joint Bill and Journal Room
 Ground Floor, State Capitol
 Bismarck, ND 58505
 Phone 701-328-3248
 Bill Status - 701-328-2916 (changes)

OHIO

Bill Room
 Legislative Services Commission
 Ground Floor, State House Annex
 Columbus, OH 43215
 Phone 614-466-9745
 Bill Status- 614-466-8842/800-282-0253

OKLAHOMA

Bill Distribution
 Room 310, State Capitol
 Oklahoma City, OK 73105
 Phone 405-521-5515
 Bill Status - 405-521-5642

OREGON

Legislative Publications and
 Distribution Service
 Room 49, State Capitol
 Salem, OR 97310
 Phone 503-986-1180
 Bill Status- 503-986-1180/800-332-2313

PENNSYLVANIA

House

House Document Room
Room B-35, Main Capitol Bldg.
Harrisburg, PA 17120
Phone 717-787-5320
Bill Status - 717-787-2342

Senate

Senate Document Room
Room B-34, Main Capitol Bldg.
Harrisburg, PA 17120
Phone 717-787-6732
Bill Status - 717-787-2342

RHODE ISLAND

Public Information Center
Secretary of State
Room 38, State House
Providence, RI 02903
Phone 401-277-3983
Bill Status - 401-751-8833

SOUTH CAROLINA

Legislative Information Systems
Second Floor, Carolina Plaza
937 Assembly Street
Columbia, SC 29208
Phone 803-734-2060
Bill Status -803-734-2060/800-922-1539

SOUTH DAKOTA

Legislative Document Room
Room B21, State Capitol
Pierre, SD 57501
Phone 605-773-38335
Bill Status - 605-773-4498

TENNESSEE

Bill Room
Upper Level, Legislative Plaza
Nashville, TN 37243-0058
Phone 615-741-0927
Bill Status - 615-741-3511

TEXAS

House

House Document Distribution
Legislative Council
Suite G-09, Reagan State Office Bldg.
Austin, TX 78711
Phone 512-463-1144
Bill Status - 512-463-1251 (changes)

Senate

Senate Documents
Room 190, 201 E. 14th St.
Austin, TX 78711
Phone 512-463-0252
Bill Status - 512-463-1251 (changes)

UTAH

Legislative Bill Room
Room 419, State Capitol
Salt Lake City, UT 84114
Phone 801-538-1588
Bill Status - 801-538-1588

VERMONT

Legislative Council
First Floor Annex, State House
Montpelier, VT 05633-5301
Phone 802-828-2231
Bill Status - 802-828-2231

VIRGINIA

Bill Room
Division of Legislative
Automated Systems
Basement, General Assembly Bldg.
Richmond, VA 23218
Phone 804-698-1500
Bill Status - 804-698-1500

WASHINGTON

Legislative Bill Room
Room 120, Legislative Bldg.
Olympia, WA 98504
Phone 360-786-7573
Bill Status- 360-786-7573/800-562-6000

WEST VIRGINIA

House

House Journal Room
Room 252, State Capitol
Charleston, WVA 25305
Phone 304-340-3244
Bill Status -304-347-4836/800-642-8650

Senate

Senate Journal Room
Room 217, State Capitol
Charleston, WVA 25305
Phone 304-357-7947
Bill Status- 304-347-4836/800-642-8650

WISCONSIN

Legislative Document Room
Lower Level, One E. Main St.
Madison, WI 53702
Phone 608-266-2400
Bill Status- 608-266-9960/800-362-9472

WYOMING

Bill Room
Basement, State Capitol
Cheyenne, WY 82002
Phone 307-777-7648
Bill Status- 307-777-6185/800-342-9570

INTERNET MONITORING OF FEDERAL LEGISLATION AND REGULATIONS

US CONGRESS

Library of Congress - THOMAS: Legislative Information on the Internet
<http://thomas.loc.gov/>

U.S. House of Representatives Member Directory
http://www.house.gov/mbr_move/mbr_dir_move.html

Committee on Energy And Commerce
U.S. House of Representatives - <http://www.house.gov/commerce/>

Committee on Ways And Means/Health Subcommittee
U.S. House of Representatives - http://www.house.gov/ways_means/

U.S. Senate Member Directory
<http://www.senate.gov/>

Labor And Human Resources Committee
U.S. Senate - <http://www.senate.gov/~labor/index.htm>

Finance Committee
U.S. Senate - <http://www.senate.gov/~finance/>

FEDERAL REGULATORY AGENCIES

Health Care Financing Administration
<http://www.hcfa.gov>

Department of Health and Human Services - Office of the Inspector General
<http://www.dhhs.gov/progorg/oig/>

Food And Drug Administration
<http://www.fda.gov/default.htm>

Government Printing Office - Federal Register Online
http://www.access.gpo.gov/su_docs/aces/aaces002.html

PRIVATE SECTOR INFORMATION SITES

Joint Commission on Accreditation of Healthcare Organizations
<http://www.jcaho.org/>

Society for Thoracic Surgery
<http://www.sts.org/>

STATE LOBBYIST REGISTRATION AND INFORMATION

The following lists the state office that is the best information source on registered state lobbyists. Not all of these offices are the official offices for registering of lobbyists. The offices are responsible for enforcing state lobbying and disclosure statutes, receive complaints filed against lobbyists, and some also publish free, or for purchase, Directories of registered lobbyists, including information on a lobbyist's clients and related information.

ALABAMA

State Ethics Commission
Suite 104 100 No. Union
Montgomery, AL 36103-4840
Phone 334-242-2997

ALASKA

Alaska Public Offices Commission
Room 201 340 Main Street
P.O. Box 110222
Juneau, AK 99801
Phone 907-465-4864

ARIZONA

Elections Division
Secretary of State
7th Floor
West Wing, State Capitol
1700 W. Washington
Phoenix, AZ 85007
Phone 602-542-8683

ARKANSAS

Elections Division
Secretary of State
Room 026, State Capitol
Little Rock, AR 72201-1094
Phone 501-682-5070

CALIFORNIA

Fair Political Practices Commission
428 J Street, Suite 450
Sacramento, CA 95814
Phone 916-322-5660

COLORADO

Licensing Division
Secretary of State
1560 Broadway, Suite 200
Denver, CO 80202
Phone 303-894-2680, Ext 321

CONNECTICUT

State Ethics Commission
20 Trinity Street
Hartford, CT 06106
Phone 860-566-4472

DELAWARE

State Public Integrity Commission
Ground Floor, Tatnall Bldg.
P. O. Box 1401
Dover, DE 19903
Phone 302-739-2399

FLORIDA

Lobby Registration Office
Joint Legis. Management Committee
Room G-68 11 W. Madison
Tallahassee, FL 32399-1425
Phone 850-922-4990

GEORGIA

State Ethics Commission
2082 E. Exchange Place, #235
Tucker, GA 30084
Phone 770-414-3450

HAWAII

State Ethics Commission
Pacific Tower Bldg. Suite 970
1001 Bishop Street
Honolulu, HI 96813
Phone 808-587-0460

IDAHO

Elections Division
Secretary of State
Room 203, State Capitol
Boise, ID 83720
Phone 208-334-2852

ILLINOIS

Index Department
Office of Secretary of State
111 E. Monroe
Springfield, IL 62756
Phone 217-782-7017

INDIANA

Indiana Lobby Registration Commission
115 W. Washington, #1375-S
Indianapolis, IN 46204-3420
Phone 317-232-9860

IOWA

Clerk House of Representatives
Second Floor, State Capitol
Des Moines, IA 50319
Phone 515-281-5381 or
Secretary of the Senate
Phone 515-284-5307

KANSAS

Kansas Commission on Governmental
Standards and Conduct
109 W. Ninth, Room 504
Topeka, KS 66612
Phone 785-296-4219

KENTUCKY

Legislative Ethics Commission
22 Mill Creek Park
Frankfort, KY 40601
Phone 502-573-2863

LOUISIANA

Ethics Administration
Louisiana Board of Ethics
8401 United Plaza Blvd., #200
Baton Rouge, LA 70809
Phone 504-922-1400

MAINE

Commission on Governmental
Ethics and Election Practices
Room 114, State Office Bldg.
135 State House Station
Augusta, ME 04333
Phone 207-287-4179

MARYLAND

State Ethics Commission
300 E. Joppa Road, Suite 301
Towson, MD 21286
Phone 410-321-3636

MASSACHUSETTS

Division of Public Records
Office of the Secretary of State
Room 1719, One Ashburton Place
Boston, MA 02108
Phone 617-727-2832

MICHIGAN

Disclosure and Public Records Section
Elections Division
Department of State
Fourth Floor, Mutual Bldg.
208 N. Capitol Ave.
P.O. Box 20126
Lansing, MI 48901-0726
Phone 517-373-8558

MINNESOTA

Campaign Finance &
Public Disclosures Board
First Floor South, Centennial Bldg.
658 Cedar Street
St. Paul, MN 55155
Phone 612-296-5148

MISSISSIPPI

Elections Division
 Office of Secretary of State
 First Floor, Heber Ladner Bldg.
 401 Mississippi St.
 P.O. Box 136
 Jackson, MS 39205
 Phone 601-359-6357

MISSOURI

Missouri Ethics Commission
 221 Metro Drive
 P. O. Box 1254
 Jefferson City, MO 65102
 Phone 573-751-2020

MONTANA

Commissioner of Political Practices
 1205 8th Ave. P. O. Box 202401
 Helena, MT 59620-2401
 Phone 406-444-2942

NEBRASKA

Accountability Disclosure Commission
 Eleventh Floor, P.O. Box 95086
 State Capitol
 Lincoln, NE 68509
 Phone 402-471-2522

NEVADA

Administrative Division
 Legislative Counsel Bureau
 Room 1199, Legislative Bldg.
 401 S. Carson St.
 Carson City, NV 89701-4747
 Phone 702-687-6800

NEW HAMPSHIRE

Secretary of State
 Room 204, State House
 Concord, NH 03301
 Phone 603-271-3242

NEW JERSEY

Election Law Enforcement Commission
 13th Floor, 28 W. State Street
 P. O. Box 185
 Trenton, NJ 08625-0185
 Phone 609-292-8700

NEW MEXICO

Ethics Administration
 Secretary of State
 Fourth Floor, State Capitol
 Santa Fe, NM 87501
 Phone 505-827-3600

NEW YORK

New York Temporary State
 Commission on Lobbying
 Suite 1701 Two Empire State Plaza
 Albany, NY 12223
 Phone 518-474-7126

NORTH CAROLINA

Secretary of State
 Suite 302 Legislative Office Bldg.
 300 N. Salisbury
 Raleigh, NC 27603-5909
 Phone 919-733-4161

NORTH DAKOTA

Secretary of State
 First Floor, State Capitol
 600 E. Boulevard
 Bismarck, ND 58505-0500
 Phone 701-328-2900

OHIO

Joint Legislative Ethics Committee
 Suite 1308 50 W. Broad St.
 Columbus, OH 43215-3365
 Phone 614-728-5100

OKLAHOMA

Ethics Commission
 Room B-5, State Capitol
 Oklahoma City, OK 73105
 Phone 405-521-3451

OREGON

Governmental Standards and
 Practices Commission
 Suite 220
 100 High Street, S.E.
 Salem, OR 97310
 Phone 503-378-5105

PENNSYLVANIA

Secretary of the Senate
 Room 462, Main Capitol Bldg.
 Harrisburg, PA 17120
 Phone 717-787-5920

RHODE ISLAND

Administrative Records
 Secretary of State
 Room 43, State House
 Providence, RI 02903
 Phone 401-277-2390

SOUTH CAROLINA

State Ethics Commission
 Suite 250 5000 Thurman Mall
 P. O. Box 11926
 Columbia, SC 29211
 Phone 803-253-4192

SOUTH DAKOTA

Secretary of State
 Room 204, State Capitol
 Pierre, SD 57501
 Phone 605-773-3537

TENNESSEE

Registry of Election Finance
 Suite 1614

404 James Robertson Parkway
 Nashville, TN 37243-1360
 Phone 615-741-7959

TEXAS

Texas Ethics Commission
 Tenth Floor, Sam Houston Bldg.
 201 East 14th St.
 P. O. Box 12070
 Austin, TX 78711-2070
 Phone 512-463-5800

UTAH

Election Division
 Office of Lieutenant Governor
 Room 210, State Capitol
 Salt Lake City, UT 84114
 Phone 801-538-1041

VERMONT

Elections Division
 Secretary of State
 Redstone Office Bldg.
 109 State Street
 Montpelier, VT 05609-1101
 Phone 802-828-2363

VIRGINIA

Secretary of the Commonwealth
 Old Finance Bldg. Capitol Square
 Richmond, VA 23219
 Phone 804-786-2441

WASHINGTON

Public Disclosure Commission
 Room 403
 711 Capitol Way
 P. O. Box 40908
 Olympia, WA 98504-0908
 Phone 360-753-1111

WEST VIRGINIA

Ethics Commission
 Fourth Floor, Litton Bldg.
 1207 Quarrier
 Charleston, WVA 25301
 Phone 304-558-0664

WISCONSIN

State of Wisconsin Ethics Board
 Suite 601
 44 E. Mifflin St.
 Madison, WI 53703-2800
 Phone 608-266-8123

WYOMING

Legislative Service Office
 Room 213, State Capitol
 Cheyenne, WY 82002
 Phone 307-777-7881

STATE DEPARTMENTS OF PUBLIC HEALTH

The following is a listing of State Departments of Public Health with internet homepage addresses. A listing of all state departments of public health with internet homepages is also available from the American Public Health Association at - <http://www.apha.org/resources/state.html> For states not listed check the APHA homepage at this address for newly created homepages. Alternatively, consult the state government section of your own state yellow pages for your state department of public health.

Alabama Department of Public Health	www.alapubhealth.org/index.htm
Arkansas Department of Health	http://health.state.ar.us/
Arizona Department of Health Services	www.hs.state.az.us/
California Department of Health Services	www.dhs.cahw.net.gov/
Colorado Department of Public Health	www.state.co.us/gov_dir/cdphe_dir
Connecticut Department of Health	www.state.ct.us/dph
Florida Department of Health	www.state.fl.us/health/
Georgia Division of Public Health	www.ph.dhr.state.ga.us/
Hawaii Department of Health	www.hawaii.gov/health
Idaho Department of Health and Welfare	www.state.id.us/dhw/hwgd_www/home.html
Illinois Department of Public Health	www.idph.state.il.us
Indiana State Department of Health	www.state.in.us/doh/index.html
Iowa Department of Health	http://idph.state.ia.us
Kansas Department of Health and Environment	www.ink.org/public/kdhe
Maryland Dept of Health and Mental Hygiene	www.charm.net/~epi9
Massachusetts Department of Health	www.magnet.state.ma.us/dph/dphhome.htm
Michigan Department of Public Health	www.mdch.state.mi.us
Minnesota Department of Public Health	www.health.state.mn.us
Mississippi Department of Health	www.msdh.state.ms.us/
Missouri Department of Health	www.health.state.mo.us
Montana Department of Health	www.mt.gov
Nebraska Department of Health	www.hhs.state.ne.us/
New Hampshire Department of Health	www.state.nh.us/dhhs/
New Mexico Department of Health	www.state.nm.us/state/doh.html
New Jersey Dept of Health & Senior Services	www.state.nj.us/health/
New York State Department of Health	www.health.state.ny.us/
North Carolina Dept of Human Resources	www.dhr.state.nc.us/DHR
North Dakota Department of Health	www.ehs.health.state.nd.us/ndhd/
Ohio Department of Health	www.ohio.gov/health/
Oklahoma State Department of Health	www.health.state.ok.us/
Oregon Department of Human Resources	www.ohd.hr.state.or.us/
Pennsylvania Department of Health	www.state.pa.us/PA_Exec/Health/overview.html
Rhode Island Department of Health	www.health.state.ri.us/
South Carolina Department of Health	www.state.sc.us:80/dhec/
South Dakota Department of Health	www.state.sd.us/state/executive/doh/doh.html
Tennessee Department of Health	www.state.tn.us/health
Texas Department of Health	www.tdh.texas.gov/
Utah Department of Health	http://hlunix.ex.state.ut.us
Virginia Department of Health	www.vdh.state.va.us/
Washington State Department of Health	www.dpj/wa.gov/
Wisconsin Dept of Health and Family Services	www.dhfs.state.wi.us
Wyoming Department of Health	www.wdhfs.state.wy.us/wdh

STATE LICENSING INFORMATION AGENCIES

Listed below are state regulatory agencies involved with the licensing of medical professionals. These are a starting place to obtain information on licensing. State boards only regulate physicians. Some states include other licensed medical professionals.

ALABAMA

Medical Professions Licensing Boards
Montgomery, AL
(334) 242-8000

ARIZONA

State Board of Medical Examiners
1400 W. Washington, Suite 200
Phoenix, AZ 85007
(602) 542-5995

ARKANSAS

State Medical Board
2100 Riverfront Dr., Ste. 200
Little Rock, AR 72202
(501) 296-1802

CALIFORNIA

Division of Licensing
Medical Board of California
1430 Howe Ave., Suite # 54
Sacramento, CA 95825-3234
(916) 263-2644

COLORADO

State Board of Medical Examiners
Division of Registration
1560 Broadway, Suite 1300
Denver, CO 80202

CONNECTICUT

Department of Public Health
410 Capitol Ave. MS#12APP
P.O. Box 340308
Hartford, CT 06134-0308
(203) 509-7567

FLORIDA

Medical Therapies Licensing Board
1940 N. Monroe St.
Tallahassee, FL 32399
(904) 487-3372

GEORGIA

Composite State Board of Medical Examiners
166 Pryor St., S.W.
Atlanta, GA 30303-3465
(404) 656-3913

IDAHO

State Board of Medicine
P.O. Box 83720
Boise, ID 83720
(208) 334-2822

ILLINOIS

Department of Professional Regulation
320 West Washington, 3rd Fl.
Springfield, IL 62786
(217) 785-0800

INDIANA

Health Professions Bureau
402 W. Washington St.
Indianapolis, IN 46204
(317) 232-2960

IOWA

Bureau of Professional Licensure
Lucas State Office Building, 4th Fl.
Des Moines, IA 50319-0075
(515) 281-7074

KANSAS

State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, KS 66603-3068
(913) 296-7413

KENTUCKY

Division of Occupations & Professions
700 Louisville Road
Frankfort, KY 40601
(502) 564-3296

LOUISIANA

State Board of Medical Examiners
830 Union Street, Suite 100
New Orleans, LA 70112
(504) 524-6763

MAINE

Division of Licensing
Medical Board of Maine
State House, Station 35
Augusta, ME 04333
(918) 582-8723

MARYLAND

Physicians Board for Quality Assurance
4201 Patterson Ave., 3rd Floor
Baltimore, MD 21215
(410) 764-4764

MASSACHUSETTS

Division of Registration
100 Cambridge St.
Boston, MA 02202
(617) 727-1747

MICHIGAN

Bureau of Occupational/Professional Regulation
Department of Consumer Services
P. O. Box 30018 Lansing, MI 48909
(517) 373-1870

MINNESOTA

Board of Medical Examiners
Colonial Office Building
2700 University Ave., West
St. Paul, MN 55114
(612) 642-0538

MISSISSIPPI

State Board of Medical Licensure
2688-D Insurance Center Dr.
Jackson, MS 39216
(601) 987-4154

MISSOURI

Board of Healing Arts
P.O. Box 4
Jefferson City, MO 65102-0004
(573) 751-0098

MONTANA

Division of Professional and Occupational Licensing
1424 Ninth Ave., P.O. Box 200501
Helena, MT 59620-0501
(406) 444-3737

NEBRASKA

State Board of Medical Examiners
P.O. Box 95007
Lincoln, NE 68509
(402) 471-2115

NEVADA

Board of Medical Examiners
P. O. Box 7238
Reno, NV 89510
(702) 688-2559

NEW HAMPSHIRE

Board of Regulation and Medicine
6 Hazen Drive
Concord, NH 03301
(603) 271-1203

NEW JERSEY

Division of Consumer Affairs
P.O. Box 45031
Newark, NJ 07101
(201) 504-6328

NEW MEXICO

Medical Examiners Board
491 Old Santa Fe Trail
Lamy Bldg., 2nd Fl.
Santa Fe, NM 87501
(505) 827-7164

NEW YORK

Department of Education
Office of the Professions
Cultural Education Center
Empire State Plaza
Albany, NY 12230
(518) 486-2554

NORTH CAROLINA

North Carolina Medical Board
P. O. Box 20007
Raleigh, NC 27619
(919) 828-1212

NORTH DAKOTA

State Board of Medical Examiners
P.O. Box 2223
Bismarck, ND 58502
(701) 222-1564

OHIO

Ohio Medical Board
30 East Broad Street, 11th Fl.
Columbus, OH 43266-0414
(614) 466-2596

OKLAHOMA

Board of Medical Licensure & Supervision
5104 N. Francis, Suite C
Oklahoma City, OK 73118-6020
(405) 848-6841

OREGON

Oregon Board of Medical Examiners
1500 S.W. First Ave., Ste. 620
Portland, OR 97201
(503) 229-5770

PENNSYLVANIA

Bureau of Professional & Occupational Affairs
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 783-1400

RHODE ISLAND

Department of Professional Regulation
3 Capitol Hill, Rm. 104
Providence, RI 02908
(401) 277 2827

SOUTH CAROLINA

State Board of Medical Examiners
101 Executive Ctr. Dr., Saluda Bldg. # 120
Columbia, SC 29210
(803) 731-1650

SOUTH DAKOTA

Department of Commerce & Regulation
State Board of Medical Examiners
1323 South Minnesota Ave.
Sioux Falls, SD 57105
(605) 334-8343

TENNESSEE

State Board of Medical Examiners
283 Plus Park Blvd.
Nashville, TN 37217
(615) 367-6393

TEXAS

State Medical Board
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756-3183
(512) 834-6751

UTAH

Division of Occupational/Professional Licensing
Department of Commerce
160 East 300 South
Salt Lake City, UT 8411
(801) 530-6628

VERMONT

State Medical Board
109 State Street
Montpelier, VT 05609-1106
(802) 828-2673

VIRGINIA

Virginia State Board of Medicine
1601 Rolling Hills Dr.
Richmond, VA 23229
(804) 662-9908

WASHINGTON

Medical Quality Assurance Commission
1300 S.E. Quince St., EY-21
P.O. Box 47866
Olympia, WA 98504-7866
(360) 753-2287

WEST VIRGINIA

Board of Medicine
101 Dee Drive
Charleston, WV 25311
(304) 558-2921

WISCONSIN

Bureau of Health Professionals
P.O. Box 8935
Madison, WI 53708
(608) 266-2811

STATES/JURISDICTIONS NOT LISTED**DELAWARE****HAWAII****WYOMING**

PERFUSION STATE LICENSING AGENCIES As Of January 2001

Listed below are the regulatory agencies involved with the licensing of perfusionists as of the end of 2000.

Arkansas

Debby Tyler
Arkansas Department of Health
Division of Health Facilities Services
5800 West 10th St., Suite #400
Little Rock, AR 72204
Phone 501-661-2201

Illinois

Department of Professional Regulation
320 West Washington, 3rd Fl.
Springfield, IL 62786
(217) 785-0800

Massachusetts

Division of Registration
100 Cambridge St.
Boston, MA 02202
(617) 727-1747

Missouri

Advisory Commission for Clinical Perfusionists
Missouri Board of Healing Arts
P.O. Box #4
Jefferson City, MO 65102
Phone 573-751-0098

New Jersey

Perfusionist Advisory Committee
Board of Medical Examiners
124 Halsey Street
Newark, NJ 07101
Phone 609-826-7100
973-273-8062

Oklahoma

Oklahoma State Board of Examiners of Perfusionists
5104 No. Francis
Suite C
P.O. Box 18256
Oklahoma City, OK 73154-0256
Phone 405-848-6841

Texas

Texas State Board of Examiners of Perfusion
1100 West 49th St.
Austin, TX 78756
Phone 512-834-6751

Tennessee

State Board of Medical Examiners
283 Plus Park Blvd.
Nashville, TN 37217
(615) 367-6393

CONTACTING STATE MEDICAL SOCIETIES

The following is a listing of state medical societies, some have internet homepage addresses. A listing of all state medical societies is also available from the American Medical Association at the following internet homepage address <http://www.ama-assn.org/mem-data/directry/download/state.txt> To get updated information, check the AMA homepage at this address, or <http://www.ama-assn.org/sitemap.htm>

Medical Association of the State of Alabama
19 S Jackson St
Montgomery, AL 36102-1900
Phone 334-263-6441
Fax 334-269-5200
Approximate membership: 5,700
Internet address: <http://www.masalink.org>

Alaska State Medical Association
4107 Laurel St
Anchorage, AK 99508
Phone 907-562-2662
Fax 907-561-2063
Approximate membership: 446

Arizona Medical Association
810 W Bethany Home Rd
Phoenix, AZ 85013
Phone 602-246-8901
Fax 602-242-6283

Arkansas Medical Society
10 Corporate Hill Dr, Suite 300
PO Box 55088
Little Rock, AR 72215
Phone 501-224-8967
Fax 501-224-6489
Approximate membership: 3,093

California Medical Association
PO Box 7690
San Francisco, CA 94120-7690
Phone 415-882-5100
Fax 415-882-3349 (Fax)
Approximate membership: 32,457
Internet address: <http://www.cmanet.org>

Colorado Medical Society
7800 E Dorado Pl
Englewood, CO 80111-2306
Phone 303-779-5455
Fax 303-771-8657
Internet address: <http://www.cms.org>
Approximate membership: 5,241

Connecticut State Medical Society
160 St Ronan St
New Haven, CT 06511
Phone 203-865-0587
Fax 203-865-4997
Internet address: <http://www.medservct.com>
Approximate membership: 6,847

Medical Society of Delaware
1925 Lovering Ave
Willmington, DE 19806
Phone 302-658-7596
Fax 302-658-9669
Internet address: <http://www.medsocdel.org>
Approximate membership: 1,400

Florida Medical Association, Inc
PO Box 10269, 123 S Adams St
Tallahassee, FL 32301
Phone 850-224-6496
Fax 850-224-6627
Approximate membership: 18,000

Medical Association of Georgia
1330 W Peachtree St NW, Ste 500
Atlanta, GA 30309-2904
Phone 404-876-7535
Fax 404-881-5021
Internet address: <http://www.mag.org>
Approximate membership: 7,900

Hawaii Medical Association
1360 S Beretania St, Ste 100
Honolulu, HI 96814
Phone 808-536-7702
Fax 808-528-2376
Approximate membership: 1,826

Idaho Medical Association
305 W Jefferson, PO Box 2668
Boise, ID 83702
Phone 208-344-7888
Fax 208-344-7903 (Fax)
Approximate membership: 1,338

Illinois State Medical Society
20 N Michigan Ave, Suite 700
Chicago, IL 60602
Phone 312-782-1654
Fax 312-782-2023
Internet address: <http://www.isms.org>
Approximate membership: 18,504

Indiana State Medical Association
322 Canal Walk, Canal Level
Indianapolis, IN 46202-3252
Phone 317-261-2060
Fax 317-261-2076
Internet address: <http://www.ismanet.org>
Approximate membership: 6,927

Iowa Medical Society
1001 Grand Ave
W Des Moines, IA 50265
Phone 515-223-1401
Fax 515-223-8420
Internet: <http://www.iowamedicalsociety.org>
Approximate membership: 3,729

Kansas Medical Society
623 SW 10th Ave
Topeka, KS 66612
Phone 913-235-2383
Fax 913-235-5114
Internet address: kmsoc@inland.net
Approximate membership: 4,297

Kentucky Medical Association
4965 US Hwy 42, Suite 2000
Louisville, KY 40222-6301
Phone 502-426-6200
Fax 502-426-6877
Approximate membership: 5,505

Louisiana State Medical Society
6767 Perkins Rd
Baton Rouge, LA 70808
Phone 504-763-8500
Fax 504-763-6122
Internet address: <http://www.lsms.org>
Approximate membership: 6,500

Maine Medical Association
PO Box 190
Manchester, ME 04351-0190
Phone 207-622-3374
Fax 207-622-3332
Approximate membership: 1,640

Medical and Chirurgical Faculty of Maryland
1211 Cathedral St
Baltimore, MD 21201
Phone 410-539-0872
Fax 410-547-0915
Approximate membership: 6,648

Massachusetts Medical Society
1440 Main St
Waltham, MA 02154
Phone 617-893-4610
Fax 617-893-3481
Internet address: <http://www.massmed.org>
Approximate membership: 13,079

Michigan State Medical Society
120 W Saginaw
East Lansing, MI 48826-0950
Phone 517-337-1351
Fax 517-337-2490
Internet address: <http://www.msms.org>
Approximate membership: 12,365

Minnesota Medical Association
3433 Broadway St NE, Suite 300
Minneapolis, MN 55413-1760
Phone 612-378-1761
Fax 612-378-3875
Internet address: <http://www.mnmed.org>
Approximate membership: 8,679

Mississippi State Medical Association
735 Riverside Dr
Jackson, MS 39202-6013
Phone 601-354-5433
Fax 601-352-4834
Approximate membership: 3,291

Missouri State Medical Association
113 Madison St, PO Box 1028
Jefferson City, MO 65102
Phone 573-636-5151
Fax 573-636-8552
Internet address: <http://www.msma.org>
Approximate membership: 6,419

Montana Medical Association
2021 Eleventh Ave, Suite 1
Helena, MT 59601-4890
Phone 406-443-4000
Fax 406-443-4042
Approximate membership: 974

Nebraska Medical Association
233 S 13th St, Suite 1512
Lincoln, NE 68508-2091
Phone 402-474-4472
Fax 402-474-2198
Internet address: <http://www.nebmed.org>
Approximate membership: 2,342

Nevada State Medical Association
3660 Baker Ln, Ste 101
Reno, NV 89509
Phone 702-825-6788
Fax 702-825-3202
Approximate membership: 1,100

New Hampshire Medical Society
7 N State St
Concord, NH 03301-6389
Phone 603-224-1909
Fax 603-226-2432
Internet address: <http://www.mednexus.com/nhms>
Approximate membership: 1,880

Medical Society of New Jersey
2 Princess Rd
Lawrenceville, NJ 08648-2302
Phone 609-896-1766
Fax 609-896-0674
Internet address: <http://www.msnj.org>
Approximate membership: 8,268

New Mexico Medical Society
7770 Jefferson NE, Ste 400
Albuquerque, NM 87109
Phone 505-828-0237
Fax 505-828-0336
Internet address: <http://www.nmms.org/nmms>
Approximate membership: 2,765

Medical Society of the State of New York
420 Lakeville Rd, PO Box 5404
Lake Success, NY 11042-5404
Phone 516-488-6100
Fax 516-488-6136
Approximate membership: 24,298

North Carolina Medical Society
222 N Person St, PO Box 27167
Raleigh, NC 27611-7167
Phone 919-833-3836
Fax 919-833-2023
Approximate membership: 9,000

North Dakota Medical Association
1025 N Third St, PO Box 1198
Bismarck, ND 58502-1198
Phone 701-223-9475
Fax 701-223-9476
Approximate membership: 1,312

Ohio State Medical Association
1500 Lake Shore Dr
Columbus, OH 43204-3891
Phone 614-486-2401
Fax 614-486-3130
Internet address: <http://www.osma.org>

Oklahoma State Medical Association
601 W I-44 Service Rd
Oklahoma City, OK 73118
Phone 405-843-9571
Fax 405-842-1834
Internet address: <http://www.osmaonline.org>
Approximate membership: 4,824

Oregon Medical Association
5210 SW Corbett St
Portland, OR 97201
Phone 503-226-1555
Fax 503-241-7148
Internet address: <http://oma.omen.org>
Approximate membership: 5,500

Pennsylvania Medical Society
777 E Park Dr
Harrisburg, PA 17105-8820
Phone 717-558-7750
Fax 717-558-7840
Internet address: <http://www.pamedsoc.org>
Approximate membership: 17,649

Rhode Island Medical Society
106 Francis St
Providence, RI 02903
Phone 401-331-3207
Fax 401-751-8050
Approximate membership: 1,650

South Carolina Medical Association
3210 Fernan, PO Box 11188
Columbia, SC 29211
Phone 803-798-6207
Fax 803-772-6783
Approximate membership: 4,903

South Dakota State Medical Association
1323 S Minnesota Ave
Sioux Falls, SD 57105
Phone 605-336-1965
Fax 605-336-0270
Approximate membership: 1,102

Tennessee Medical Association
2301 21st Ave S, PO Box 120909
Nashville, TN 37212-0909
Phone 615-385-2100
Fax 615-383-5918
Approximate membership: 6,683

Texas Medical Association
401 W 15th St
Austin, TX 78701-1680
Phone 512-370-1300
Fax 512-370-1633
Internet address: <http://www.texmed.org>
Approximate membership: 34,900

Utah Medical Association
540 E 500 South
Salt Lake City, UT 84102
Phone 801-355-7477
Fax 801-532-1550
Internet address: <http://www.utahmed.org>
Approximate membership: 3,000

Vermont Medical Society
136 Main St, PO Box 1457
Montpelier, VT 05601
Phone 802-223-7898
Fax 802-223-1201
Internet address: <http://www.vtmednet.org>
Approximate membership: 62

Medical Society of Virginia
4205 Dover Rd
Richmond, VA 23221-3267
Phone 804-353-2721
Fax 804-355-6189
Internet address: <http://www.msv.org>
Approximate membership: 6,500

Washington State Medical Association
2033 6th Ave, Ste 1100
Seattle, WA 98121
Phone 206-441-9762
Fax 206-441-5863
Internet address: <http://www.wsma.org>
Approximate membership: 7,844

West Virginia State Medical Association
4307 MacCorkle Ave SE, PO Box 4106
Charleston, WV 25364
Phone 304-925-0342
Fax 304-925-0345
Approximate membership: 2,336

State Medical Society of Wisconsin
330 E Lakeside St, PO Box 1109
Madison, WI 53701-1109
Phone 608-257-6781
Fax 608-283-5401
Internet address: <http://www.district-1.org/rps.html>
Approximate membership: 8,867

Wyoming Medical Society
1920 Evans, PO Box 4009
Cheyenne, WY 82003-4009
Phone 307-635-2424
Fax 307-632-1973
Approximate membership: 614

CONTACTING PHYSICIAN ASSISTANT STATE SOCIETIES

The following is a listing of Physician Assistant state societies/academies, some have internet homepage addresses. A listing of all physician assistant state societies/academies is also available from the American Academy of Physician Assistants at the following internet homepage address <http://www.aapa.org/chapt.htm> If a state does not appear on this list, or to get updated information, check the AAPA homepage at this address for physician assistant state society newly created internet homepages. Alternatively, contact the AAPA at the American Academy of Physician Assistants, 950 North Washington Street, Alexandria, VA 22314-1552 Phone: 703/836-2272 (<http://www.aapa.org/>)

Alabama Society of Physician Assistants
PO Box 550274
Birmingham, AL 35255-0274
Phone 205-408-9497
<http://www.zebra.net/~aspa/>

Alaska Academy of Physician Assistants
P.O. Box 74187
Fairbanks, AK 99709
Phone 907-474-6020
Fax 907-474-6739
<http://www.alaska.net/@akapa>

Arizona State Association of Physician Assistants
PO Box 12307
Glendale, AZ 85318
Phone 602-582-1246
Fax 602-582-1246

Arkansas Academy of Physician Assistants
535 Cash Road
Camden, AR 71701
Phone 501-836-8101

California Academy of Physician Assistants
9778 Katella Avenue Suite 115
Anaheim CA 92804
Phone 714-539-1430
Fax 714-539-1107
<http://members.aol.com/webcapa/>

Colorado Academy of Physician Assistants
PO Box 4834
Englewood, CO 80155-4834
Phone 303-770-6048
Fax 303-771-2550

Connecticut Academy of Physician Assistants
PO Box 81362
Wellesely, MA 02181-0004
Phone 800-493-9200
Fax 617/239-3259

Delaware Academy of Physician Assistants
704 Dorcaster Drive
Wilmington, DE 19808
Phone 302-856-4360
<http://www.delawarepas.org/>
Florida Academy of Physician Assistants
222 S Westmonte Drive Suite 101
Altamonte Springs, FL 32714-4236
Phone 407-774-7880
Fax 407-774-6440
<http://www.flapa.org/>

Georgia Association of Physician Assistants
5300 Memorial Dr., Suite 116
Stone Mountain, GA 30083-3154
Phone 404-508-1482
Fax 404-299-8927
<http://www.gapaonline.org/>

Hawaii Academy of Physician Assistants
PO Box 30355
Honolulu, HI 96820-0355
Phone 888-942-2272

Idaho Academy of Physician Assistants
PO Box 2668
305 W Jefferson
Boise, ID 83701
Phone 208-344-7888
Fax 208-344-7903

Illinois Academy of Physician Assistants
625 South 2nd Street
Springfield, IL 62704
Phone 800-975-9344
Fax 217-241-0232
<http://www.ampka.com/iapa/>

Indiana Academy of Physician Assistants
c/o Kate Dukiet -AAPA
950 North Washington St.
Alexandria, VA 22314-1552
Phone 888-441-0423
Fax 703-684-1924
<http://www.aapa.org/iapa.htm>

Iowa Physician Assistants Society
P.O. Box 430
Redfield, IA 50233
Phone 800-441-2692
Fax 703-684-1924
<http://www.aapa.org/ipas.htm>

Kansas Academy of Physician Assistants
P.O. Box 20401
Wichita, KS 67208-1401
Phone 913-367-7396
Fax 913-367-6686
<http://www2.southwind.net/~wglenn>
Kentucky Academy of Physician Assistants
PO Box 23251
Lexington, KY 40523-3251
Phone 888-884-KAPA
Fax 502-473-0007
<http://www.pa-web.net/kapa/kentucky.htm>

Louisiana Academy of Physician Assistants
8550 United Plaza Blvd Suite 1001
Baton Rouge, LA 70809
Phone 504-922-4630
Fax 504-922-4611

Maine Association of Physician Assistants (aka Downeast Assn of Physician Assistants)
P.O. Box 2027
Augusta, ME 04338-2027
Phone 207-629-9417
Fax 207-629-9243
<http://www.DEAPA.org/>

Maryland Academy of Physician Assistants
P.O. Box 20277
Baltimore, MD 21284-0277
Phone 410-625-1247
<http://www.marylandpa.org>

Mass. Association of Physician Assistants
PO Box 9154
Waltham, MA 02254-9154
Phone 781-893-4610
Fax 781-893-2105

Michigan Academy of Physician Assistants
2410 Woodlake Dr. Ste 440
Okemos, MI 48864-3997
Phone 517-347-3398
Fax 517-347-4096
<http://pa-web.net/mapa/>

Minnesota Academy of Physician Assistants
3433 Broadway St, NE , Suite 300
Minneapolis, MN 55413-1761
Phone 800-342-5662
Fax 612-378-3875
<http://www.mnmed.org/mapa/>

Mississippi Academy of Physician Assistants
PO Box 5128
Biloxi, MS 39534-0128
Phone 601-388-9344
Fax 601-385-4901

Missouri Academy of Physician Assists.
213 Lone Hickory Road
Ozark, MO 65271
Phone 417-581-8917

Montana Academy of Physician Assists.
P.O. Box 35500-200
Billings, MT 59107
Phone 406-982-2195
Fax 406-782-2195
<http://www.aapa.org/mapa.htm>

Nebraska Academy of Physician Assists.
7606 Davenport
Omaha, NE 68114
Phone 402-393-1415
Fax 402-393-3216
<http://members.aol.com/neacdps/>

Nevada Academy of Physician Assistants
PO Box 28877
Las Vegas, NV 89126-2877
Phone 702-243-8546

New Hampshire Society of Physician Assistants
26 S. Main St. Suite #166
Concord, NH 03301-4809
Phone 603-744-5377

New Jersey Society of Physician Assist.
PO Box 1282
Piscataway, NJ 08855-1282
Phone 732-235-4444

New Mexico Academy of Physician Assistants
7770 Jefferson NE , Suite 400
Albuquerque, NM 87109-4368
Phone 505-828-0237
Fax 505-828-0336

New York State Society of Physician Assistants
322 8th Ave., Suite 1400
New York, NY 10001-8001
Phone 212-206-8300

No. Carolina Academy of Physician Assistants
1821 Hillandale Rd., Suite 1B-297
Durham, NC 27705-2671
Phone 800-352-2271
Fax 703-684-1924
<http://www.aapa.org/states/index.htm>

North Dakota Academy of Physician Assistants
PO Box 91
Minot, ND 58707
Phone 701-858-3848
Fax 701-838-8345

Ohio Association of Physician Assistants
8575 Ptarmigan Court
Kirtland, OH 44094-9330
Phone 440-256-4212
Fax 440-256-4212

Oklahoma Academy of Physician Assistants
PO Box 73152
Oklahoma City, OK 73152-3164
Phone 405-271-2058
Fax 405-271-3621
<http://www.chickasaw.com/~oapa>

Oregon Society of Physician Assistants
PO Box 20666
Keizer, OR 97307-0666
Phone 503-393-4899

Pennsylvania Society of Physician Assistants
PO Box 128
Greensburg, PA 15601-0128
Phone 724-836-6411
Fax 724-836-4449

Rhode Island Academy of Physician Assistants
106 Francis St
Providence, RI 02903
Phone 401-331-3207
Fax 401-751-8050

So. Carolina Academy of Physician Assistants
P.O. Box 1452
Columbia, SC 29202
Phone 888-441-0422

South Dakota Academy of Physician Assistants
1400 W 22nd St
Sioux Falls, SD 57105-1505
Phone 605-357-1518
Fax 605-357-1510

Tennessee Academy of Physician Assistants
602 Gallatin Rd
Nashville, TN 37206-3200
Phone 615-228-8695
Fax 615-226-1535

Texas Academy of Physician Assistants
401 W 15th St
Austin, TX 78701-1680
Phone 512-370-1534
Fax 512-370-1635
<http://www.tapa.org/>

Utah Academy of Physician Assistants
785 East 1870 North
Orem UT 84097
Phone 801-226-3858
Fax 801-581-5807

Physician Assistants of Vermont
11 Bay St
Claremont, NH 03743
Phone 603-543-3463
Fax 802-463-1287

Virginia Academy of Physician Assistants
10301 Democracy Lane Suite #203
Fairfax, VA 22030
Phone 703-691-8515
Fax 703-691-0896
<http://www.vapa.org>

Washington Academy of Physician Assistants
P.O. Box 1287
Mercer Island, WA 98040-1287
Phone 206-726-2675
Fax 206-232-6402

West Virginia Association of Physician Assist.
P.O. Box 3625
Charleston, WV 25336-3625
Phone 800-441-3544
Fax 703-684-1924
<http://www.aapa.org/wvapa.htm>

Wisconsin Academy of Physician Assistants
P.O. Box 1109
Madison, WI 53701-1109
Phone 800-762-8965
Fax 608-283-5402
<http://www.wapa.org/>

Wyoming Association of Physician Assistants
1121 Washington
Newcastle, WY 82701
Phone 307-746-3582
Fax 307-746-9744

CONTACTING RESPIRATORY THERAPY STATE SOCIETIES

The following is a listing of respiratory therapist state societies with internet homepage addresses. The individual respiratory therapist state society internet homepages include a listing of state chapter leadership, local state chapter leadership, state chapter committees, and other individual contact information.

A listing of all respiratory therapist state societies is also available from the American Association for Respiratory Care (AARC) at the following internet homepage address - <http://www.aarc.org/links.html>

If a state does not appear on this list, check the AARC homepage at this address for respiratory therapist state society newly created internet homepages. Alternatively, contact the AARC at the American Association for Respiratory Care, 11030 Ables Lane, Dallas, TX 75229 - (972) 243-2272 Fax (972) 484-2720.

California Society for Respiratory Care	http://www.csrc.org/
Colorado Society for Respiratory Care	http://members.aol.com/mountainrt/
Connecticut Society for Respiratory Care	http://www.ctsrc.org/
Florida Society for Respiratory Care	http://www.fsrcweb.com/
Georgia Society for Respiratory Care	http://www.gsu.edu/~wwwgrc/
Illinois Society for Respiratory Care	http://www.geocities.com/HotSprings/8467/
Kansas Society for Respiratory Care	http://www2.southwind.net/~carden/krcs.htm
Kentucky Society for Respiratory Care	http://www.ksrc.com/
Louisiana Society for Respiratory Care	http://members.aol.com/LSRCPage/lsrcmain.htm
Massachusetts Society for Respiratory Care	http://www.mscol.org/
Maryland/DC Society for Respiratory Care	http://www.mddcsoc.org/
Minnesota Society for Respiratory Care	http://MSRCnet.com/
Mississippi Society for Respiratory Care	http://members.aol.com/MSRCPage/msrcmain.htm
Montana Society for Respiratory Care	http://wtp.net/~msrc/
Nebraska Society for Respiratory Care	http://www.geocities.com/HotSprings/Spa/2411/
New Hampshire Society for Respiratory Care	http://members.aol.com/vtnhsrc/index.htm
New York Society for Respiratory Care	http://www.nysrc.org/
North Carolina Society for Respiratory Care	http://www.ncsrc.org/
Ohio Society for Respiratory Care	http://www.osrc.org/
Oregon Society for Respiratory Care	http://www.teleport.com/~cpap/
Pennsylvania Society for Respiratory Care	http://www.vessel.org/psrc/
Texas Society for Respiratory Care	http://www.tsrc.org/
Utah Society for Respiratory Care	http://www.med.utah.edu/usrc/
Vermont Society for Respiratory Care	http://members.aol.com/vtnhsrc/index.htm
Virginia Society for Respiratory Care	http://www.vsrc.org/
Respiratory Care Society of Washington	http://www.wln.com/~rcp/
Wisconsin Society for Respiratory Care	http://www.globaldialog.com/~wsrc

CONTACTING CLINICAL LABORATORY SCIENTIST STATE SOCIETIES (MEDICAL TECHNOLOGIST)

The following is a listing of clinical laboratory science (medical technologist) Regional and state society internet homepage addresses. The ASCLS Regional homepages include Councils which are composed of representatives from each state within a region. A listing of clinical laboratory science state societies is also available from the American Society for Clinical Laboratory Science (ASCLS) at the following internet homepage address - <http://www.ASCLS.org/links.html>

If a state does not appear on this list, check the ASCLS homepage at this address for medical technologist state society newly created internet homepages. Alternatively, contact the ASCLS at the American Society for Clinical Laboratory Science, 7910 Woodmont Avenue, Suite 530, Bethesda, MD 20814, Phone 301-657-2768 Fax 301-657-2909 (<http://www.ASCLS.org/>)

Am. Soc. for Clinical Laboratory Science Region I MedLabScience /region1/welcome.html	http://www.umassd.edu/1Academic/CArtsandSciences/
Am. Soc. for Clinical Laboratory Science Region II	http://www.region2.vavalleyweb.com/
Am. Soc. for Clinical Laboratory Science Region III	http://www.utmem.edu/ASCLS/Region3/Region3.html
Am. Soc. for Clinical Laboratory Science Region VI	http://www.kumc.edu/ASCLS/
CA Assn. for Medical Laboratory Technology	http://www.camlt.org/main.html
Georgia Society for Clinical Laboratory Science	http://www.gscls.armstrong.edu/
Idaho Society for Clinical Laboratory Science	http://www.constance.com/idscls/
Illinois Clinical Laboratory Science Association	http://www.kumc.edu/ASCLS/iclsa/index.html
Indiana Society For Clinical Laboratory Science	http://mama.indstate.edu/users/stevens/iscls.html
Iowa Association for Clinical Laboratory Science	http://ourworld.compuserve.com/homepages/Kumor/
Kansas Society for Clinical Laboratory Science	http://www.kumc.edu/ASCLS/kscls/index.html
Michigan Society for Clinical Laboratory Science mscls/homepage.htm	http://www.ferris.edu/htmls/academics/course.offerings/clinlabs/
Missouri Org. for Clinical Laboratory Science	http://www.kumc.edu/ASCLS/mocls/mocls.html
Nebraska Society for Clinical Laboratory Science	http://www.kumc.edu/ASCLS/nscls/index.html
New York Society For Clinical Laboratory Science	http://www.medtechnet.com/nyscls/
Penn. Society for Clinical Laboratory Science	http://www.pscls.org
So. Carolina Society Clinical Laboratory Science	http://www.octech.org/scscls/welcome.htm
Tenn. Society for Clinical Laboratory Science	http://www.utmem.edu/ASCLS/TSCLS/Home.html
Virginia Society for Clinical Laboratory Science	http://vscls.vavalleyweb.com
West VA Society for Clinical Laboratory Science	http://nccvax.northern.wvnet.edu/~wvscls

CONTACTING STATE NURSING ASSOCIATIONS

The following is a listing of state nursing associations, some have internet homepage addresses. A listing of all state nursing associations is also available from the American Nurses Association at the following internet homepage address <http://www.nursingworld.org/member.htm>. If a state does not appear on this list, or to get updated information, check the ANA homepage at this address.

Alabama State Nurses' Association
360 North Hull Street
Montgomery, Alabama 36104-3658
Phone 334-262-8321
Fax 334-262-8578
<http://www.nursingworld.org/snas/al/index.htm>

Alaska Nurses Association
237 East Third Avenue
Anchorage, Alaska 99501
Phone 907-274-0827
Fax 907-272-0292
<http://www.nursingworld.org/snas/ak/index.htm>

Arizona Nurses Association
1850 E. Southern Ave, Suite #1
Tempe, Arizona 85282
Phone 602-831-0404
Fax 602-839-4780

Arkansas Nurses Association
804 N. University
Little Rock, Arkansas 72205
Phone 501-664-5853
Fax 501-664-5859
<http://www.nursingworld.org/snas/ar/index.htm>

American Nurses Association
of California
801 Portola Drive
San Francisco, CA 94127-1234
Phone 415-664-3262
Fax 415-664-3464
<http://www.nursingworld.org/snas/ca/index.htm>

Colorado Nurses Association
5453 East Evans Place
Denver, Colorado 80222
Phone 303-757-7483
Fax 303-757-2679
<http://www.sni.net/cna/>

Connecticut Nurses Association
377 Research Parkway, Suite 2D
Meriden, Connecticut 06450
Phone 203-238-1207
Fax 203-238-3437
<http://www.nursingworld.org/snas/ct/index.htm>

Delaware Nurses Association
2634 Capitol Trail, Suite A
Newark, Delaware 19711
Phone 302-368-2333
Fax 302-366-1775

Florida Nurses Association
P.O. Box 536985
Orlando, Florida 32853-6985
Phone 407-896-3261
Fax 407-896-9042
<http://www.floridanurse.org>

Georgia Nurses Association
1362 West Peachtree Street, N.W.
Atlanta, Georgia 30309
Phone 404-876-4624
Fax 404-876-4621

Hawaii Nurses Association
677 Ala Moana Boulevard, Suite 301
Honolulu, Hawaii 96813
Phone 808-521-8361
Fax 808-524-2760

Idaho Nurses Association
200 North 4th Street, Suite 20
Boise, Idaho 83702-6001
Phone 208-345-0500
Fax 208-385-0166

Illinois Nurses Association
300 South Wacker Suite 2200
Chicago, Illinois 60606
Phone 312-360-2300
Fax 312-360-9380
<http://www.nursingworld.org/snas/il/index.htm>

Indiana State Nurses Association
2915 North High School Road
Indianapolis, Indiana 46224
Phone 317-299-4575
Fax 317-297-3525

Iowa Nurses Association
1501 42nd Street, Suite 471
West Des Moines, Iowa 50266
Phone 515-225-0495
Fax 515-225-2201
<http://www.iowanurses.org/>

Kansas State Nurses Association
700 S.W. Jackson, Suite 601
Topeka, Kansas 66603
Phone 785-233-8638
Fax 785-233-5222
<http://www.nursingworld.org/snas/ks/index.htm>

Kentucky Nurses Association
1400 South First Street
P.O. Box 2616
Louisville, Kentucky 40201
Phone 502-637-2546/2547
Fax 502-637-8236
<http://www.kentucky-nurses.org/>

Louisiana State Nurses Association
712 Transcontinental Drive
Metairie, Louisiana 70001
Phone 504-889-1030
Fax 504-888-1158
<http://www.nursingworld.org/snas/la/index.htm>

Maine State Nurses Association
P.O. Box 2240
295 Water Street
Augusta, Maine 04338-2240
Phone 207-622-1057
Fax 207-623-4072
<http://www.nursingworld.org/snas/me/index.htm>

Maryland Nurses Association
849 International Drive
Airport Square 21, Ste 255
Linthicum, Maryland 21090
Phone 410-859-3000
Fax 410-859-3001

Massachusetts Nurses Association
340 Turnpike Street
Canton, Massachusetts 02021
Phone 617-821-4625
Fax 617-821-4445
<http://www.nursingworld.org/snas/ma/index.htm>

Michigan Nurses Association
2310 Jolly Oak Road
Okemos, Michigan 48864-4599
Phone 517-349-5640
Fax 517-349-5818
<http://www.nursingworld.org/snas/mi/index.htm>

Minnesota Nurses Association
1295 Bandana Blvd. North, Suite 140
St. Paul, Minnesota 55108-5115
Phone 612-646-4807 or 800-536-4662
Fax 612-647-5301
<http://www.mnnurses.org/>

Mississippi Nurses Association
31 Woodgreen Place
Madison, MS 39110
Phone 601-898-0670
Fax 601-982-9183
<http://www.geocities.com/HotSprings/Spa/8365/index.html>

Missouri Nurses Association
1904 Bubba Lane, Box 105228
Jefferson City, Missouri 65110
Phone 573-636-4623
Fax 573-636-9576
<http://www.nursingworld.org/snas/mo/index.htm>

Montana Nurses Association
104 Broadway, Suite G-2
P.O. Box 5718
Helena, Montana 59601
Phone 406-442-6710
Fax 406-442-1841

Nebraska Nurses Association
715 South 14th Street
Lincoln, Nebraska 68508
Phone 402-475-3859
Fax 402-475-3961

Nevada Nurses Association
P.O. Box 2777
Reno, Nevada 89505-2777
Phone 702-323-1661
Fax 702-323-0648
<http://www.nursingworld.org/snas/nv/index.htm>

New Hampshire Nurses Association
48 West Street
Concord, New Hampshire 03301-3595
Phone 603-225-3783
Fax 603-228-6672

New Jersey Nurses Association
1479 Pennington Road
Trenton, New Jersey 08618
Phone 609-883-5335
Fax 609-883-5343
<http://www.njsna.org/>

New Mexico Nurses Association
6020 Constitution Av NE Suite 4
Albuquerque, New Mexico 87110
Phone 505-268-7744
Fax 505-268-7711
<http://www.nursingworld.org/snas/nm/index.htm>

New York State Nurses Association
11 Cornell Road
Latham, New York 12110
Phone 518-782-9400
<http://www.nysna.org/>

North Carolina Nurses Association
103 Enterprise Street Box 12025
Raleigh, North Carolina 27605
Phone 919-821-4250
Fax 919-829-5807
<http://www.nursingworld.org/snas/nc/index.htm>

North Dakota Nurses Association
549 Airport Road
Bismarck, North Dakota 58504-6107
Phone 701-223-1385
Fax 701-223-0575

Ohio Nurses Association
4000 East Main Street
Columbus, Ohio 43213-2983
Phone 614-237-5414 ext. 164
Fax 614-237-6074
<http://www.nursingworld.org/snas/oh/index.htm>

Oklahoma Nurses Association
6414 North Santa Fe, Suite A
Oklahoma City, Oklahoma 73116
Phone 405-840-3476
Fax 405-840-3013
<http://www.nursingworld.org/snas/ok/index.htm>

Oregon Nurses Association
9600 S.W. Oak, Suite 550
Portland, Oregon 97223
Phone 503-293-0011
Fax 503-293-0013
<http://www.nursingworld.org/snas/or/index.htm>

Pennsylvania Nurses Association
P.O. Box 68525
Harrisburg, PA 17106-8525
Phone 717-657-1222
Fax 717-657-3796
<http://www.nursingworld.org/snas/pa/index.htm>

Rhode Island State Nurses Association
550 S. Water Street, Unit 540B
Providence, RI 02903-4344
Phone 401-421-9703
Fax 401-421-6793

South Carolina Nurses Association
1821 Gadsden Street
Columbia, South Carolina 29201
Phone 803-252-4781
Fax 803-779-3870
<http://www.nursingworld.org/snas/sc/index.htm>

South Dakota Nurses Association
1505 South Minnesota Avenue, Suite 3
Sioux Falls, South Dakota 57105
Phone 605-338-1401

Tennessee Nurses Association
545 Mainstream Drive, Suite 405
Nashville, Tennessee 37228-1201
Phone 615-254-0350
Fax 615-254-0303
<http://www.tennurse.org>

Texas Nurses Association
7600 Burnet Road Suite 440
Austin, Texas 78757-1292
Phone 512-452-0645
Fax 512-452-0648
<http://www.texasnurses.org/>

Utah Nurses Association
455 East 400 South, #50
Salt Lake City, Utah 84111
Phone 801-322-3439
Fax 801-322-3430
<http://www.nursutah.edu/una>

Vermont State Nurses Association
#26 Champlain Mill, 1 Main St.
Winooski, Vermont 05401-2230
Phone 802-655-7123
Fax 802-655-7187

Virginia Nurses Association
7113 Three Chopt Road, Suite 204
Richmond, Virginia 23226
Phone 804-282-1808/2373
Fax 804-282-4916
<http://www.nursingworld.org/snas/va/index.htm>

Washington State Nurses Association
2505 Second Avenue, Suite 500
Seattle, Washington 98121
Phone 206-443-9762
Fax 206-728-2074

West Virginia Nurses Association
P.O. Box 1946
Charleston, West Virginia 25327
Phone 304-342-1169
Fax 304-342-1941

Wisconsin Nurses Association
6117 Monona Drive
Madison, Wisconsin 53716
Phone 608-221-0383
Fax 608-221-2788
<http://www.execpc.com/~wna>

Wyoming Nurses Association
Majestic Building, Room 305
1603 Capitol Avenue
Cheyenne, Wyoming 82001
Phone 307-635-3955
Fax 307-635-2173

ASSOCIATION OF OPERATING ROOM NURSES - STATE CONTACTS

The Association of Operating Room Nurses (AORN) has hundreds of local chapters, and has volunteer state coordinators who act as a “clearinghouse” of information on legislative and regulatory activity through their links to local chapter legislative committees. These legislative state coordinators disseminate information about national and state public policy to AORN chapters and act as the point person for information to AORN Headquarters about state public policy actions.

The following gives information on how to identify AORN state coordinators and state legislative contact representatives. This information is available on the association’s internet homepage at <http://www.aorn.org>. The Chapter Resource Directory gives the names of the President, and a contact number, of a local state chapter. The most helpful source for making a state legislative contact is the State Legislative Coordinators. State coordinators and legislative coordinators may be the same person. Alternatively, AORN can be contacted by calling the association’s national headquarters at (303) 755-6300, or via regular mail at 2170 South Parker Rd, Suite 300, Denver, CO 80231-5711, to get the name of the appropriate state contact representative.

AORN Chapter Resource Directory	http://www.aorn.org/abtaorn/CHAPTERS/chpinfo.htm
AORN Chapers with Homepages	http://www.aorn.org/abtaorn/CHAPTERS/Index.htm
AORN State Coordinators	http://www.aorn.org/GOVT/states.htm
AORN State Legislative Coordinators	http://www.aorn.org/GOVT/contacts/Mapcont.htm

CONTACTING STATE HOSPITAL ASSOCIATIONS

The following is a listing of state hospital associations with internet homepage addresses. The individual homepages include state association leadership and other contact information. A listing of all state hospital associations with internet homepage addresses is also available from the American Hospital Association at [http://www.aha.org/resource/rlinks.html#State Associations](http://www.aha.org/resource/rlinks.html#State%20Associations). If a state does not appear on this list, check the AHA homepage at this address for newly created internet homepages. Alternatively, consult a member of hospital administration for the state association.

Alabama Hospital Association	http://www.alaha.org
Alaska State Hospital Association	http://www.ptialaska.net/~ashnha
Arizona Hospital and Healthcare Association	http://www.azhha.org
Arkansas Hospital Association	http://www.arkhospitals.org
California Healthcare Association	http://www.cha-cahhs.org
Colorado Health and Hospital Association	http://www.cha.com/~cha
Connecticut Hospital Association	http://www.chime.org
Florida Hospital Association	http://www.fha.org
Georgia Hospital Association	http://www.gha.org
Healthcare Association of Hawaii	http://www.hah.org
Idaho Hospital Association	http://www.teamiha.org
Illinois Hospital & HealthSystems Association	http://www.ihha.org
Association of Iowa Hospitals & Health Systems	http://www.ihhs.org
Kansas Hospital Association	http://www.kha-net.org
Association of Kentucky Hospitals	http://www.kyha.com
Association of Maine Hospitals	http://www.themha.org
Association of Maryland Hospitals	http://www.mhaonline.org [members only site]
Massachusetts Hospital Association	http://www.mhalink.org
Michigan Health & Hospital Association	http://www.mha.org
Minnesota Hospital and Healthcare Partnership	http://www.mhhp.com
Missouri Hospital Association	http://www.mhanet.com [members only site]
Montana Association of Health Care Providers	http://www.mtha.org
Nebraska Assn of Hospitals and Health Systems	http://www.nahhsnet.org
Nevada Assn of Hospitals and Health Systems	http://www.nahhs.org
New Hampshire Hospital Association	http://www.nhha.org
New Jersey Hospital Association	http://www.njha.com
New Mexico Hospital/Health Systems Assn.	http://www.nmhhsa.org
Healthcare Association of New York State	http://www.hanys.org
North Carolina Assn Hospitals/Health Networks	http://www.ncha.org
North Dakota Healthcare Association	http://www.thor.org/ndha
Ohio Assn for Hospitals and Health Systems	http://www.ohanet.org
Oklahoma Hospital Association	http://www.okoha.com
Oregon Assn of Hospitals and Health Systems	http://www.oahhs.org
Hospital & Healthsystem Assn of Pennsylvania	http://www.hap2000.org
South Carolina Hospital Association	http://www.scha.org
Texas Hospitals & Health Care Organizations	http://www.thaonline.org
Tennessee Assn of Hospitals & Health Systems	http://www.tha.com
Vermont Assn of Hospitals & Health Systems	http://www.vahhs.org
Washington State Hospital Association	http://www.wsha.org
West Virginia Hospital Association	http://www.wvha.com
Wisconsin Health and Hospital Association	http://www.wha.org

CONTACTING PERFUSION STATE SOCIETIES

The following is a listing of state perfusionist associations as of the end of 1998. Some have internet homepages with state association leadership and other contact information. A current listing of state perfusionist associations is also available from the American Society of Extracorporeal Technology at <http://www.amsect.org>.

Arkansas Perfusion Society

1103 No. Deer Run
Pine Bluff, AR 71603
870-534-3294 (W)
email perfuze@seark.net

Concerned California Perfusionists

115 Clifford Terrace
San Francisco, CA 94117
415-566-6808

Connecticut Society of Perfusion

Hartford Hospital
80 Seymour St. P.O. Box 5037
Hartford, CT 06102-5037
860-545-2931
www.geocities.com/Eureka/Plaza/4855/index.html

Florida Perfusion Society

<http://www.perfusion.com/perfusion/fps/>

Georgia Perfusion Society

8920 Club River Dr.
Roswell, GA 30076
770-641-1174 (H)
e-mail Awldf@aol.com
<http://www.gaps.org/>

Illinois State Perfusion Society

2520 Wydown Ave.
Springfield, IL 62704
217-788-4200 (W)
email SHDISPS@aol.com

Iowa Perfusion Society

4709 Dakota Dr.
West Des Moines, IA 50265
515-247-4490 (W)

Kansas Perfusion Society

1635 Bower Drive
Wichita, KS 67230
316-733-5273 (H)

Louisiana Perfusion Society

1274 Sharlo Ave.
Baton Rouge, LA 70820
225-767-0602 (H)
email SLM1214@aol.com

Maryland Perfusion Society

1700 Alberti Drive
Silver Spring, MD 20902
301-649-3628 (H)
e-mail cvjockey@aol.com

Massachusetts Society of Perfusion

53 Park Ave.
Braintree, MA 02184
<http://home.ici.net/~msp/msp.html>

Michigan Perfusion Association

1631 Gull Road, Suite # 205
Kalamazoo, MI 49001
616-226-6699
e-mail JLefler001@aol.com

Minnesota Perfusion Society

1823 Victoria Road
Mendota Heights, MN 55118
612-863-3950
e-mail MNPerSoc@aol.com

The Missouri Perfusion Society

621 So. New Ballas Rd, Suite #6017
St. Louis, MO 63141
314-569-6301 (W)
<http://members.xoom.com/moperf/>

New Jersey State Perfusion Society

P. O. Box 6111
Parsippany, NJ 07054
201-877-5612 (W)
<http://www.njsps.org/>

New York State Society of Perfusion

408 Charles Ave.
Massapequa Park, NY 11762
212-305-8085 e-mail
beckjam@cpmc3.cis.columbia.edu

North Carolina Society of Perfusionists

20 Page Drive, Suite #5
Pinehurst NC, 28374
910-215-1988
email djc@advancedperfusion.com

Oklahoma Association of Certified Perfusionists

1235 Sovereign Row #8
Oklahoma City, OK 73108
405-943-1972
<http://www.yourbestsource.com/perfusion/>

Pennsylvania State Perfusion Society

555 North Duke Street,
Lancaster, PA 17601.
<http://members.aol.com/pennperf/>

Palmetto State Perfusionists Society

2611 Burney Dr.
Columbia, SC 29205
803-256-5418
e-mail manntw@juno.com

Tennessee Perfusion Association

104 Hilltop Dr.
Chattanooga, TN 37411
423-629-2399 (H)
<http://virtual.chattanooga.net/excorp/>

Texas Association of Perfusionists

1714 Fortview Suite #200
Austin, TX 78704
512-912-7867
e-mail sball426@aol.com

Virginia Perfusion Society

Virginia Cardiovascular Surgery
1101 Sam Perry Blvd., Suite #207
Fredericksburg, VA 22401
540-372-7792
<http://www.freeyellow.com/members3/vaperfusion/vps.html>

Washington State Perfusion Society

7330-Suite A 15th Ave. NW
Seattle, WA 98117
206-781-0661
e-mail jte@soar.com

Wisconsin Perfusion Society

221 Sherry St. Apt. #207
Neenah, WI 54956
920-969-0130
e-mail KPCAR@aol.com

CONTACTING STATE HEART ASSOCIATIONS

The following lists contact information for state, state-regional, state-district, and community level heart association affiliated chapters. Many states have many state level district and regional AHA offices. Also listed is the internet homepage address for the state affiliated chapter which may contain additional local contact information. These listings are also available from the American Heart Association at <http://www.americanheart.org/affili/index.html>

Alaska Heart Association
1057 West Fireweed, Suite 206
Anchorage, AK 99503-1760
Phone 907-263-2044
InterNet <http://www.americanheart.org/affili/AK/>

Alabama Heart Association
1449 Medical Park Drive
Birmingham, AL 35213
Phone 205-592-7100
InterNet <http://www.americanheart.org/affili/al.htm>

Arizona Heart Association
State Headquarters
2929 S. 48th Street
Tempe, Arizona 85282
Phone 602-414-5353
InterNet <http://www.americanheart.org/affili/Southwest/>

Arkansas Heart Association
909 West 2nd Street
Little Rock, AR 72201
Phone 501-375-9148
InterNet <http://www.americanheart.org/affili/ar.htm>

California Heart Association
State Headquarters
1710 Gilbreth Road., Suite 100
Burlingame, CA 94010
Phone 650-259-9170
InterNet <http://www.americanheart.org/affili/WS/>

Los Angeles Central Office
1055 Wilshire Blvd., Suite 900
Los Angeles, CA 90017
Phone 213-580-1408
InterNet <http://www.americanheart.org/affili/gl/aa/>

Colorado Heart Association
1280 South Parker Road
Denver, Colorado 80231
Phone 303-369-5433
InterNet <http://www.americanheart.org/affili/CO/>

Connecticut Heart Association
5 Brookside Drive
Wallingford, CT 06492
Phone 203-294-0088
InterNet <http://www.americanheart.org/affili/ct.htm>

Delaware Heart Association
1096 Old Churchmans Road
Newark, DE 19713
Phone 302-633-0200
InterNet <http://www.americanheart.org/affili/DE/index.html>

Florida Heart Association
State Headquarters
9900 Ninth Street North
Saint Petersburg, FL 33716-3801
Phone 813-570-8809
InterNet http://www.americanheart.org/affili/FL/index_fl.htm

Georgia Heart Association
1685 Terrell Mill Road
Marietta, GA 30067
Phone 770-952-1316
InterNet <http://www.americanheart.org/affili/ga.htm>

Hawaii Heart Association
245 North Kukui Street, Suite 204
Honolulu, HI 96817
Phone 808-538-7021
InterNet <http://www.americanheart.org/affili/hi.htm>

Idaho Heart Association
Idaho/Montana Regional Office
270 South Orchard, Suite B
Boise, ID 83705
Phone 208-384-5066
InterNet <http://www.americanheart.org/affili/IDMT/>

Illinois Heart Association
State Office
2501 Chatham Road Suite 201
Springfield, IL 62704
Phone 217-698-3838
InterNet <http://www.americanheart.org/affili/IL/>

Metro. Chicago
208 South LaSalle Street, Suite 900
Chicago, IL 60604-1197
Phone 312-346-4675

Chicago Area Stroke Support Groups
InterNet Address
www.americanheart.org/affili/IL/Chicago/Chisupp.html

Indiana Heart Association
State Headquarters
8645 Guion Road, Suite H
Indianapolis, IN 46268-7550
Phone 317-876-4850
InterNet <http://www.americanheart.org/affili/IN/>

Iowa Heart Association
1111 Ninth Street, Suite 280
Des Moines, IA 50314
Phone 515-244-3278
InterNet <http://www.americanheart.org/affili/ia.htm>

Kansas Heart Association
State Headquarters
5375 Southwest 7th
Topeka, KS 66606
Phone 913-272-7056
InterNet <http://www.americanheart.org/affili/KS/>

Kentucky Heart Association
Greater Lexington Region
2201 Regency Rd Ste 401
Lexington, KY 40503
Phone 606-278-1632
Greater Louisville Region
333 Guthrie St Suite 207
Louisville, KY 40202
Phone 502-587-8641
InterNet <http://www.americanheart.org/affili/KY/>

Louisiana Heart Association
State Headquarters
105 Campus Drive East
Destrehan, LA 70047
Phone 504-764-8711
InterNet <http://www.americanheart.org/affili/LA/index.html>

Maine Heart Association
20 Winter Street
Augusta, ME 04332-0346
Phone 1-800-937-0944
InterNet <http://www.americanheart.org/affili/ME/index.html>

Maryland Heart Association
State Headquarters
415 N. Charles Street
Baltimore, MD 21203-7025
Phone 410-685-7074
InterNet <http://www.americanheart.org/affili/MD/index.html>

Massachusetts Heart Association
State Headquarters
20 Speen Street
Framingham, MA 01701-4688
Phone 508-620-1700
InterNet <http://www.americanheart.org/affili/MA/index.html>

Michigan Heart Association
Metro Area Office
16310 West 12 Mile Road
Southfield, MI 48075
Phone 248-557-9511
InterNet <http://www.americanheart.org/affili/MI/index.html>

Minnesota Heart Association
4701 West 77th Street
Minneapolis, MN 55435
Phone 612-835-3300
InterNet <http://www.americanheart.org/affili/mn.htm>

Mississippi Heart Association
4830 McWillie Circle
Jackson, MS 39206
Phone 601-981-4721
InterNet <http://www.americanheart.org/affili/MS/>

Missouri Heart Association
Western Office
2600 I-70 Drive N.W.
Columbia, MO 65201
Phone 573-446-3000
Eastern Office
4643 Lindell Blvd.
St. Louis, MO 63108
Phone 314-367-3383
InterNet <http://www.americanheart.org/affili/MO/>

Montana Heart Association
Central Region Office
Professional Building
510 1st Avenue North, Rm. 114
Great Falls, MT 59401
Phone 406-452-2362
InterNet <http://www.americanheart.org/affili/IDMT/>

Nebraska Heart Association
3624 Farnam
Omaha, NE 68131
Phone 402-346-0771
InterNet <http://www.americanheart.org/affili/ne.htm>

Nevada Heart Association
Las Vegas Office
6370 West Flamingo, Suite 1
Las Vegas, NV 89103
Phone 702-367-1366
InterNet <http://www.americanheart.org/affili/WS/>

New Hampshire Heart Association
20 Merrimack Street, Suite 1
Manchester, NH 03101
Phone 888-907-6933
InterNet <http://www.americanheart.org/affili/ME/index.html>

New Jersey Heart Association
2550 Route # 1
North Brunswick, NJ 08902
Phone 908-821-2610
InterNet <http://www.americanheart.org/affili/NJ/index.html>

New Mexico Heart Association
State Headquarters
6301 Forest Hills Dr., NE
Albuquerque, NM 87109
Phone 505-823-8700
InterNet <http://www.americanheart.org/affili/Southwest/>

New York Heart Association
State Headquarters
100 North Concourse
North Syracuse, NY 13212
Phone 315-454-8166
InterNet <http://www.americanheart.org/affili/NYS/http://www.ahanyc.org/index.htm> (New York City)

North Carolina Heart Association
Raleigh Office
3901 Computer Drive, Suite 110
Raleigh, NC 27609
Phone 919-783-7853
InterNet <http://www.americanheart.org/affili/NC/>

North Dakota Heart Association
P.O. Box 1287
Jamestown, ND 58402-1287
Phone 701-252-5122
InterNet <http://www.americanheart.org/affili/ND/>

Ohio Heart Association
5455 North High Street
Columbus, OH 43214
Phone 614-848-6676
InterNet <http://www.americanheart.org/affili/OH/>

Oklahoma Heart Association
3545 N.W. 58th Street, Suite 400C
Oklahoma City, OK 73112
Phone 405-942-2444
InterNet <http://www.americanheart.org/affili/ok.htm>

Oregon Heart Association
1425 Northeast Irving, Suite 100
Portland, OR 97232
Phone 503-233-0100
InterNet <http://www.americanheart.org/affili/OR/>

Pennsylvania Heart Association
InterNet <http://www.americanheart.org/affili/pa.htm>

Rhode Island Heart Association
40 Broad Street
Pawtucket, RI 02860
Phone 401-728-5300
InterNet <http://www.americanheart.org/affili/ri.htm>

South Carolina Heart Association
400 Percival Road
Columbia, SC 29206
Phone 803-738-9540
InterNet <http://www.americanheart.org/affili/sc.htm>
South Dakota Heart Association
InterNet Address <http://www.americanheart.org/affili/ND/>

Tennessee Heart Association
1200 Division Street Suite 201
Nashville, TN 37203-4012
Phone 615-726-0108
InterNet <http://www.americanheart.org/affili/tn.htm>

Texas Heart Association
1700 Rutherford Lane
Austin, TX 78754
Phone 512-433-7220
InterNet <http://www.americanheart.org/affili/TX/>

Utah Heart Association
Salt Lake City Office
937 S. 300 West, Ste. 120
Salt Lake City, UT 84115-7101
Phone 801-484-3838
InterNet <http://www.americanheart.org/affili/WS/>

Vermont Heart Association
12 Hurricane Lane
P.O. Box 485
Williston, VT 05495
Phone 800-639-6024
InterNet <http://www.americanheart.org/affili/ME/index.html>

Virginia Heart Association
State Headquarters
4217 Park Place Court
Glen Allen, VA 23060
Phone 804-747-8334
InterNet <http://www.americanheart.org/affili/VA/>

Washington Heart Association
InterNet Address <http://www.americanheart.org/affili/WA/>

West Virginia Heart Association
1319 Quarrier Street
Charleston, WV 25311
Phone 304-346-5381
InterNet <http://www.americanheart.org/affili/wv.htm>

Wisconsin Heart Association
795 North Van Buren Street
Milwaukee, WI 53202
Phone 414-271-9999
InterNet <http://www.americanheart.org/affili/wi.htm>

Wyoming Heart Association
Southern Wyoming Regional Office
1807 Capitol Avenue, Suite 109
Cheyenne, WY 82001
Phone 307-632-1746
InterNet <http://www.americanheart.org/affili/CO/>

CONTACT INFORMATION STATE MENDED HEARTS CHAPTERS

Mended Hearts, Inc. is affiliated with the American Heart Association and is a national local chapter network of support groups for heart patients, families and caregivers. Chapters are linked with hospitals, and offer regular meetings and educational programs. Chapters are particularly interested in helping people deal with the emotional recovery from heart disease. The following is a list of towns and cities with local chapters. Information about how to contact a chapter is available by contacting Mended Hearts at 214-706-1442. A current list of local chapters is available from their Internet homepage at <http://www.mendedhearts.org/>

ALABAMA

Auburn/Opelika
Huntsville

ALASKA

(No Chapters)

ARIZONA

Valley of the Sun
Scottsdale
Sierra Vista
Tucson

ARKANSAS

Pine Bluff

CALIFORNIA

Salinas
Santa Clara
Santa Barbara County
San Mateo
Loma Linda
Stockton
Eureka
San Diego
Long Beach
Bakersfield
Orange County
Downey
Fresno
Apple Valley
Ventura
Modesto
Fremont
Lancaster
San Bernardino
Lake Isabella
San Rafael
Mission Hill/San Fernando
Santa Cruz
Tulare County
Huntington Beach
Hayward
Montebello
Newport Beach
San Francisco
L.A.-Inglewood
Oakland
Berkeley
Laguna Hills
Mission Viejo
Santa Maria
Walnut Creek
Sacramento

COLORADO

Denver
Fort Collins
Greeley
Longmont

CONNECTICUT

Greater Hartford

DELAWARE

Wilmington
Dover

FLORIDA

Clearwater
St. Petersburg
Gold Coast
New Port Richey
Pensacola
Hollywood
Fort Myers
Tallahassee
Sarasota
Palm Beach
Jacksonville
Lakeland
Naples
Cocoa Beach
Melbourne

GEORGIA

Atlanta
Augusta
Albany
Athens
Commerce
Brunswick
Savannah
Gwinnett/Snellville

HAWAII

Honolulu
Maui

IDAHO

(No Chapters)

ILLINOIS

Peoria
Elgin
Geneva
Park Ridge
Elk Grove
Chicago
Joliet

Chicago
Winfield
Downers Grove
Alton
Evanston
Evanston/Glenbrook
Elmhurst
Belleville
Waukegan
Arlington Heights
Bloomington
Champaign

INDIANA

Valparaiso
Indianapolis
Evansville
New Castle
Terre Haute
Lafayette
Munster

IOWA

Sioux City
Dubuque
Davenport
Des Moines
Cedar Valley/Waterloo
Cedar Rapids
Mason City

KANSAS

Overland Park
Hays

KENTUCKY

Louisville
Danville
Lexington
Owensboro
Bowling Green
Prestonburg
London

LOUISIANA

Alexandria
Lake Charles
Houma
Lafayette
Covington
New Orleans
Thibodaux

MAINE
(No Chapters)

MARYLAND
Cumberland
Salisbury

MASSACHUSETTS
Boston
Springfield

MICHIGAN
Flint
So. Oakland

MINNESOTA
Minneapolis
St. Cloud
 Fargo/Moorhead, MN/ND
St. Paul
Duluth, MN
Minneapolis South

MISSISSIPPI
Hattiesburg
Jackson
Tupelo

MISSOURI
Overland Park
St. Louis
St. Charles
Joplin
Cape Girardeau
Jefferson City
Liberty
Joplin

MONTANA
Bozeman
Helena
Great Falls

NEBRASKA
North Platte

NEVADA
Reno
Las Vegas

NEW HAMPSHIRE
(No Chapters)

NEW JERSEY
Morris County
Bergen/Passaic
Springfield
Newton

NEW MEXICO
Albuquerque
Sante Fe

NEW YORK

Poughkeepsie
Albany
Nassau Cty
Buffalo
Rochester
Suffolk Cty
Bronx
New York
Kingston
Niagara
Johnson City

NORTH CAROLINA
Greenville
Edenton

NORTH DAKOTA
(No Chapters)

OHIO
Youngstown
Canton
Alliance
Cincinnati
Zanesville
Akron
Dayton
Bellefontaine
Steubenville
Columbus
Toledo
Lima
Cleveland

OKLAHOMA
Oklahoma City
Tulsa
Lawton

OREGON
Medford

PENNSYLVANIA
Latrobe
Downingtown
Scranton Area

RHODE ISLAND
Pawtucket

SOUTH CAROLINA
Columbia
Greenville
Charleston
Conway

SOUTH DAKOTA
Rapid City
Sioux Falls

TENNESSEE
Knoxville
Nashville

Memphis
Chattanooga
Cookeville
Kingsport
Claksville
Johnson City

TEXAS
Temple
Dallas
Houston
El Paso
Amarillo
Port Arthur
Wichita Falls
Plano
Arlington
Beaumont
San Angelo
Texarkana Area
Bryan/College Station
Victoria
Paris
Ft. Worth Northeast, TX
Conroe
Denton

UTAH
(No Chapters)

VERMONT
(No Chapters)

VIRGINIA
Lynchburg
Richmond
Norfolk
Newport News
Roanoke
Rocky Mount
Winchester
Falls Church
Virginia Beach
Alexandria
Martinsville & Henry Cty.

WASHINGTON
Olympia
Kirkland
Seattle

WEST VIRGINIA
Charleston
Morgantown
Wheeling

WISCONSIN
Kenosha
Marshfield
Eu Claire

WYOMING
(No Chapters)

Proactive Grant Application

General Information and Application Process

The American Society of Extra-Corporeal Technology (AmSECT) can assist with state sponsored perfusion society legislative or regulatory public policy informational and educational activities related to matters which affect the clinical practice and training and education of the profession. This support is available through Proactive Grants to independent perfusion organizations, as funds are available. The society cannot engage in certain political activities that fall outside of its non-profit tax exempt status under the Internal Revenue Code. State perfusion societies are required to show that they have a self sustaining funding mechanism for their respective organization's administrative and educational activities.

A state perfusion society seeking financial assistance from AmSECT can submit an application through the designated AmSECT representative to a state society, the AmSECT State Liaison. In the absence of a State Liaison, an application may be submitted to the member of the AmSECT Government Relations Committee which has been assigned the responsibility for a particular state. Having a State Liaison is generally required for a grant application to be considered by the Government Relations Committee. In cases where there is no perfusion society registered with the state and the Internal Revenue Service as a 501(c)(6) professional society, additional application requirements must be met, as specified in the AmSECT Developmental Assistance Grant Application.

To submit a Proactive Grant Application for consideration by the AmSECT Government Relations Committee, applicants must send a completed typed application to the Director of Government Relations at the AmSECT National Office. Copies of applications are to be kept by an AmSECT State Liaison. A cover letter, signed by the designated representative, or by the president of an independent perfusion society / organization, must be included with the application.

Proactive Grant Application Criteria and Guidelines

In general, the following are the minimal criterion which must be addressed and included in a Proactive Grant Application.

- ♥ An AmSECT State Liaison.
- ♥ A legally formed and state and federally registered state perfusion society.
- ♥ The names and addresses of perfusionists and AmSECT members in a state, and those persons serving in leadership positions, as officers, as defined in state society bylaws.
- ♥ A brief description of the issue(s) and the professional benefit to perfusionists in a state.
- ♥ A survey of non-AmSECT and AmSECT perfusionists in the state on the issue(s) involved.
- ♥ A legislative or regulatory feasibility study and strategic plan outline.
- ♥ A copy or a summary of the state legislation or regulation affecting the profession.
- ♥ An itemized budget of estimated revenues and expenses for society activities.
- ♥ The filing of a Financial Accounting Report with the AmSECT Government Relations Committee.

Proactive Grant Application

1. Name of State Perfusion Society : _____

Address: _____

City _____ State _____ Zipcode _____

2. Has a previous Proactive Grant Application been made YES NO

3. If yes, date of previous Application _____/_____/_____

4. Name of AmSECT State Liaison : _____

5. Estimated total number of practicing perfusionists in the state # _____

6. Officers/Directors of State Society

Name	Position	Home Address
a. _____	President	_____
b. _____	Vice President	_____
c. _____	Secretary	_____
d. _____	Treasurer	_____
e. _____	Board Officer	_____
f. _____	Board Officer	_____

g. List Other Officers/Directors of Society _____

7. Date of Incorporation: ____/____/____

(Attach copy of State Certified Certificate of Incorporation as ATTACHMENT # 2)

8. Society Bylaws - *(Attach copy of Society Bylaws as ATTACHMENT # 3)*

9. State Purpose of Society As Given In IRS Form 1024

The purposes for which the Society/Association is organized are to promote the public health and safety by sponsoring activities which will help state perfusionists maintain their level of competence in the practice of perfusion. Additionally, the Society/Association will educate the state legislature and general public about the need for perfusion performed by properly trained and educated perfusionists. The Society/Association will engage in activities which further the common business purpose of all perfusionists performing services in the state. The Society/Association is established to perform professional organizational/trade association activities within the meaning of Internal Revenue Code section 501 (c)(6), and the regulations thereunder. The activities of the organization will include, but not be limited to lobbying the state legislature in proposing, supporting, or opposing legislation which affect the safe practice of perfusion by perfusionists.

10. Names and Addresses of perfusionists *(Attach list of all perfusionists practicing in the state as ATTACHMENT # 4)*

11. Current Society Membership Dues \$ _____

12. Proactive Grant Amount Requested *(from Pro Forma Income Statement)* \$ _____

13. Calendar years covered by Proactive Grant *(from Pro Forma Income Statement)* Years _____

14. Grant Funds requested as percent of Total Estimated Society Revenues % _____
for calendar years covered by Proactive Grant *(from Pro Forma Income Statement)*

15. On one page describe the legislative or regulatory issue(s) involved and what the society proposes to do and the professional benefit to perfusionists in a state in undertaking these proactive activities. *(Attach copy as ATTACHMENT #5)*

16. On one page summarize the results of a representative survey of non-AmSECT and AmSECT perfusionists, including data on the ratio of surveyed perfusionists who support, oppose, or have no opinion on the legislative or regulatory issue(s) involved. *(Attach copy as ATTACHMENT # 6)*

17. Include a legislative or regulatory feasibility study for the issue(s) proposed to be addressed by the Society. This may included an assessment by a reputable state lobbyist, a summation of views by several lobbyists familiar with the appropriate legislative or regulatory decision makers, a summation of views and options of state legislative staff or legislators obtained through personal contact or written communications, and any other pertinent data. *(Attach copy as ATTACHMENT # 7)*

18. Include a copy of the introduced or proposed legislation or regulation, or a written summary.
(Attach copy as ATTACHMENT # 8)
19. Include a legislative or regulatory strategic plan which outlines the breadth and scope of the informational and educational activities planned by the Society. *(Attach copy as ATTACHMENT # 9)*
20. Educational and organizational activities for which Grant Funds will be used fall into these categories *(Place a check mark in all boxes which most closely match the activities anticipated by Society that grant moneys will be used for)*
- Society Newsletter printing and postage
 - To help pay for the costs of professional services
 - To help pay for the costs of society mailings to perfusionists in the state
 - To help pay for the costs of periodic meetings of the Board, and related Board member expenses such as telephone, printing, and faxing, pertaining to Society affairs
 - Other expenses *(fill in)* _____

21. Filing of Financial Accounting Report

Six months after the receipt of a Proactive Grant, a Financial Accounting Report must be filed with AmSECT, and its Government Relations Committee. The report is to include numerical data on the actual expenditure of Grant funds, and a description of what was accomplished. *(Place a check mark in the box next to the following declaration to indicate the acceptance of this precondition for award of a Grant.)*

As a condition of receiving a Proactive Grant, the Society agrees to file a Financial Accounting Report with AmSECT and its Government Relations Committee within the time frame so stipulated in this application.

22. Include copy of IRS Form 1024 and copy of IRS Form 8718, or copy of IRS Determination Letter. *(Attach copy as ATTACHMENT # 10)*
23. *Include Completed Society Application Pro Forma Income Statement as ATTACHMENT #1*

Name of Person Submitting Application (Please Print) _____

Signature _____ Date ____/____/____

Position with Society/Title _____

Proactive Grant Application
NAME OF STATE PERFUSION SOCIETY
Pro Forma Income Statement

Section 1 - Revenues	Calendar Year	Calendar Year
Membership Revenue (# Members x Membership Fee)	\$ 00000	\$ 00000
Loans	\$ 00000	\$ 00000
Fundraising Activities	\$ 00000	\$ 00000
Annual Meeting Registration	\$ 00000	\$ 00000
Annual Meeting Exhibitor Fees	\$ 00000	\$ 00000
Private Donations	\$ 00000	\$ 00000
AmSECT Proactive Grant Funds	\$ 00000	\$ 00000
Surplus or Carryover	\$ 00000	\$ 00000
Other Revenues	\$ 00000	\$ 00000
Total Revenue From All Sources	\$ 00000	\$ 00000
Percentage of AmSECT Grant Funds to Total Revenues	%	%

Section 2 - Expenses	Calendar Year	Calendar Year
Legal and/or Accounting Fees	\$ 00000	\$ 00000
Banking Fees	\$ 00000	\$ 00000
Post Office Box Fee	\$ 00000	\$ 00000
Mailing/Postage	\$ 00000	\$ 00000
Printing/Copying Expenses	\$ 00000	\$ 00000
Office Supplies	\$ 00000	\$ 00000
Telephone	\$ 00000	\$ 00000
Travel Reimbursement	\$ 00000	\$ 00000
Newsletter Printing	\$ 00000	\$ 00000
Newsletter Postage	\$ 00000	\$ 00000
Contracted Professional Services	\$ 00000	\$ 00000
Other Expenses	\$ 00000	\$ 00000
Total Expenses	\$ 00000	\$ 00000

Section 3 - Net of Revenue to Expenses	\$ 00000	\$ 00000
Calendar Year Deficit	\$ 00000	\$ 00000
Calendar Year Surplus or Carryover	\$ 00000	\$ 00000

Supporting Documentation Checklist

Attachment Number	Attachment Title	Attachment Number	Attachment Title
# 1	Pro Forma Income Statement	# 6	Survey of Perfusionists
# 2	State Certificate of Incorporation	# 7	Feasibility Study
# 3	Society Bylaws	# 8	Legislation or Regulation
# 4	List of Names/Address of Perfusionists	# 9	Strategic Plan Outline
# 5	Issue and Professional Impact/Benefit	# 10	IRS Forms 1024,8718,Determination

STATE HOSPITAL DATA ON CARDIOVASCULAR CASES AND SERVICES

This table lists the state administrative office and, where available, the internet address for searching online for state hospital data on cardiovascular cases and services. Not all states collect this data and online data may be several years out of date. In such cases, contact the administrative office directly to inquire on how to make a request for their most recent data, if available. Another source to consult to search for online data is the list of State Departments of Public Health and their internet homepages contained in this Guide.

Alabama

State Dept. of Public Health
201 Monroe Street Suite 1060
Montgomery, AL 36130
Phone 334-206-5233
InterNet www.alapubhealth.org/index.htm

Arkansas

Center for Health Statistics
4815 West Markham
Little Rock, AR 72205
Phone 501-661-2000
InterNet health.state.ar.us/stats/htm/statshp.htm

Arizona

Center for Health Statistics
Office of Health Planning,
Evaluation, And Statistics
Phone 602-542-1216
InterNet www.hs.state.az.us/plan/drg/cost9701.exe

California

Office of Statewide Health Planning
1600 9th Street suite 435
Sacramento, CA. 95814
Phone 916-654-1499
InterNet Hospital Utilization Data
www.oshpd.cahwnet.gov/default.htm
www.oshpd.cahwnet.gov/hpd/hos87_96.csv

Colorado

Health Statistics and Vital Records
4300 Cherry Creed Dr. South
Denver, CO
Phone 303-692-2160/303-692-2505
Health Statistics Section InterNet
www.state.co.us/gov_dir/cdphe_dir/hs/hsshom.html

Connecticut

Office of Policy, Planning, Evaluation
Hospital Discharge Data
Phone 860-509-8056
InterNet www.state.ct.us/dph/reports.html#ppe

Florida

Dept of Health
InterNet www.state.fl.us/health/

Georgia

Office of Health Assessment Services
Division of Public Health
Phone 404-657-6300
InterNet www.ph.dhr.state.ga.us/org/healthassessment.htm

Hawaii

Dept of Health
1250 Punchbowl Street
Honolulu, HI 96813
Phone 808-586-4400
InterNet www.state.hi.us/health/sdohpg02.htm

Idaho

Dept. of Health and Welfare
Center for Vital Statistics and Health Policy
Phone 208-334-5979
InterNet www2.state.id.us/dhw/hwgd_www/health/vs/vsarmenu.html

Illinois

Department of Public Health
535 West Jefferson Street

Springfield, Illinois 62761
Phone 217-782-4977
InterNet www.idph.state.il.us

Indiana

Dept of Public Health
2 North Meridian St.
Indianapolis, IN 46204
Phone 317-233-1325
InterNet www.state.in.us/doh/index.html

Iowa

Division of Planning and Administration
State Center For Health Statistics
Phone 515-281-5787

Kansas

Center for Health and Environmental Statistics
900 SW Jackson, 1st Floor
Topeka, KS 66612-2221
Phone 785-296-1415
InterNet www.kdhe.state.ks.us/hci/

Kentucky

Dept. of Public Health
Division of Epidemiology
275 East Main Street,
Frankfort, KY 40621
InterNet <http://cfc-chs.chr.state.ky.us/Lh11.htm>

Maryland

Department of Health and Mental Hygiene
Epidemiology and Disease Control Program
201 West Preston Street, Third Floor
Baltimore, MD 21201
Phone 410-767-6700
InterNet www.dhmh.state.md.us/cpha/index.htm

Massachusetts

Department of Public Health
Division of Health Care Finance and Policy
Health Data Policy Group
Two Boylston Street
Boston, MA 02116-4704
Phone 617-988-3151
InterNet www.magnet.state.ma.us/dhcfp/index.htm

Michigan

Division of Vital Records and Health Statistics
Department of Community Health
3423 N. Martin Luther King Blvd
Lansing MI, 48909.
Phone 517-335-8705
InterNet www.mdch.state.mi.us/PHA/OSR/Index.htm

Minnesota

Department of Health
Health Information Clearinghouse
Box 64975
St. Paul, MN 55164
Phone 651-282-6314/800-627-3529
InterNet www.health.state.mn.us/stats.html

Mississippi

State Department of Health
2423 North State Street
P. O. Box 1700
Jackson, MS 39215-1700
Phone 601-576-7400
InterNet www.msdh.state.ms.us/msdhhome.htm

Missouri

Department of Health
Center for Health Information Management and Epidemiology
P.O. Box 570
Jefferson City, MO 65102-0570
Phone 573-751-4102
Internet www.health.state.mo.us/GLRequest/StateProfile.html

Montana

Department of Public Health and Human Services
Health Policy and Services Division
1400 Broadway, Helena, MT 59620
Phone 406-444-4540
Internet www.dphhs.state.mt.us/res/index.htm

Nebraska

Health and Human Services System
Department of Finance and Support
P.O. Box 95026
Lincoln, NE 68509-5026
Phone 402-471-3121

New Hampshire

Department of Health & Human Services
6 Hazen Drive
Concord, NH 03301
Phone 603-271-4688

New Mexico

Health Policy Commission
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504
Phone 505-827-7750
Internet www.healthlinknm.org/HDS/hidd.shtml

New Jersey

Dept. of Health and Senior Services
Internet www.state.nj.us/health/hcsa/cab.htm

New York

Internet www.sts.org/outcomes/ny/nymain.html

North Carolina

Department of Health and Human Services
Division of Epidemiology
State Center for Health Statistics
Internet www.schs.state.nc.us/SCHS/profiles/profile_home.cfm

North Dakota

Department of Health
Office of Statistical Services
Phone 701-328-2845
Internet www.ehs.health.state.nd.us/ndhd/pubs/hlthcare/phys97/physprof.htm

Ohio

Department of Health
Hospital Disclosure Reports
P.O. Box 118
Columbus, OH 43266-0118
Phone 614-466-5308
Internet www.odh.state.oh.us/about/about-f.htm

Oklahoma

State Department of Health
Office of Planning & Policy Analysis
Annual Hospital Utilization Survey (HUPS)
1000 N.E. Tenth, Room 1106
Oklahoma City, OK 73117
Phone 405-271-5161
Internet www.health.state.ok.us/

Oregon

Oregon Health Division
Center for Health Statistics
800 N.E. Oregon Street, Suite 215
Portland, OR 97232
Phone 503-731-4109
Internet www.ohd.hr.state.or.us/cdpe/chs/welcome.htm

Pennsylvania

Department of Health
Division of Health Statistics
Phone 717-783-2548
Internet www.health.state.pa.us/hpa/stats/hosp-sor.htm

Rhode Island

Department of Health
3 Capitol Hill
Providence, RI 02908
Phone 401-222-2231
Internet www.health.state.ri.us/hpbriefs.htm

South Carolina

Department of Health & Environment
2600 Bull Street
Columbia, SC 29201
Phone 803-898-3432
Internet www.state.sc.us/dhec/subjects.htm

South Dakota

Department of Health
Health Building
600 E. Capitol
Pierre, SD 57501-2536
Phone 1-800-738-2301
Internet www.state.sd.us/doh/Pubs/index.htm
Order- Medical Facilities Report

Tennessee

Department of Health
Research and Development
Cordell Hull Building, 6th Floor
426 5th Avenue, North
Nashville, Tennessee 37247-5261
Phone 615-532-7901
Internet <http://web.utk.edu/cgi-bin/cgiwrap?user=chrg&script=ws.csh>

Texas

Department of Health
Bureau of Health Data and Policy Analysis
1100 West 49th Street
Austin, TX 78756-3199.
Phone 512-458-7111
Internet www.tdh.state.tx.us/programs/shd&pa/a_shdpa.htm

Utah

Department of Health
Office of Health Data Analysis
P.O. Box 1010
Salt Lake City, UT 84114-1010
Phone 801-538-6101
Internet <http://hlunix.ex.state.ut.us/hda/>

Virginia

Department of Health
Center for Health Statistics PO Box 1000
Richmond VA 23218-1000
Phone 804-225-5076
Internet www.vdh.state.va.us/stats/index.html

Washington

State Department of Health
1112 SE Quince Street
Olympia, WA 98504-7890
Phone 360-236-4010
Internet www.doh.wa.gov/Data/data.htm

Wisconsin

Department of Health And Family Services
1 W. Wilson Street
Madison, WI 53702
Phone 608-266-1865
Internet <http://badger.state.wi.us/agencies/oci/ohci/ohcihome.htm>

Wyoming

Department of Health
2300 Capitol Ave. #117
Hathaway Building
Cheyenne, WY 82002
Phone 307-777-7657

Perfusion Cardiovascular/ Surgical Cases Survey

This survey instrument can be used as presented or as a starting document for gathering historical data on the major medical procedures associated with perfusion services, and the major components of the related services performed by perfusionists. The purpose of conducting this type of survey is to have state data that can be used independently, or to supplement existing state data on hospital cardiovascular cases and services, to present to legislators and the public how these medical conditions and medical procedures relate to the delivery of perfusionist care to the citizens of a state. This survey instrument does not cover all of the medical responsibilities in the AmSECT Perfusion Scope of Practice. It is recommended that at least two years of data be collected. The more annual data collected the better a statistical picture can be developed on the extent of the perfusion profession's impact on the public health and safety of persons needing cardiovascular/surgical care in a state. As many open-heart facilities in a state as is possible should be surveyed. This can generally be accomplished by identifying and contacting the Chief-of-Perfusion or the lead perfusionist at the facility.

=====

Perfusion Cardiovascular/ Surgical Cases Survey

Year _____ Year _____

Cardiac Cases and Procedures

- | | | |
|--|-------|-------|
| (1) How many Cardiopulmonary Bypass Procedures (CPB), of all types, were performed by the Perfusion Department ? | _____ | _____ |
| (2) How many Coronary Artery Bypass (CAB) procedures involved the Perfusion Department ? | _____ | _____ |
| (3) How many Percutaneous Transluminal Coronary Angioplasty (PTCA) cases did the Perfusion Department stand-by for ? | _____ | _____ |
| (4) How many heart and heart-lung transplants, human or mechanical, involved the Perfusion Department ? | _____ | _____ |
| (5) How many valve procedures, of all types, involved the Perfusion Department ? | _____ | _____ |

Organ Transplantation (non-cardiac)

- | | | |
|---|-------|-------|
| (6) How many liver transplants involved the Perfusion Department ? | _____ | _____ |
| (7) How many lung transplants involved the Perfusion Department ? | _____ | _____ |
| (8) How many kidney transplants involved the Perfusion Department ? | _____ | _____ |
| (9) How many other types of transplants involved the Perfusion Department ? | _____ | _____ |

Perfusion Cardiovascular/ Surgical Cases Survey

Year _____ Year _____

AutoTransfusion

- (10) How many autotransfusion procedures, of all types, were performed by the Perfusion Department ? _____
- (11) How many cardiac surgical cases required autotransfusion services from the Perfusion Department ? _____
- (12) How many orthopedic surgical cases required autotransfusion services from the Perfusion Department ? _____
- (13) How many vascular surgical cases required autotransfusion services from the Perfusion Department ? _____
- (14) How many trauma surgical cases required autotransfusion services from the Perfusion Department ? _____

Temporary/Long Term Life Support

- (15) How many Ventricular Assist Device cases, of all types, involved the Perfusion Department ? _____
- (16) How many ECMO cases, of all types, involved the Perfusion Department ? _____
- (17) How many Cardiopulmonary Support (CPS) cases, of all types, involved the Perfusion Department ? _____

Other Cases and Procedures

- (18) How many isolated limb perfusion cases, of all types, were performed by the Perfusion Department ? _____
- (19) How many cases involved the Perfusion Department providing organ preservation, of any organ type ? _____
- (20) How many cases involved the Perfusion Department providing organ procurement, for any organ type ? _____
- (21) How many patients received Activated Clotting Time (ACT) tests which were performed by the Perfusion Department ? _____
- (22) Does the Perfusion Department provide point-of-care diagnostic testing in the Operating Room ? Yes No
- (23) How many patients received other point-of-care diagnostic tests which were performed by the Perfusion Department in the OR ? _____
- (24) How many patients received other point-of-care diagnostic tests performed by the Perfusion Department outside of the OR ? _____

Perfusion Legal Credentialing/Licensing Survey

This is a survey instrument to gather data on the views of practicing perfusionists on legal credentialing and the professional licensing of perfusionists.

- (1) Are you currently practicing perfusion ? Yes No
- (2) How long have you been practicing perfusion ? Years _____
- (3) Which type of perfusion training did you receive ? OJT
 Non-Accredited Program
 CAHEA/CAAHEP Accredited Program
- (4) Are you certified by the ABCP ? Yes No
- (5) Are you now or have you been legally credentialed in a state in a health profession other than perfusion ? Yes No
- If yes, and you are or have been licensed please indicate which profession
 RN RT LPN Med Tech PA Other _____
- (6) Do you believe that the perfusion profession should be recognized in state law as a credentialed medical profession ?
Yes No
- (7) If you answered Yes to #6, please read the descriptions and check the type of legal credentialing status you believe perfusionists should have.

Licensing

Defines the responsibilities and procedures that a perfusion licensee can perform, the Perfusion Scope of Practice. Makes it illegal for unlicensed persons who do not meet minimum standards of education, training, and clinical practice experience to do perfusion services, to offer to do, or to say that they can do the perfusion responsibilities and procedures. Other licensed medical professionals, with the proper education and training could do perfusion services. Requires continuing medical education to maintain a license. Ongoing ABCP clinical requirements for recertification is not needed after initially being certified by the ABCP and being issued a license to practice.

Certification

Defines the responsibilities and procedures that a Certified Perfusionist can perform, the Perfusion Scope of Practice. Requires ABCP certification and recertification and continuing medical education to maintain a state Certificate, and to have the professional designation of being a Certified Perfusionist. Sets minimum legal sanctions (For example, a monetary fine) but does not make it illegal for persons who are not professionally certified and who do not meet minimum standards for education, training, and clinical practice experience from performing perfusion services, as long as they do not claim to be a Certified Perfusionist.

Titling

Defines the responsibilities and procedures that a perfusionist can perform, the Perfusion Scope of Practice. Requires ABCP certification and continuing medical education to maintain the professional designation of being a Titled Perfusionist. There are generally no legal sanctions and persons who are not professionally certified by the ABCP, who do not meet minimum standards for education, training, and clinical practice experience can perform perfusion services, as long as they do not claim to be a Perfusionist.

Perfusion Legal Credentialing/Licensing Survey

- (8) How do you think your practice of perfusion will be impacted by managed care ?
- Positively
 Negatively
 No Impact
- (9) If you answered Negatively to Question #8, do you believe that legal credentialing and, in particular, professional licensing would help perfusionists lessen the impact of managed care by eliminating the possibility that unlicensed medical people could be “cross-trained” in perfusion without having to have minimum standards of education and training, or professional certification ?
- Yes No
- (10) Do you perceive any problems in this state related to other medical professionals trying to assume the medical responsibilities and functions normally associated with perfusion and the Perfusion Scope of Practice ?
- Yes No
- If yes, which three do you believe pose the biggest threat.(1=Most/3=Least)
- | | | |
|------------------------------|----------------------------------|--|
| Physicians _____ | Nurses _____ | |
| Physician Assistants _____ | Cath Lab Technicians _____ | |
| Respiratory Therapists _____ | Anesthesiology Technicians _____ | |
| Medical Technologists _____ | Surgical Assistants _____ | |
| Perfusion Assistants _____ | Other _____ | |
- (11) Should provisional licenses for new perfusion graduates (non-certified) be granted to expire in (check one) ?
- < 1 year 1 year > 1 year
- (12) If perfusionists were licensed there would be a continuing education requirement. Should this CE requirement be at least as stringent as the CE requirement for recertification by the ABCP?
- Yes No
- (13) If perfusionists were licensed, would you have any objection to perfusionists being able to clinically practice without having to maintain the ABCP’s clinical case requirement for recertification, after having passed the ABCP certification examination and being granted a license ?
- Yes No
- (14) Do you believe it would be professionally beneficial to have ABCP certification and be professionally licensed ?
- Yes No
- (15) Do you think that it would be acceptable for perfusionists to be able to maintain a license by fulfilling annual continuing education requirements and not being required to be clinically practicing perfusion ?
- Yes No
- (16) Which is most important to you ? (check one)
- ABC Certification Professional Licensing Equally Important

PERFUSION INFORMATION SOURCES

Professional Society

American Society of Extra-Corporeal Technology
503 Carlisle Drive
Suite # 125
Herndon, VA 20170
(703) 435-8556
(703) 435-0056 (Fax)

American Academy of Cardiovascular Perfusion
P. O. Box 468
Pell City, AL 35125
(205) 338-6355

Professional Certification

American Board of Cardiovascular Perfusion
207 North 25th Ave
Hattiesburg, MS 39401
(601) 582-3309

Perfusion Program Accreditation

Accreditation Committee-Perfusion Education (AC-PE)
Annamarie Appel
Executive Director
7108-C South Alton Way
Englewood, CO 80112
(303) 694-9262
(303) 694-9169

Perfusion Training Programs

Contact the American Society of Extracorporeal Technology
for the name of the current Chairperson
503 Carlisle Drive
Suite #125
Herndon, VA 20170
(703) 435-8556

1999 DIRECTORY OF ACCREDITED PERFUSION PROGRAMS

ARIZONA

Perfusion Sciences
Department of Cardiothoracic Surgery
University of Arizona
Room 4402
1501 North Campbell Avenue
Tucson, AZ 85724
Phone (602) 626-6339

CONNECTICUT

CV Perfusion Program
Quinnipiac College
Hamden, CT 06518
Phone (203) 288-5251 Ex.8221

DISTRICT OF COLUMBIA

Walter Reed Army Medical Center
CV Perfusion Program
6825 16th Street NW, Bldg. #2, RM4655
Washington, DC 20307-5001
Phone (202) 782-8494

FLORIDA

CV Perfusion Program
Barry University
11300 N.E. 2nd Avenue
Miami Shores, FL 33161-6695
Phone (305) 899-3214

ILLINOIS

Rush University
College of Health Sciences
School of Perfusion Technology
1653 West Congress Parkway
Chicago, IL 60612
Phone (312) 942-2305

IOWA

Perfusion Technology Program
Department of Surgery CT 1601JCP
The University of Iowa
Iowa City, IA 52242
Phone (319) 356-8496

MARYLAND

The Johns Hopkins Hospital
School of Perfusion Science
814 Blalock 600 North Wolfe Street
Baltimore, MD 21287-4814
Phone (410) 955-5168

MASSACHUSETTS

Northeastern University
Bouve College of Pharm. and H.S.
Perfusion Technology Program
360 Huntington Avenue
Boston, MA 02115
Phone (617) 373-3666

NEBRASKA

Division of Clinical Perfusion Education
University of Nebraska Medical Center
600 South 42nd Street
Omaha, NE 68198-5155
Phone (402) 559-7227

NEW JERSEY

Cooper Health System
School of Perfusion
One Cooper Plaza, Box 217
Camden, NJ 08103
Phone (609) 342-3277

NEW YORK

Cardiovascular Perfusion Program
SUNY Health Science Center of Syracuse
750 East Adams Street
Syracuse, NY 13210
Phone (315) 464-6933

OHIO

Christ Hospital School of Perfusion Science
2139 Auburn Avenue
Cincinnati, OH 45219
Phone (513) 369-1106

The Cleveland Clinic
School of Perfusion, G-33
One Clinic Center/9500 Euclid Avenue
Cleveland, OH 44195-5001
Phone (216) 444-3895

Ohio State University
School of Allied Health Professions
Division of Circulation Technology
1583 Perry Street
Columbus, OH 43210
Phone (614) 292-7261

OREGON

Heart Institute at St. Vincent Hospital
9205 S.W. Barnes Road
Portland, OR 97225
Phone (503) 297-1419

PENNSYLVANIA

Hershey Medical Center
Penn State University
CV Perfusion Technology Training Program
P.O. Box 850
Hershey, PA 17033
Phone (717) 531-8550

Shadyside Hospital School of CV Perfusion
5230 Center Avenue
Pittsburgh, PA 15232
Phone (412) 623-2482

Department of Perfusion Technology
Rangos School of Health Sciences
215 Health Science Building
Duquesne University
Pittsburgh, PA 15282
Phone (412) 396-5555

Allegheny University of Health Science Center
CV Perfusion Technology
Broad & Vine Streets
Mail Stop 508
Philadelphia, PA 19102-1192
Phone (215) 762-7895

SOUTH CAROLINA

ECT Educational Program
 College of Health Professions
 Medical University of South Carolina
 101 Doughty Street, 2nd Floor, RM 206
 Charleston, SC 29401
 Phone (843) 792-2298

TENNESSEE

Department of CV Surgery
 Suite #2986 TVC
 The Vanderbilt Clinic
 Nashville, TN 37232-5734
 Phone (615) 343-9195

TEXAS

Texas Heart Institute
 P.O. Box 20345, MC-1-224
 Houston, TX 77225
 Phone (713) 791-4026

WISCONSIN

Milwaukee School of Engineering
 1025 North Broadway
 Milwaukee, WI 53202-3109
 Phone (414) 277-7209

Accredited Perfusion Training Program Profiles

Program	Length (Months)	Program Admission Requirements	Degree/Certificate
University of Arizona	24	BS, or BA with Sciences, Med. Exp., GRE	MS & Cert.
Quinnipiac College	16	BS or 80 Credit Hrs. Min. 3 yrs Exp.	BS &/or Cert
Walter Reed Army Medical	18	PA BS Min 3 yrs Exp. Active Duty PA	Certificate
Barry University	21	59 Credit Hrs. Prerequisite. Min GPA 2.5	BS
Rush University	21	60 Credit Hrs. science. Min. GPA 2.75	BS
University of Iowa	21	BS	Certificate
John Hopkins Med. Center	18	BS Science, Nursing	Certificate
Northeastern University	21	BS, GRE, Min. GPA 2.75, Med. Exp.	MS
University of Nebraska	21	BS	Certificate
Cooper Health Systems	20	90 sem. Hrs. College courses	BS & Cert.
Syracuse Univ. - SUNY	19	60 sem. Hrs. College with Prerequisites	BS
Christ Hospital	21	Baccalaureate required Min. GPA 2.5	Certificate
Cleveland Clinic	19	BS with Prerequisites/same as OSU	Certificate
Ohio State University	19	Min. Junior status Min. GPA 2.5	BS Cert.
Heart Inst. at St. Vincent's	12	BS or BA 1 yr. Med. Exp	Certificate
M.S. Hershey - Penn State	24	BS Biology/Chemistry	Certificate
Shadyside - Carlow College	15	Academic Pre-Perfusion Requisites	BS & Cert.
Duquesne University	18	GPA 2.5 or above	BS
Allegheny University	21	GPA 2.5 or above	BS & Cert.
M.U. of South Carolina	21	60 sem. Hrs. Junior standing	BS
Vanderbilt University	18	BS or BA & Med. Exp.	Certificate
Texas Heart Institute	12	BS or BA	Certificate
Milwaukee School of Engineering	18	BS in Science	MS

Almost all programs require college level course work in the following subjects: Algebra, Chemistry, Physics, Biology and/or Anatomy & Physiology. Specific academic course requirements are provided in literature from each individual program.

STATE LEGAL CREDENTIALING OF PERFUSIONISTS

(Reprinted from *Perfusion Life*, June 1995 And *AmSECT Today*, October 1996)

AMSECT RECOMMENDS STATE LEGAL CREDENTIALING OF PERFUSIONISTS

At the 33rd International meeting of AmSECT, by a unanimous vote, the Board of Directors approved the following statement: **“The AmSECT Board recommends the state legal credentialing of perfusionists”**. This represents a significant change in the society’s previous position in that in the past AmSECT had only expressed support for individual state’s perfusionists if they choose to pursue state legal credentialing. This is no longer the case. The AmSECT Board has now chosen to take a proactive position by recommending that perfusionists pursue state legal credentialing.

According to many experts in the managed care field, legal credentialing of allied health professionals will be used by managed care organizations to establish minimum levels of medical provider qualifications. Currently, it is estimated that sixty (60%) percent of the non-Medicare insured population in the country is enrolled in managed care insuring plans. In five years, it is estimated that this form of health coverage will cover 80% of the non-Medicare insured population. There are efforts underway now in Congress to expand the use of managed care in the Medicare population of persons.

The continued growth of managed care contracting has not escaped the attention of the AmSECT membership. At the annual meeting, many members voiced their concerns with how the perfusion profession would deal with this development. In addition, the preliminary findings of the AmSECT Government Relations State Survey found that at least 43% of survey respondents felt that the impact of managed care on how they currently practice was of “Most” or a “Very” Important concern to them personally. The final results of the Survey are likely to see this level of concern be even higher. In a managed care system of health care services, the perfusion profession must respond to this change to ensure that perfusionists’ will have jobs and will maintain their current scope of medical responsibilities. State legal credentialing is the only way perfusionists can ensure that their scope of practice is protected and that they can continue to use their education, training, and clinical expertise to ensure that the quality of medical care received by patients is not jeopardized.

The profession has already experienced scope of practice threats in at least six states in the past few years. In short, **almost 40% of AmSECT members have already faced challenges related to legal credentialing** and protecting their scope of practice. Again, the preliminary findings of the AmSECT Government Relations State Survey found that 89% of survey respondents ranked protecting their scope of practice as being of “Most” or a “Very” Important concern to them personally. **Legal credentialing is the only way to ensure that a perfusionist’s medical responsibilities are protected**, now and in the future. Perfusionists in two states have already taken proactive actions to seek legal credentialing. Perfusionists in several states are organizing to seek credentialing from their state legislatures. **An official AmSECT statement will help perfusionists wishing to gain state recognition for their professional medical skills.**

WHAT IS LEGAL CREDENTIALING

The concept of legal credentialing for medical professionals is not new. Some perfusionists may not be familiar with what the term means or how this can help protect or advance the perfusion profession in the changing health care system. Legal credentialing covers four state regulatory designations for medical professionals. The AmSECT statement means that the medical professional society for perfusionists recommends that all clinically practicing perfusionists be professionally recognized and regulated under any of the following four professional recognition categories.

The lowest level of professional credentialing is **Registration**. Registration may require meeting some general minimum criteria (education and/or examination) within a specific medical profession, and registering with a designated state governmental agency. Medical scope of practice designation is not included with this type of professional recognition. There generally are no restrictions on who can perform the medical scope of practice activities and procedures of a registered professional group. There is no ongoing state regulatory oversight done to ensure that registered providers are competent in the delivery of services. The complexity of the medical services involved with perfusion services and nature of the medical field makes this form of professional recognition and regulation of limited benefit to the perfusion profession; however, it is an available legal credential.

The next level of professional credentialing is **Titling**. Titling usually requires a minimum level of academic and examination criteria. This may include graduating from a CAHEA or CAAHEP accredited school and achieving certification by the American Board of Cardiovascular Perfusion (ABCP). Continuing education requirements may also be a mandated requirement. Titling includes the use of scope of practice requirements to determine what services a titled medical professional is authorized by law to perform. With titling, no person may use the protected title (e.g. Perfusionist) unless he or she has met the criteria required by the law. An important benefit of titling is the legal authority granted to perform the scope of medical practice activities contained in the scope of practice for the titled practitioner. **Use of the title without meeting the criteria is usually subject to legal prosecution, but persons who do not use the title (e.g. calling themselves a Perfusionist) are not restricted from performing the specified scope of medical practice activities.** “Grandfathering” is an important component of this type of credentialing when the authorizing legislation is done. “Grandfathering” allows those who have been clinically practicing for a specified number of years, and who do not meet the minimum academic and/or examination criteria, to be recognized as being qualified and to use the professional title. Restrictions on using the title generally apply only to persons entering the field after a certain date. Titling usually does not require applying or paying a fee to any state agency for a credential. Usually, the hospital is responsible for ensuring that its staff who are using the protected title meet the legislatively mandated criteria. Currently, California is the only state which has titling of perfusionists.

The third level of professional credentialing is **Certification**. This is different from ABCP certification, and usually requires that a state agency grant professional status to persons meeting specific minimum criteria. Once again, this may include, for example, being a graduate of an accredited school of perfusion, passing the ABCP examinations, and doing continuing education. Persons are certified by the state through filing an application and paying a certification fee. Certified persons can use the professional title, e.g. Perfusionist. **Non-certified persons are not restricted from performing the certified medical services, but without the fulfillment of the criteria they can not legally call hold themselves out as being certified.** As with Titling, “grandfathering” is an important component of this type of credentialing when the authorizing legislation is done. “Grandfathering” allows those who have been practicing the professional services for a specified number of years, and who do not meet the minimum academic and/or examination criteria, to be recognized as being qualified to obtain a certificate. Because certification requires that the state verify the qualifications of those applying for a credential, a practice board is usually designated with the responsibility of regulating the profession. Certification allows for increased enforcement of the law and professional practice protection when compared with Titling.

Licensure is the highest level of legal credentialing. Academic, examination, and continuing education standards are mandated by law. The key difference with licensure is that a person can not perform the scope of services written into the law unless they possess a license. Without a license to perform the scope of services, it is illegal to perform any of the scope of practice services designated in state statute, except when other credentialed professionals have an overlapping scope of practice and are specifically exempted. With licensure it is illegal to perform the designated services or to claim that you are qualified to do those services. It is illegal to use the protected title which is created by the authorizing state licensure law. Again, if the designated medical professional service provider is clinically practicing they are usually “grandfathered” and automatically designated as being licensed to perform the service, regardless of their previous educational training background or whether they were professionally certified by a certifying board. “Grandfathering” allows those persons who are currently practicing in a medical specialty field a pathway to obtain a license to practice if they do not have the mandated academic and/or the professional examination standards fulfilled. The mandated academic and/or the examination standards apply to new persons entering the profession after a specified date. Currently, Texas is the only state which has licensure of perfusionists.

HOW DOES THE LEGAL CREDENTIALING OF PERFUSIONISTS COMPARE WITH OTHER PRACTITIONERS ?

Perhaps the biggest challenge to perfusionists’ scope of practice and their continued ability to continue to use their education, training, and clinical expertise in the future comes from the state licensure efforts of perfusion related allied health professionals groups. These groups are already credentialed in at least one form. For example, as of last year, **Respiratory Therapists** were certified or titled in eight (8) states and statutorily licensed in thirty-three (33) of fifty (50) states. **Medical Technologists** were certified or titled in thirty-four (34) states and statutorily licensed in sixteen (16) of fifty (50) states. **Physician Assistants** were certified or titled in sixteen (16) states and statutorily licensed in thirty-three (33) of fifty (50) states. **Subspecialties of Nursing** are seeking to be licensed in eight (8) states this year alone. In comparison, **Perfusionists** were certified or titled in only (1) state and statutorily licensed in only one (1) of fifty (50) states. There are efforts now underway to gain licensure for perfusionists in several other states.

WHAT DOES THE STATEMENT MEAN PROFESSIONALLY

As the perfusion related allied health professionals seek to gain professional licensure, there is always the opportunity to expand their medical duties in the delivery of health care services so that they can preserve their role in an increasingly cost conscious and professionally competitive managed care market place. Adding extra-corporeal life support to their state recognized scope of medical responsibilities is not difficult given the current lack of political and legislative organization in the perfusion community. The profession will be better served in the long run if all clinically practicing perfusionists are legally credentialed and recognized in their respective states. An official AmSECT statement will help perfusionists in states wishing to gain legal credentialing and recognition for their professional medical skills.

The AmSECT Board's statement on legal credentialing of perfusionists **MEANS** that as a matter of professional and public health policy AmSECT recommends four levels of professional recognition which perfusionists in a state MAY pursue to protect their ability to continue practicing as clinical perfusionists. AmSECT recommends that all perfusionists should be legally credentialed in whatever state they work, regardless of whether they are employed by a hospital, employed by a perfusion contracting company, or self-employed as an independent contractor or as a small independent contracting group. In recognition of the ongoing challenges to the profession, **AmSECT now has an official position which can be used to support legislative efforts to gain the level of professional recognition sought by perfusionists in an individual state to protect their scope of practice from other allied health professionals, and to ensure that patients receive high quality care by qualified health care practitioners.**

The statement **DOES NOT MEAN** that AmSECT is recommending one of the levels of legal credentialing over another. The statement **DOES NOT MEAN** that AmSECT has taken the position that only graduates of accredited schools of perfusion and those certified by the ABCP should be allowed to practice perfusion services. AmSECT is not recommending that ABCP or other certified perfusionists only be allowed to do perfusion services. A clinically practicing perfusionist could not be prevented from working as a perfusionist as a result of this statement. Perfusionists in a state must have the flexibility to decide what level of legal credentialing fits with their local professional, legislative, and political environments.

The statement **DOES NOT MEAN** that because AmSECT has taken an official position in support of perfusionists being legally credentialed that this confers any form of automatic professional protection in the state legislative and regulatory arenas. This position statement can be used to support professional recognition but if the profession is not officially acknowledged in state statute no professional protection is granted. A professional society statement recommending legal credentialing has no bearing on individual hospital protocols.

With the ongoing changes in the health care system through managed care, there appears to be increased emphasis on the utilization of credentialed health care professionals as an indicator of the delivery of quality patient care. The perfusion profession will be better served now and in the future if perfusionists are legally recognized in their state, and are directly involved in shaping the future direction of the profession. Obtaining legal credentialing will allow perfusionists to have a voice in shaping future health care legislation which directly affects the perfusion profession. **Without legal credentialing and professional recognition, some group other than perfusionists could be in the position to decide what perfusionists can and can not do professionally.**

AmSECT now has an official position which can be used to support state legislative efforts to gain the level of professional recognition sought by perfusionists to protect their scope of practice from other allied health professionals, and to respond to the changes occurring in the health care system which could affect the profession, now and in the future.

LICENSING - WHAT IT WOULD AND WOULD NOT MEAN FOR PERFUSIONISTS

The following questions are those most frequently asked about professional licensing for perfusion. The answers will provide perfusionists with a clearer idea of what licensing of the profession would mean and not mean, and why it would be beneficial for the quality of care received by the hundreds of thousands of persons who annually are affected by cardiovascular disease and who depend on the services of a perfusionist.

The American Society of Extra-Corporeal Technology (AmSECT) has taken the position that the profession should be legally credentialed. (See *June 1995 Perfusion Life*). State credentialing covers four levels of professional recognition and regulatory designations - - Registration, Titling, Certification, and Licensure. Licensing is the highest level of legal credentialing. AmSECT has developed a *“Guide for State Licensure Legislation for Perfusionists”* which can be used to draft legislation. A copy of the Guide is available from an AmSECT State Liaison, or can be obtained by contacting a member of the Government Relations Committee, or by contacting the AmSECT National office.

Perfusionists have historically been unlicensed, so why should they be licensed?

The profession has evolved over the years to keep abreast of medical and technological changes designed to enhance patient outcomes. The most important recent developments affecting perfusion include the following: 1) the growth of managed care insurance and its emphasis on “credentialing” of medical providers as a benchmark for clinical competency; 2) the national attention on high cost medical procedures; 3) the evolving health care system push to reduce personnel and labor unit costs as a means to improve bottom line financial operations, while attempting to maintain or improve patient medical outcomes; and, 4) the “cross-training” of unlicensed medical service providers to improve the “flexibility” of the health care provider workforce. All these dramatic changes are taking place outside of the operating room. These changes are affecting the perfusion profession as well as other health professionals and institutional providers. None of these systemic influences are going to disappear in the future.

Professional licensing defines the responsibilities and procedures that a perfusion licensee can perform, the perfusion scope of practice, and makes it illegal for unlicensed persons who do not meet minimum standards of education, training, and clinical practice experience to provide perfusion services, to offer to do so, or to say that they are qualified to do so.

Professional licensing would allow the profession to set standards for qualifications through a state regulatory mechanism to ensure professional competency and good patient care. Only other licensed medical professionals having an overlapping scope of practice and being specifically trained could perform perfusion. In the developing health care system, unlicensed professional status for perfusion may be tantamount to giving control of the future of the profession to hospitals or managed care administrators, or to other health professionals, in the form of “cross-training”. No group other than perfusionists should be able to decide what perfusionists can and cannot do professionally. Professional licensing can give perfusionists the means to help control the impact of outside developments on the profession, and allow the profession the opportunity to play a role in shaping the health care system, both now and in the future.

Professional licensing has been raised as a means to protect a perfusionist’s medical “Scope of Practice”. What does this mean? How would licensing accomplish this?

The American Society of Extra-Corporeal Technology developed a Perfusion Scope of Practice. This defines the specific medical duties and responsibilities necessary to support or replace and manage cardiopulmonary and circulatory functions, upon prescription by a physician and in accordance with hospital protocols. With professional licensing there are academic, examination, and continuing education standards and requirements mandated in law. A person cannot perform the services defined in the law, the medical “scope of practice”, unless he or she possesses a license. Without a license it would be illegal to perform any of the medical duties, responsibilities, or services designated in the law, except when other licensed professionals have an overlapping scope of practice and/or are specifically trained to perform the designated services. With licensing it would be illegal to perform the designated services, claim that you are qualified to do them, or use the title of “Licensed” unless you really were. Professional licensing would codify in state law the medical duties and responsibilities developed by AmSECT and would prevent any unlicensed individual from performing perfusion services in the state.

Would professional licensing of perfusionists enhance the quality of patient care in the state?

Professional licensing gives the public and the perfusion profession protection against incompetent clinical practice. It does not guarantee that patient care is enhanced, but the licensing process and peer professional review is viewed as a means to enhance the quality of patient care. The licensing process establishes a perfusion professional peer review board with the authority to decide whether a perfusionist has performed services in a manner which meets accepted professional standards of care. This is done by allowing the filing of public complaints. The perfusionist who is alleged to have given incompetent care is allowed to participate in the review of the case by the licensing authority, a perfusion board or committee. A majority of the members of the licensing authority would be clinically practicing perfusionists.

What benefits does licensing have compared to Titling or Certification by the State?

Licensure includes the use of scope of practice requirements to determine what services a medical professional is authorized by law to perform. The key benefit when compared with Titling and Certification is that with professional licensing a person is not able to perform the scope of services written into the law unless the academic, examination, and continuing education standards and requirements mandated by the licensing law are met and maintained, and a license to practice exists..

Without a license, it is illegal to perform any of the scope of practice services designated in state law, except when other licensed professionals have an overlapping scope of practice and are specifically trained. With licensing it is illegal to perform or offer to perform the designated services, or claim you are qualified to perform those services, unless you applied and were granted a state license. When compared with Titling and Certification, professional licensing allows for the maximum in patient care protection. Certification and Titling both include the use of scope of practice requirements to determine what services a Certified or Titled medical professional is authorized by law to perform. However, non-Titled or non-Certified persons are not restricted from performing the medical services but they cannot claim to be a Titled or a Certified professional. Claiming to be Certified without meeting the minimum criteria is subject to minor legal sanctions, such as a monetary fine. With Titling, no person can use the protected title (e.g. Perfusionist) unless he or she meets the minimum level of academic, examination, and continuing education criteria required by the law. As with Certification, persons not using the title (e.g. calling or claiming themselves to be a Perfusionist) are not restricted from performing medical services. Practicing without a Title usually no legal sanctions, or only minor ones.

If perfusionists were licensed would there be greater exposure to being sued for malpractice?

A perfusionist can still be sued for medical malpractice if they are licensed, but there is less exposure compared to not having any form of legal credentialing. The use of professionally recognized educational and training standards, and continuing education requirements to earn and to be granted to maintain a license, establishes a professional competency level that is recognized and mandated by the state. The licensing process establishes a perfusion professional peer review board or committee (the licensing authority) with the authority to decide whether a perfusionist has performed services in a manner which meets accepted professional standards of care on a case-by-case basis. As the licensing authority makes decisions on whether specific actions by perfusionists in cases were done in accordance with accepted standards of professional conduct, case law principles would be developed that could be useful for a perfusionist or the public in malpractice cases.

A perfusionist might have greater exposure to losing a medical malpractice case if it were found that an unlicensed perfusionist was performing a service for which another medical professional was licensed. In other words, there might be greater exposure in being unlicensed if a perfusionist was performing services which were in the medical scope of practice of another medical professional, or practicing perfusion and doing services which were outside of the recognized state law.

In general, professional licensing means less exposure to medical malpractice when compared to not being licensed, but licensing will not protect a perfusionist from being sued for alleged incompetent perfusion practice.

If perfusionists were licensed would they have to answer to a state licensing Board?

Yes. But only if a patient filed a complaint with the licensing authority (a perfusion Board or committee). The perfusion

board or committee would have a majority of the members who are clinically practicing perfusionists.

If perfusionists were licensed would they have to sit for a “licensing examination” in addition to the ABCP certification examination?

There is not a clear-cut answer to this question. It depends on the decision made by the licensing authority to accept or not to accept the ABCP examination as the recognized examination for professional competency. The vast majority of states do not want to be in the business of administering professional examinations, and the majority of states have accepted the voluntary professional certification examination as proof that a person making application for a license has proven they have met the professional requirements for their respective medical field.

If perfusionists were licensed would they have to meet continuing education requirements to maintain a license?

It depends upon the requirements stipulated in the licensing law. If a law stipulates continuing education as a requirement for license renewal, then this requirement would have to be met. If a state licensing law does not stipulate continuing education as a requirement then perfusionists would not have to meet continuing education requirements to maintain a professional license. The AmSECT “Guide for State Licensure Legislation For Perfusionists” stipulates continuing education as a requirement for license renewal, and that the continuing education requirement adopted by the perfusion licensing authority be as least as stringent as the didactic requirements set by the American Board of Cardiovascular Perfusion (ABCP). The specific number of hours would depend on the decision made by the licensing authority.

If perfusionists were licensed would they have to be recertified by the ABCP to be allowed to practice in a licensed state?

It depends upon the requirements stipulated in the licensing law. If a law stipulates ABCP recertification for license renewal, then this requirement would have to be met. If a state licensing law does not stipulate ABCP recertification as a requirement then perfusionists would not have to maintain ABCP certification. Most states do not require recertification once a license has been granted. Didactic continuing education requirements are almost always a requirement for license renewal, but ongoing clinical practice is almost always not a requirement for license renewal for other licensed medical professionals.

If a perfusionist is practicing in a license-state and moves to a state which does not have licensing of perfusionists, the employer may require current ABCP certification or it might recognize the license from the other state as fulfilling its own credentialing standards. If a perfusionist is practicing in a license-state and moves to another license-state, reciprocity allows the perfusionist to apply and be granted a license as if it was a renewal of an existing license in the new state.

While ABCP recertification may not be a licensing requirement, maintaining ABCP certification and holding a professional license is the best way to ensure that a perfusionist can clinically practice in any state. This would be the case until perfusionists are licensed in all of the states, with no requirement to maintain ABCP certification as a requirement to renew a license. The AmSECT “Guide for State Licensure Legislation For Perfusionists” does not require perfusionists to maintain ABCP certification as a condition for license renewal.

If perfusionists were licensed in one state could a license be transferred to another state which licensed perfusionists?

If a perfusionist is practicing in a licensed state and moves to another state which has licensing of perfusionists, reciprocity will allow the perfusionist to apply and be granted a license as if the perfusionist was renewing a license, as long as the reciprocity requirements between states is substantially equivalent.

Would perfusionists in the state be able to practice if they are not ABCP certified perfusionists, or if they are not eligible to be certified by the ABCP?

The answer to this involves a Yes and a No because of “grandfathering”. “Grandfathering” is a federal and state legal principle that prevents a new law from denying individuals of their right to continue to work in their chosen professional field because new professional requirements were not written into law when they entered the field. Perfusionists

who are not ABCP certified, or not eligible to be certified, would be given a specified time during which they could be licensed through the “grandfathering” provision. Because only a certain length of time is allowed for “grandfathering”, after a date certain any perfusionist wanting to practice in a state which has licensing would have to be ABCP certified to be eligible to receive a license to practice. After this date, a non-ABCP certified or non-eligible ABCP certified perfusionist, would not be able to practice because he or she would not have the minimum examination requirement to be eligible to apply for and receive a license. A non-ABCP certified or non-eligible ABCP certified perfusionist who was “grandfathered” in and received a license would not be required to become ABCP certified to renew or remain licensed in the state, as long as the rest of the licensing requirements are met, and as long as the license is not lost due to other circumstances.

What is a “Provisional License” and how does it apply to perfusion training program graduates?

Almost all medical professional groups which have licensing require that their respective certification examinations be passed before individuals are allowed to clinically practice on a full-time professional basis. The education, training, and certification process for perfusion is different from most other medical professionals. To accommodate this, the AmSECT “Guide for State Licensure Legislation For Perfusionists” has a provisional licensee category.

If a state has perfusion licensing, a graduate of a training program will apply and receive a provisional license to practice perfusion for one year. The graduate will practice under the supervision of a licensed perfusionist, so that he or she will be able to meet the caseload requirement for the ABCP certification examination. After passing both parts of the certification examination, the provisional licensee is eligible to apply for and receive a full professional license. If a graduate fails any part of the certification examination the provisional license is surrendered to the state. Until the ABCP certification examination is passed, the perfusionist could not practice perfusion. The AmSECT “Guide for State Licensure Legislation For Perfusionists” includes a provision which grants to the perfusion licensing board or a separate licensing committee the authority to extend a provisional license, based on criteria that it adopts. This allows a provisional licensee to make application for an extension and to continue to practice under the supervision of a licensed perfusionist.

If a state has perfusion licensing and there is a perfusion training program in the state, the students in the program are exempt from any licensing requirements.

How much would it cost to have a professional license?

There is no single universal fee amount for a professional license. And, once established, a licensing fee can be increased or decreased. There are a number of factors involved in determining the professional licensing fee, either the first time application and license or to renew a license each year. A licensing fee amount would be determined based on the following factors: 1) The fee amounts paid by licensed professionals who have similar numbers of professionals compared to perfusionists in a state; 2) The actual number of perfusionists in a state; 3) the type of licensing structure established, i.e. either a separate free-standing perfusion licensing Board, or a separate perfusion licensing Committee established under the jurisdiction of an existing licensing Board; and 4) the extent that a state uses licensing fees to fund other components in a state’s budget. A separate free-standing Board costs the state more money to operate and therefore would most likely mean a higher licensing fee than that associated with a perfusion licensing Committee/Board established under an existing professional Board. The only way to get a good approximation of what it would cost for a professional license is to seek an opinion from the state agency that controls professional licensing.

How much would it cost to renew a license each year?

The answer to this question is the same as the answer to the previous question, except that annual license renewal fees are generally less than newly issued licenses. If a license is lost, a replacement license must be purchased at a nominal cost. Professional licenses must be posted or retained for public inspection.

How much would it cost to engage in the legislative process to gain perfusion licensing?

There is no set cost applied to a licensing effort. There are several factors which will determine the cost: 1) the type of lobbying firm or lobbyist hired; 2) the level of professional lobbying services contracted for; 3) the amount of volunteer time and effort contributed by perfusionists; and, 4) the political and legislative atmosphere and strength of individual

legislator support. There are three basic forms in which lobbying services can be retained. The most expensive is in the form of a law firm that also specializes in lobbying. There are public relations firms which also have lobbyists that may be less expensive than law firms. The least expensive form is the small independent contractor lobbyist. An independent contractor lobbyist may have a background in working for a state legislator or a governor.

The level of professional lobbying services contracted for and the type of retainer for professional services will influence the cost. Retainers can be hourly or on a monthly basis, and can vary depending upon the level of contracted services. There are three basic packages of lobbying services, which can be classified as follows: 1) A written lobbying strategy; 2) A written lobbying strategy and limited professional services; and 3) The comprehensive package of lobbying services. In general, package (1) is the least expensive and the comprehensive package the most expensive.

The amount of volunteer time and effort contributed by perfusionists on the licensing effort should influence the level of contracted professional lobbying services. The political and legislative atmosphere and strength of individual legislator support are influences which also must be taken into consideration. These types of assessments are best left to a professional lobbyist, although perfusionists may have personal relationships with legislators which could be valuable in stimulating a licensing effort.

The best method for trying to determine the cost of a state lobbying campaign on licensing is to seek cost estimates for the three types of lobbying service packages from one or two of the types of lobbying arrangements outlined. These cost estimates should be considered in conjunction with the amount of volunteer time and effort which will be committed by perfusionists in a state.

How long can it take to get legislation enacted?

There is no set length of time which should be counted on to achieve professional licensing. It could take only one legislative session or more than one. The chances for success are dependent upon many legislative and political factors, but are substantially improved when there is a concerted educational effort targeted at key legislative players before licensing legislation is even introduced.

Do all perfusionists in a state need to support licensing in order to be successful in efforts to enact legislation?

No, but a majority of the perfusionists do need to be supportive. Ideally, all perfusionists would be supportive because all would see professional licensing as a means to enhance the professionalism of perfusion and as a means to enhance the quality of patient care.

Does the enactment of licensing Acts in some states benefit efforts in other states?

Yes. Perfusionists are licensed in Texas and Oklahoma and are Titled in California. The California practice act is similar to a licensing law with the exception that there is no regulatory enforcement mechanism in place and perfusionists are not issued a document which confers their legal credential. Perfusion licensing legislation has been introduced in California, Oregon, and Wisconsin and it is likely that perfusion licensing legislation will be re-introduced or newly introduced in several states in 1997.

What support can AmSECT provide?

AmSECT supports the state legal credentialing of perfusionists, including professional licensing. AmSECT can help with professional licensing but the main responsibility for a licensing effort rests with the perfusionists in a state. They have the most at stake in the success or failure of enactment of licensing legislation and must shoulder the main responsibility for seeing that their professional interests are best served in their state.

AmSECT has Proactive Grant Awards that are available to financially assist perfusionists if they wish to pursue professional licensing. To be eligible for Developmental or Proactive Grant assistance, a state must have an AmSECT State Liaison and also have a professional state society or organization of perfusionists that is registered with the state, and with the IRS. For Proactive assistance, there are specific criteria which must be met before an application will be reviewed by the AmSECT Government Relations Committee.

AmSECT has also developed a "Guide for State Licensure Legislation for Perfusionists" which can be used to draft legislation. A copy of the Guide is available from an AmSECT State Liaison, or can be obtained by contacting the AmSECT National office.

Clinical Activity And State Licensing Of Perfusionists

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Over the past five years, the American Society of Extra-Corporeal Technology (AmSECT) and its Government Relations Committee have been working with state perfusion societies on pursuing state legal credentialing. With the four perfusionist licensing laws passed in 1999 in Arkansas, Tennessee, Illinois, and New Jersey, and with the recent enactment of licensing in Massachusetts, the total number of states having some form of perfusionist state legal credentialing has risen to nine. Texas, Missouri, and Oklahoma became licensed states before 1999 and California perfusionists are Titled medical professionals. On a national basis, approximately 35% of AmSECT members and 33% of American Board of Cardiovascular Perfusion (ABCP) certified perfusionists nationally are now recognized as state Licensed or Titled professionals.

With the advent of these eight state licensing laws, a public policy and clinical practice issue has been raised. The issue concerns the question of whether or not there should be a state mandated linkage between pumping an explicit number of cases each year (i.e. a clinical activity requirement) and being able to have a perfusionist's state license renewed. The Government Relations Committee believes it is important for perfusionists in these newly licensed states and in future licensed states to understand the implications of this issue. It is important that perfusionists know the advantages and disadvantages of possibly linking a clinical activity requirement with state license renewal. Related to this is the question of how other perfusion related professions have dealt with the issue of linking a specific clinical activity requirement with their medical license renewal process.

CAVEATS

CLINICAL ACTIVITY TERMINOLOGY

Webster's Dictionary defines caveat as "an explanation to help prevent misinterpretation." With this in mind, the first caveat concerns what is meant by the term "clinical activity." There are other interpretations that could be developed, but there are basically two ends of the spectrum with regard to how clinical activity can be defined. For the purposes of this article, clinical activity means the performance of an explicit numerical quota for a specific professional task that is included in the scope of practices of the identified medical professions, in the context of state license renewal.

Clinical activity can be defined and interpreted to mean practicing by being employed in the professional field and carrying out the scope of medical responsibilities affiliated with it. In so doing, a certified and/or licensed professional is employed and can perform a range of other professional duties that are within the scope of the profession. This "employment" interpretation of clinical activity means practicing a profession without also having specifically explicit tasks or procedures which must be performed in order to satisfy a professional recertification standard, or medical license renewal requirement. In short, under a broad interpretation of clinical activity there is demonstrated employment on an ongoing basis as a condition for renewal of a state medical license.

An alternative way of defining clinical activity is interpreting the clinical practice of the profession as only covering the procedural activities of a profession. Having specifically explicit tasks or procedures which must be performed in order to renew a state medical license while working in the professional field is a narrower definition than being employed in a professional field. For perfusionists, running the pump during cardiovascular cases and linking the "40 cases pumped per year" requirement for ABCP recertification with state license renewal would be an example of this interpretation of clinical activity.

Some perfusionists might take the view that linking the 40 case requirement with license renewal is a way for the certification body to ensure that perfusionists are employed in the profession. There is the argument that the 40 case clinical activity requirement for ABCP recertification is a standard that is supposed to reflect the minimum requirement to demonstrate ongoing professional competency to the certification body.

There are two related professional considerations that should be taken into account with this caveat. These are: (1) Is there a qualitative professional difference between being employed in a professional field versus having to meet a specific categorical professional practice condition for maintaining a state license in order to practice in a professional field?; and, (2) Is there a critical patient care difference between performance of a broad range (pumping cases, managing a department, teaching perfusion students, etc.) versus a narrow range of professional responsibilities?

PUBLIC POLICY PURPOSE

A second caveat perfusionists need to appreciate is the fundamental difference in purpose between being licensed by a state and fulfilling the requirements to keep a license to practice medicine, and maintaining a professional certification that does or does not have an explicit clinical activity component.

Maintaining recertification for perfusionists means that a Certified Clinical Perfusionist (CCP) has demonstrated that they have met the minimal standards for professional practice competency as established by the ABCP. The clinical activity standard does establish a benchmark number of cases by which a perfusionist is deemed to be minimally competent and eligible to retain certification. However, neither passing the ABCP certification examination nor maintaining certification effectively ensures day-to-day clinical competency. This is especially so when the clinical activity standard for recertification has no scientific basis to support a claim of demonstrated competency, and the process has no documentation of patient medical outcomes.

Professional licensing does not guarantee professional practice competency either. The purpose of state licensing is to first establish specific qualifications which must be met to be eligible to receive a license, then to regulate the safe delivery of day-to-day professional services based on whether there has been a showing of unethical professional behavior, or of direct patient harm. With state licensing comes the creation of a state perfusionist licensing board. The licensing body has the authority to review complaints filed as a result of alleged incompetent perfusion practice. The state assumes the role of ensuring that perfusionists are practicing competently by investigating public or patient complaints filed with the licensing board. From a state public health and patient safety protection point of view, the state grant of authority and the patient medical outcome enforcement mechanism provided through license revocation is generally viewed as having more patient protection than does a substitute voluntary professional standard deemed only to establish or measure minimal professional skills maintenance.

Meeting Continuing Medical Education (CME) is a requirement for all licensed health professions to be able to renew a state medical license. This requirement attempts to affirm to the state that licensees are maintaining a knowledge base that will keep them professionally competent. It is important for discussion context to know that the CME requirements established by the ABCP for recertification are being used as a state license renewal requirement in perfusionist licensing laws.

The professional “recertification/certification” and state license “credentials” confer different levels of demonstrated professional competency, and have different professional competency mechanisms with separate penalties for non-compliance. Two different forms of professional competency are measured with state licensing and professional recertification.

LINKAGE METHOD

A third caveat with the clinical activity and license renewal linkage issue is what can be characterized as a linkage method. This involves a clinical activity standard (for example, 20 cases pumped per year) that is established independently from the clinical activity standard used for ABCP recertification. A related method of linkage involves using the current or future annual clinical activity standard used for ABCP recertification to establish an explicit clinical activity requirement in order to renew a state perfusion license. In effect, this second method of linkage would have the ABCP indirectly involved in setting the state mandated clinical activity standard for license renewal. Under either method, an explicit caseload number would have to be performed and documented to renew a state license. Linkage would be structured in the licensing law (in state statute), or in the regulations promulgated to implement the law. Administratively, state licensed clinically certified perfusionists (CCPs) and non-CCPs would file documentation with the perfusionist licensing board. Clinically certified perfusionists (CCP) would file the same, or similar, documentation with the ABCP for recertification purposes. Under either method, a perfusionist licensing board could choose to engage the services of the ABCP to validate the accuracy of the submitted clinical activity documentation. In either type of linkage

arrangement, there are concerns with who directly or indirectly establishes the clinical activity requirement. There is an enforcement concern with what the explicit caseload number is and what patient/public safety medical outcome basis there is to justifiably support its use as a measure of professional incompetence worthy of license denial or revocation. Changes in the health care system, changes in surgeons and surgical group practice arrangements with hospitals, changes in perfusion technology, perfusion departmental management changes, and changes in the day-to-day clinical practice of the profession could impact a perfusionist's ability to meet the license renewal clinical activity requirement.

SHOULD CLINICAL ACTIVITY BE REQUIRED TO RENEW A LICENSE?

With a better understanding of these caveats as they relate to clinical activity and state license renewal, the issue of whether there should be an explicit clinical activity requirement as a stipulated condition to renew a perfusionist's state license can be presented. The following summarizes the main arguments for why linking a clinical activity requirement with state license renewal would be good for the perfusion profession.

- ♥ Linking license renewal with meeting an explicit clinical activity requirement (performing a certain number of perfusion cases each year) might indicate professional competency and therefore offer the public some protection from unfit perfusion practice.
- ♥ Linkage of a clinical activity requirement allows an additional mechanism for protecting the public beyond the usual protections provided by state licensure.
- ♥ The clinical activity component required for ABCP recertification is the professional measure that should be used and mandated for state license renewal because it is the identified professional standard for ensuring an annual minimal level of professional competency.
- ♥ The perfusion profession is unique in the medical field and perfusionists should have higher standards than their medical professional colleagues when it comes to professional licensing.
- ♥ Linking a specific clinical activity requirement to state license renewal eliminates the possibility that certified perfusionists could drop ABCP certification but maintain a license while not "pumping" cases. The argument goes that perfusionists could simply maintain the CME requirement of a state licensing law to keep their license. Without linkage, a perfusionist could reenter active practice and pump cases after not having practiced for several years.

With regard to this last argument, this contention fails to recognize the responsibility a hospital has, as a licensed provider in a state, to ensure that its medical staff are in good standing with the state regulatory authorities and meet the hospital's own medical staff position requirements. Hospitals are licensed by the state and if they fail to credential staff they can be fined or can possibly sacrifice their license. If a perfusionist had not pumped cases for a period of time, had lost their ABCP certification but maintained their state license, and decided to start pumping again and a hospital did hire them, the hospital would most likely require some "retraining" period.

CLINICAL ACTIVITY SHOULD NOT BE LINKED WITH LICENSE RENEWAL

The following summarizes the main arguments against having a clinical activity requirement for state license renewal for perfusionists:

- ♥ The profession's clinical role should not be only that of a highly skilled "technician" of the heart-lung machine. As a perfusionist's clinical role evolves to include managerial or other responsibilities in the hospital, linkage would prevent the exercise of professional flexibility and limit a perfusionist's professional value to a hospital.
- ♥ Relative to their licensed medical colleagues, the profession should not put itself at a disadvantage. None of the six perfusion related licensed medical professions have an explicit clinical activity requirement as a condition to renew their state medical licenses.
- ♥ The clinical activity requirement for ABCP recertification should not be used to determine whether a licensed perfusionist is a threat to public health and patient safety because there is no scientific basis to support this clinical activity standard. Until a sound scientific basis for professional competency and patient safety is

developed, the standard has no supportable basis.

- ♥ Linking license renewal with a mandatory clinical activity requirement (either the ABCP recertification standard or a different number of cases requirement) causes professional practice problems and would not ensure professional competency even if the requirement was satisfied.
- ♥ In the absence of direct patient harm or unethical behavior, a perfusionist state licensing board would have a difficult time justifying the denial of a license renewal. Suspension of a license is almost always based on patient harm or unethical behavior that has or may threaten public health and safety. Would pumping one less case than the specified clinical activity standard demonstrate such harm?
- ♥ If a perfusionist did not meet the annual cases pumped requirement and his state license were suspended, the financial costs associated with administratively appealing the decision of the licensing board, and with the potential filing of a civil suit would be substantial. Again, suspension of a license is almost always based on patient harm or unethical behavior that has directly threatened public health and patient safety.
- ♥ Licensed and certified perfusionists should not be faced with a potential “Catch-22” situation. If a state adopted a clinical activity requirement that was the same as the “cases pumped” clinical activity requirement for ABCP recertification, failure to meet the state mandated caseload requirement for license renewal would also mean that a perfusionist could lose his ABCP certification if his license was suspended. Article VII of the ABCP Code of Ethics stipulates that the ABCP may “deny, revoke, or suspend ABCP certification if a perfusionist is under suspension, revocation or disciplinary action by any licensing board or credentialing agency.”

Meeting clinical activity requirements for maintaining professional certification should be viewed as distinct from the requirements for maintaining a state license. The two should be viewed as a two “gold star” professional status with separate competency mechanisms applying. As such, they should not be “linked”, directly or indirectly, through a clinical activity requirement for perfusionist state license renewal.

PERFUSION COMPARED TO SIX RELATED LICENSED MEDICAL PROFESSIONS

When considering whether linkage would be advantageous or disadvantageous for the perfusion profession, it would be useful to know how the six perfusion related professions have dealt with the clinical activity state license renewal issue. As the accompanying chart shows, none of the six perfusion related licensed medical professions have a stipulated clinical activity requirement as a condition to renew their respective state medical licenses.

Five of the six perfusion related medical professions have no specific clinical activity requirement mandated for their respective professional recertification process, and therefore do not have an explicit clinical activity requirement to renew their state licenses. Cardiovascular and Thoracic Surgeons are licensed as Medical Doctors (MDs) in all 50 states. Cardiovascular and Thoracic Surgeons do have a specified clinical activity requirement to be recertified as having Diplomate Status, but are licensed under state physician practice laws. Nurse Anesthetists and Operating Room Nurses are licensed as Registered Nurses in 50 states. Nurse Anesthetists and Operating Room Nurses must maintain their state nursing license to be recertified by their respective credentialing organizations. Some states do have subspecialty Registered Nurse license designation which confers a state license.

Medical Technologists are currently licensed in 13 states and Respiratory Therapists are licensed in 38 states. Neither of these two professions have an explicit clinical activity requirement for state license renewal. Physician Assistants are currently licensed in 36 states. In the 36 states in which physician assistants are licensed, 13 state laws require that physician assistants maintain professional certification to renew a license. These licensing laws were enacted in the 1960's and 1970's. Thirteen of the 36 licensed physician assistant states require only CME to renew a PA license, and 10 states have no CME or recertification requirement for state license renewal.

As for the perfusion profession, six of the eight currently licensed states do not have an explicit clinical activity requirement as a condition for renewing a license. The perfusionists in these six states represent approximately 73% of the AmSECT members who currently hold state licensing status and 60% of ABCP certified perfusionists in the eight licensed states. The two states that do have the performance of a specific clinical activity requirement as a condition for being able to renew a state perfusionist license are Texas and Missouri.

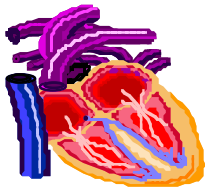
The Texas licensing law, which was enacted before AmSECT developed its model licensing legislation, has a requirement that licensed perfusionists document 40 perfusion cases a year. This requirement is specifically written into the Texas statute. To renew a state license, ABCP certified perfusionists and non-certified perfusionists submit the same or similar clinical activity documentation to the state licensing board. Certified perfusionists send the documentation to the ABCP. In Missouri, the situation is different. The licensing statute does not contain the 40 case requirement for license renewal. This requirement was added when the regulations to implement the law were drawn up. This is administrative state law and does have to be complied with in order to renew a state perfusionist license. Unlike Texas, there is the ability to contest the 40 case requirement because there is no language in the enacting legislation that supports this requirement for license renewal. To renew a perfusionist state license, ABCP certified perfusionists and non-certified perfusionists in Missouri submit the same or similar clinical activity documentation to the state licensing board. Certified perfusionists send the documentation to the ABCP.

From a state licensing perspective, on a national basis, perfusion and the six perfusion related medical professions could potentially be licensed in all fifty states, i.e. a total of 350 states (7x50). The current number of states in which perfusionists and these six medical professions are currently licensed is 245 states. Out of these 245 licensed states, approximately 243 state licensing laws do not have a direct linkage between fulfilling an explicit clinical activity requirement and the ability to renew a state medical license. In other words, 99% of the states with currently licensed medical professions involved with perfusion, and the perfusion profession itself, do not have a clinical activity requirement linked with state license renewal.

Professional arguments in support or opposition to having an explicit clinical activity performance requirement linked with perfusionist state license renewal can be made. These should be weighed in the context of the aforementioned caveats and advantages and disadvantages in the day-to-day practice of perfusion. Perfusionists in a state that pursue licensing in the future should ask themselves whether they should follow the model of the 99% group of perfusion and perfusion related licensed professions which have rejected a clinical activity and state license renewal requirement, or follow the lead of the 1% group.

Clinical Activity as a Requirement for State License Renewal Perfusion and Related Medical Professions

Medical Profession	Has Specific Clinical Activity Requirement for Recertification	Number of Currently Licensed States	Must Meet Specific Clinical Activity Requirement to Renew State License
Cardiovascular and Thoracic Surgeons	YES Submit UP TO 100 medical outcome documented cases showing 1 year of experience, 1 year before recertification	Licensed as MD in 50 states	NO
Perfusionists	YES Must document minimum of 40 patient cases each year without showing medical outcome	7 states	YES - 2 states NO - 5 states
Nurse Anesthetists	NO Must administer or manage anesthesia care as defined in 4 categories of service	Licensed as registered nurses in 50 states	NO
Physician Assistants	NO	36 states	NO
Operating Room Nurses	NO	Licensed as registered nurses in 50 states	NO
Respiratory Therapists	NO	38 states	NO
Medical Technologists	NO	13 states	NO



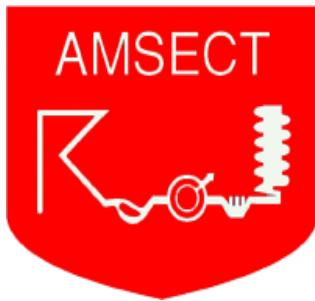
LICENSING OF PERFUSIONISTS

IF PERFUSIONISTS ARE LICENSED THEY



- ♥ *Would have the **highest level of State legal credentialing** that can be granted*
- ♥ *Would have **State recognized standards of practice** governing the profession*
- ♥ *Would have **legal rights and privileges** which could enhance patient care*
- ♥ *Would have a **legal process to address performance of perfusion** by other licensed or unlicensed medical professionals*
- ♥ *Would have a **legal process to address the unsafe performance of perfusion** by perfusionists*
- ♥ *Could have more control over **how the profession is practiced** at their hospital*
- ♥ *Could have a **stronger role in hospital management decisions** affecting their job*
- ♥ *Could be more assured that perfusion will be done by perfusionists as **managed care seeks to change how medical services are provided***
- ♥ *Could be more assured that perfusion will be done by perfusionists as **changes in technology affect the profession***
- ♥ *Could have some protection against insurers or employers **overriding professional judgments** affecting the use of clinical products and patient care*
- ♥ *Could benefit from **enhanced medical malpractice protection***
- ♥ *Could have the opportunity for eligibility for **direct third-party reimbursement** from private insurers and the Federal government*
- ♥ *Could have a recognized role in **State health care system reform legislation and regulations** affecting the profession*

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