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# Grassroots Advocacy Handbook



## Part I

# The Profession of Surgical Technology Needs Your Voice

Perhaps your first thought is: “Why does my state need a law to require certification of surgical technologists?” Or, “why should I become involved?”

To ensure quality patient care and achieve optimal surgical outcomes, it is necessary to assure competence of all members of the surgical team, including surgical technologists. In response to this need, the AST House of Delegates determined that AST’s legislative mission is (1) to require that all surgical technologists graduate from an accredited surgical technology program and (2) hold and maintain the CST credential.

As a surgical technologist, you are a valuable, indispensable member of the surgical team, in conjunction with surgeons, anesthesiologists and nurses. Your expertise as a surgical technologist is critical to enhance patient safety and care in the operating room sterile field. In fact, the profession was created in response to the need for highly skilled operating room professionals.

**“Patients would be alarmed to learn that in most states, surgical technologists are the only professionals in the operating room who are not required to have any particular education and training credentials before they are hired.”**

Patients and their loved ones assume and expect quality patient care by everyone who is in the operating room. They assume that all personnel caring for them are properly educated and have appropriate clinical experience and expertise. Yet, patients would be alarmed to learn that in most states, surgical technologists are the only professionals in the operating room who are not required to have any particular education and training credentials before they are hired by the hospital, clinic or surgical ambulatory center. This means there is no objective measurement that a surgical technologist is competent to perform vital responsibilities despite the fact that surgical technology is experiencing explosive growth, particularly in clinics and ambulatory surgery facilities. According to the Bureau of Labor Statistics, surgical technology is projected to increase by 15 percent through 2024.

On the surgical team, YOU are the most qualified expert in surgical technology. You have the education. You have the experience. In the words of a Wisconsin surgeon who supports certification, “Every minute a surgical patient is under anesthesia increases the risk. A credentialed surgical technologist helps to keep that precious time to a minimum.”

Your profession is at stake. Surgical technologists are responsible for protecting this important profession that is, in turn, essential to patient safety in the operating room. If you do not stand up and speak out someone else will make decisions about the surgical technology practice – and future competency and reputation of your profession.

Thank you for your commitment to the surgical technologist profession. We hope you will be inspired to lend your voice to this important campaign in your state. The following sections will help state legislative leadership prepare, in conjunction with guidance from the AST Government Affairs Department, to develop and carry out an effective campaign to pass a law requiring the Certified Surgical Technologist credential as a prerequisite to employment.

*“It is the duty of every citizen according to his best capacities to give validity to his convictions in political affairs.”*

*Albert Einstein*

## Part II

## AST Advocacy Agenda Overview

AST is committed to achieving higher surgical patient safety standards in each state. The goal of AST is to enact a law in each state that will ensure surgical technologists are graduates of accredited surgical technology programs and certified by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

To achieve this goal, AST developed model legislation — the **Surgical Technologist Entry-to-Practice Model Bill**. [See **Appendix A.**] Bills with provisions similar to the model bill will ensure education and certification requirements for healthcare facility employers who hire newly-practicing surgical technologists.

The AST model entry-to-practice legislation does not expand the scope of a surgical technologist's responsibilities, nor does it repeal or modify state laws relating to supervision of surgical technologists. Several states that have enacted the Surgical Technologist Model Legislation into law with variations ranging from certification, to mandatory registration, to voluntary registration.

The language in AST's Model Bill may change as it moves through the legislative process, as legislators (who sponsor the bill) and stakeholders (e.g., hospitals) may have differing views that affects the outcome of the legislation. [See **Appendix B — general overview How a Bill Becomes a Law.**] It is important that as an active participant in your state's campaign, you become familiar with the particulars of your state's legislative process. AST Government Affairs staff and your lobbyist will explain the process and assist you every step of the way.

*"Never inquire how laws or sausages are made."*

*Otto von Bismarck*

## Part III      Making Your Voice Heard, Step-by-Step

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### Section 1. Selecting a Lobbyist and the Lobbyist's Role and Responsibilities

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An effective lobbyist will bring substantial value to the state campaign: practical knowledge of the state legislative process and working relationships with legislators. The lobbyist offers access, influence, and insider knowledge that will help AST navigate the process.

If and when the state assembly leadership determines they want to hire a lobbyist to work with them on passing legislation, the first step is to discuss that matter with the AST Government Affairs department. AST will consider the timing and, if appropriate, initiate the process of searching for a suitable lobbyist.

AST will narrow the search to a short list of finalists, usually two or three candidates. The state leadership group will interview the finalists in conjunction with AST Government Affairs. The interview questions focus on the candidates' relative access to legislators, reputation for gaining inside information, record for influencing passage of bills, familiarity with the health care industry, communication style in working with clients, and any conflicts of interest and ethics complaints.

Preferably the interviews are conducted in person, although sometimes it becomes necessary to interview a candidate on a conference call. As soon as the preferred candidate is selected, AST Government Affairs will negotiate the contract to achieve a workable fee. The cost of the lobbyist's monthly retainer/fee is split between your State Assembly and AST national.

The typical responsibilities of the campaign's lobbyist are:

1. Identify bill sponsors and co-sponsors.
2. Identify stakeholders and determine where our bill would encounter support, opposition, or neutrality
3. Cultivate relationships with grass-tops (e.g., hospital administrators) to gather potential bill support.
4. Raise awareness of our legislation at the Capitol.



5. Collaborate with AST Government Affairs and your state assembly legislative team to develop the campaign plan and advise AST on timing for launching the campaign.
6. Discuss with the bill sponsor which legislative committees will offer the best opportunity for moving our bill forward.
7. Identify legislators who are members of the committee that will hear the bill.
8. Identify opponents of the bill – legislators *and* stakeholder organizations opposing the legislation - and the particular arguments each is making.
9. Communicate effectively with the campaign through the AST Government Affairs, as appropriate.
10. Inform of new developments promptly, report on legislative hearings and meetings, count votes frequently as the bill proceeds, discuss status.

## Questions to Ask When Interviewing a Lobbyist

Tell us about your lobbying firm.

Which member of your firm would be our primary contact?

Which health care clients do you represent?

What relationships do you have with leadership and key legislators?

If hired, how would you familiarize yourself with the profession of surgical technology?

Do you have any experience with licensure, certification or registration legislation?

Please tell us about a successful proactive legislative campaign you have led in the past. Who was the client? What was the client's main goal? What were the obstacles? What strategies did they employ to pass the legislation?

Is grassroots activism one of your key strategies? Why or why not?

What is your fee?

Do you have any potential conflicts of interest with other clients?

Has anyone ever filed an ethics complaint against your or anyone currently employed by your firm?

Ask for two or three references.



## Notes from the Field: New Jersey's Experience

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*After screening lobbyists with health care experience, the AST Government Affairs staff provided the short list of three candidates to the state campaign chair and her interview committee. Candidate A was an experienced lobbyist at the state legislature who had lobbied successfully for a professional education association. Candidate B touted influence and access to the legislators and cited experience lobbying on behalf of green energy companies. Candidate C boasted about relationships with legislators and exhibited a “we’ll take care of you” attitude.*

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### Section 2. Developing the State Legislative Campaign: Structure and Plan

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There is no singular or standard campaign structure for a state assembly to adopt. For example, some states choose their state assembly board chair to be the legislative campaign chair; others designate the chair of the Government and Public Affairs (GAPA) committee; and others choose to follow the lead of an AST member who does not hold a committee or leadership position but who is passionate about the cause.

The goal of a state assembly’s legislative campaign is to get a bill passed that requires the Certified Surgical Technologist credential as a condition for employment for all newly-practicing surgical technologists. The public policy behind the bill is to enhance patient safety in the operating room.

To achieve this goal, AST Government Affairs, the lobbyist and the state campaign chair (or leadership group) will develop the campaign plan. A campaign plan consists of several components: the goal, strategy, message, and communications.

In developing the campaign plan, there are several questions the state assembly must consider, including but not limited to:

- How much time do we need to develop a grassroots network and build strategic alliances before the next legislative session?
- Do we have a state leader for this campaign?
- What structure is in place within our state assembly to support the campaign?
- What resources are available to us – financial, staff and volunteers?
- What is the anticipated legislative environment and what opposition to the bill do we reasonably expect?

## Objectives

The objectives guide the campaign by specifying measurable steps to achieve the goal. Early in the campaign, objectives may include getting a minimum number of state assembly members involved in the legislative campaign. For example, the specific goal may be obtaining written letters of commitment from 50 state assembly members to support the campaign through making phone calls and writing letters to lawmakers.

## Strategy

Having defined what to do (the objectives), the next step is for the campaign to shape its strategy. Strategy clarifies the general direction the campaign will take to meet the objectives. Selection of the strategy that is best suited to the campaign will be influenced by assessment of the current political climate.

## Resources

The campaign leadership must develop a feasible budget for the campaign. In addition to the state's share of the lobbyist's fee (AST generally contributes a percentage of the cost), the budget should include modest amounts for printing and copies and travel. Other resources and tools to fuel the campaign might include the cost of hosting a modest legislative reception or producing a mock surgery in the state Capitol.

## Message

The message will focus on enhancement of patient safety in the operating room. The campaign's message must be clear, short, and compelling. The message will become the singular way to describe the goal so that the need for this bill will resonate with friendly and neutral legislators, stakeholder allies, and the general public. Consider the media when framing the message. The communication should address contact with legislators; mobilizing and coordinating the grassroots network; working with strategic allies, publicity, and public relations.



## AST Government Affairs Resources

Throughout the campaign, AST Government Affairs will offer guidance and support to the campaign chair and leadership group and will confer with the lobbyist, including:

- Professional legislative and planning strategy
- Bill sponsor identification in conjunction with the lobbyist
- Research support
- Talking points
- Lobbyist support
- Grassroots training for state assembly membership at AST State Assembly Meetings and at the AST national conference
- Grassroots coordination and mobilization
- Legislative alerts to the state membership/grassroots during the process
- Assistance with communications with the legislature and the bill sponsor
- Colleague letters
- Professional testimony and guidance through the legislative and hearings process
- Mock Surgery demonstration at the state Capitol
- Media relations
- Bill monitoring to stay informed about any new legislation that may affect your profession or your bill

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## Section 3. The Message

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Most people – including legislators -- have never heard of surgical technologists. Many patients and their families assume that all members of the medical team present in the operating room are either doctors or nurses. The campaign's challenge is to raise awareness of the profession, the role of surgical technologists in the operating room, and why it is imperative that surgical technologists be appropriately educated, trained and certified.

The message must be clear and be supported by facts. AST Government Affairs will supply the campaign with the facts. Surgical technologists must educate legislators, the media, and the public about the role of surgical technologists in the operating room to gain a necessary level of bill support.

**"A person is entitled to his own opinions, but not his own facts."**

**-Daniel Patrick Moynihan**

**"Always do right. This will gratify some people and astonish the rest."**

**-Mark Twain**

### FACTS – Surgical Technologist Expertise

- Surgical technologists act as the surgeon's co-pilot and are essential and valuable members of the surgical team.
- Surgical technologists set up and manage complex surgical equipment, instruments and supplies throughout the surgery; manage specimens such as cancer, skin grafts, and organs; and oversee the sterile integrity of the operating room, including the hundreds of instruments that are used in even the most basic surgery.
- Surgical technologists must anticipate the needs of the surgeon to maximize patient safety because every moment a patient is in surgery the risks related to anesthesia and bleeding increase.
- Surgical technologists are ultimately responsible for preventing surgical site infections and adverse surgical events, such as sponges or surgical instruments being left inside a patient.

## FACTS - Growth of the Profession

Surgical technologists are involved in nearly all major surgical procedures. According to 2009 data, surgeons performed 48 million inpatient procedures in the United States. During the same year, an estimated 57 million were performed in ambulatory surgery centers. According to the Bureau of Labor Statistics, as of 2016 there are an estimated 105,000 surgical technologists nationwide, and that number is projected to increase by 15 percent through 2024.

## The Facts – Power of Your Firsthand Personal Story

Your authentic voice and your personal story offers legislators a unique and compelling illustration of why they should vote to pass this bill. A personal story is taken from your own work experiences and makes the facts come alive. Select members of your assembly's campaign leadership group should be prepared to communicate a relevant personal story in each area of communication, such as testimony before a legislative committee, a 'letter to the editor' for a newspaper, or a personal story to tell in meetings with legislators. For each of these uses, the story must be tight: concise, clear and persuasive. The purpose of the story is to illustrate in real terms why it is vital to surgical patient safety that surgical technologists are certified. Your voice will help significantly to persuade your legislator to do the right thing: vote for the bill.

### Consider this personal story:

"At a hospital in the Tidewater area, during a typical clinical rotation through labor and delivery, a senior surgical technologist student enrolled in the surgical technology program I direct was following the lead of her preceptor, an on-the-job trained licensed practical nurse, in a routine C-section. After delivery of the baby, the surgeon stated that he had accidentally nicked the bowel. (An accidental bowel perforation during a surgery is extremely serious and can cause sepsis, months of infection, infertility, and even wrongful death.) The on-the-job-trained preceptor became visibly shaken and told the surgeon she could not continue, because it was out of her area of expertise. The surgeon said, "Get someone in here that can ASAP." (In these situations, every second

counts. Toxins are leaking into tissue that has been cut open and is extremely vulnerable to infection.) The senior surgical technologist student stepped up and said she felt confident in assisting the surgeon in completing the procedure. Correcting a nicked bowel requires surgical technologist expertise because a new, sterile instrument is used nearly every second.

When bowel tissue has been nicked, the surgeon may only use each instrument for one touch inside the patient, then the instrument is removed, and a new sterile instrument is used for each micro-step. For example, when suturing a nicked bowel, a new needle is used for each stitch. It requires a great deal of skill to simultaneously prepare sutures, hand sutures and dispose of sutures using sterile technique at an extremely fast pace, while simultaneously preparing for the next step in the procedure. The student capably performed the surgical technologist role. The case was completed without further incident. Both the obstetrician and general surgeon complimented the student on her skill. No patient should suffer due to lack of education of any member of the health care team. In surgery, it is imperative that all team members be formally educated."

**Surgical Technology Educator**  
**Chesapeake, VA**



### Elements of a Compelling Personal Story:

- Brief and to the point
- Uses descriptive language
- Explains medical terminology
- Brings the story to life
- Includes personal information, like the region of the state, the facility type and your relation to the people in the story
- States importance of education and certification for all members of the surgical team

**In addition to developing your personal story, it is very important to solicit personal stories and letters of support from allies who are members of the surgical team or hospital administrators.**

**These individuals usually include practicing and retired surgeons, directors of surgical services, and operating room managers.**

Because the profession remains unregulated in most states (no license, certification or registration required), evidence of how surgical technologists enhance patient safety in the sterile field consists primarily of anecdotes (stories). Personal stories of surgical techs collected by AST Government Affairs, become useful anecdotal data.

### **Statistics**

Empirical data (numbers and percentages) and studies analyzing techs' direct impact on surgical outcomes are rare, due primarily to the fact that the profession is largely unregulated, and studies examining adverse medical and surgical events are not publicly available. There is national data on operating room medical error rates, hospital acquired infections, surgical site infections, and health care costs — but not as those matters relate to education and training of techs. AST Government Affairs continues to seek out relevant statistics for use in legislative campaigns.

### **Opponents' Arguments**

Do not ignore your opponents. It is vital to be prepared to counter any arguments made by those who oppose certification of surgical technologists. Assume that legislators and the media will hear what the opposition has to say. Identify the opponents including legislators and stakeholder organizations (e.g., nurses, hospitals, ASCs) and the arguments each is using to oppose the bill. AST Government Affairs will prepare the appropriate response to each argument – and the message will remain consistent. Opponents' arguments may differ in detail from state to state; however, the same themes reappear. AST has developed and refined responses to many opponents' arguments.

### **Anticipate the Argument and Know Your Facts**

AST provides a public policy document that describes the intent of the legislation surgical technologist, the public policy brief anticipates and addresses many opponents' arguments. This of information helps to neutralize the opposition.



## The Barriers of Effective Advocacy- The “I’s” Have It

### Ignorance

“You can educate ignorance, but you can’t teach stupid.”

### Inconsistency

“I feel strongly both ways.”

### Inattention

“A bill not considered today is a bill not considered today.”

### Indifference

“Someone else will take care of me.”

### Interference

“I have too much to do. There are too many obstacles.”

### Intimidation

“The opposition is bigger and has more money.”

### Intractability

We’ll never resolve our issues with the other parties.”

- BUT NOT IMPOSSIBILITY!!





## Section 4. Organizing Grassroots and Building Allies

### The Power of Constituency

Constituents are voting members of a community and have the power to elect lawmakers. YOU are constituents of any member of the legislature who represents your area (district). Legislators are influenced and moved by their constituents. Constituency trumps everything! All grassroots, stakeholder, and grasstops supporters of the bill are constituents of their individual state representative and state senator. And the legislator's job is to satisfy his or her constituents in the state house or senate district. Elected representatives throughout your state's districts must constantly hear the authentic and credible voices of their constituents in support of the certification bill.

### The 3 Hs of Decision-making for Legislators

#### Head

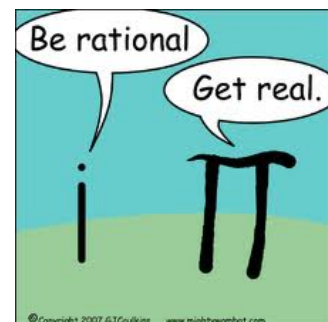
- ✓ Is this good policy?
- ✓ Is this a smart course of action?
- ✓ Does this make logical sense?

#### Heart

- ✓ Is this the right thing to do?
- ✓ Is this an issue that I am passionate about?
- ✓ Is this a moral or ethical issue?

#### Health

- ✓ Is this a politically healthy thing to do?
- ✓ Will my position on this issue keep me in office?
- ✓ How will this issue affect my reputation?





## Grassroots Strategies

To generate the power that will drive the bill forward in the legislature, the campaign must develop and mobilize a strong, sustainable grassroots network of surgical technologists across the state. Although your campaign might have hired a lobbyist, a strong group of grassroots supporters is vitally important. The voice of the grassroots supplies the real force the lobbyist needs in order to lobby effectively.

Building, maintaining, mobilizing and coordinating an active grassroots network takes time and energy. Collecting names and numbers is only one of many tasks. The tactical level of the campaign plan must answer questions such as:

- ✓ What do we want the grassroots to do?
- ✓ What is our target number of grassroots supporters? Across the state? Are there targeted geographic areas of the state, too?
- ✓ What tools will we use to educate the grassroots about the campaign message?
- ✓ What structure and tools will we use to communicate with our grassroots, to stay in touch, and to motivate them? How will we support our grassroots?
- ✓ What will we ask the grassroots supporters to do?
- ✓ How will we mobilize our grassroots to take a particular action?
- ✓ How will we ask our grassroots to take action *on short notice*? What guidance and support will we supply?

**Start building the grassroots network well before the legislative session begins.** AST members in your state are anticipated supporters of the bill but they need to be asked to participate.

*Never underestimate the power of a few committed people to change the world. Indeed, it is the only thing that ever has.” – Margaret Mead*

### State Assembly Support

State assembly meetings provide excellent opportunities to explain the issue and why the legislation is so important to patients and your profession. Use these meetings to gain commitments from members.

### Grassroots Definition

**Individuals uniting around a specific issue using a common message to achieve a common goal guided by a single strategy.**

### The Basics for Grassroots Volunteers

**Educate yourself.**

**Read, read, read.**

**Watch, watch, watch.**

**Think, think, think.**

**Take action ... and always stay on message.**

### The Spartans

Identify energetic AST members statewide to volunteer time to help develop, coordinate, and mobilize grassroots support. Volunteers select those campaign assignments for which their skills and desires are compatible. Volunteers must know the campaign message and the key supporting facts. Maintaining message discipline is crucial. As volunteers, surgical technologists help spread the campaign message. These key volunteers — as ambassadors of the campaign — will be judged by how they present themselves.

### Regular Communication

A campaign is fluid. Whatever the campaign structure, it is vital to have a system in place that enables systematic communication among a manageable number of key participants. Many state assemblies use an email listserv or a dedicated Facebook® page to exchange information and new developments during the legislative campaign.

## Call to Action

When your team decides the time is right for the grassroots network to initiate a letter-writing or phone campaign to state representatives, targeted email programs such as Constant Contact® are very useful for alerting all grassroots participants to take a specific action. Alerts can also be used to inform the grassroots about new developments. Alerts can be sent by your state assembly or by AST Government Affairs. A sample letter or phone script should be included in the call to action. Campaign leadership should always express appreciation to the volunteers!

*Asking an elected representative to support a bill without demonstrating broad public support is seeking the impossible.*

## Building the Campaign's Strategic Alliance

Effective coalition building extends well beyond the surgical technologist community. Enlisting the active support of stakeholders who become allies is a fundamental endeavor. These allied, diverse spokespeople will add great value to the campaign, increasing its credibility and clout. Asking an elected representative to support a bill without first demonstrating broad public support is seeking the impossible.

Stakeholders who help targeted legislators and audiences realize what is at stake. They also can help enable the campaign to anticipate efforts by opponents who attempt to marginalize the need for certification.

To reach out and develop a strategic alliance, first it is necessary to assess the interests and positions of stakeholder organizations and to nurture those who are allies. Who are the stakeholders?

## Identify and Verify Your Allies and Opponents

Various stakeholders may provide their input on the legislation, including, but not limited to, the state hospital association, the ambulatory surgical center association, the state medical society, the state college of surgeons, the AORN local chapter(s) or state council, the state nursing association(s), state medical board, state organization of nurse executives, the board of nursing and unions.

From state to state, some stakeholders may vary in their support or opposition to the credentialing bill. By way of example, a state nursing association in one state might be supportive and yet the same association in another state might oppose the legislation. One or more stakeholders may become very active partners in the campaign. Their leaders will want to lend a hand to help on the ground and at the state capitol.



(The leaders are referred to as “grasstops,” and are discussed below.) Some other partners likely will be less engaged. In the process of developing partners, however, the campaign must not become tempted to compromise the message or AST values to gain political favor with a stakeholder. But so long as the message is consistent, it is okay that the ally develops its own talking points that reflect its perspective. Don’t expect the ally to repeat the campaign’s talking points word for word.

### Seeking Support from Stakeholders

The campaign can begin the process of developing strategic alliances by approaching those organizations with whom AST or state legislative leadership already enjoys good relationships and shares common interests. It is necessary to start the process as early as possible. It takes time to maximize common ground and to foster a good political relationship. Determine which individual in the organization is best to contact first. The person might be someone who will advise the campaign representative how to approach the organization and will offer an introduction to the appropriate individual. Or, a campaign leader or AST Government Affairs might know the decision-maker well. If the organization has a lobbyist, then your lobbyist is ideally positioned to make contact with her or her counterpart and figure out the organization’s likely support or opposition to the bill and its rationale. If the stakeholder becomes a supporter, the campaign’s lobbyist will work with the organization’s lobbyist. Don’t expect to agree on every issue involving surgical technologists. The singular purpose is to stay focused on the common ground: agreement that the bill to require certification of surgical technologists is good and important. Steer clear of topics that will drive a wedge between surgical technologists and the ally.

*“There is no limit to what can be accomplished if it doesn’t matter who gets the credit.”*

- Ralph Waldo Emerson

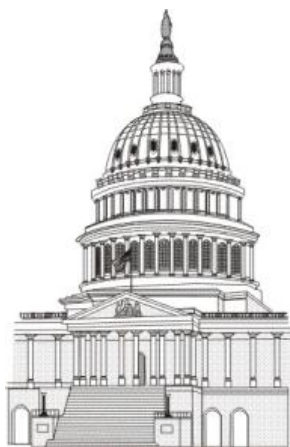


## Cultivating Grasstops

Several of the leaders of partner organizations are “grasstops.” Grasstops are individuals who are influential or viewed as leaders in the community, and have a relationship with legislators and other officials. A hospital administrator or a director of a state medical society is a grasstop. AST board members, too, are grasstops. It benefits the campaign to target and cultivate a relationship with such influential voices. With a good relationship, the campaign will be able to ask them to tout the bill to their own and to key legislators, to other stakeholders, and to the media.

## Grasstops Add Clout

The grasstops ideally would tell policymakers, “The surgical technologists have talked with our organization and we think this legislation is a good idea. In fact, it is an important piece of public policy and it should be passed.” Their use of the profession’s



title, surgical technologists, is vital. It will help to impress upon legislators the professional identity of surgical technologists and provide an impression of the importance of the job. This endorsement is necessary: although people who work with you know what you do, others who do not might well become influenced by organizations that oppose the legislation who may state certification is not important. Although the operating room is a foreign environment to most legislators, they do appreciate that it is a dangerous place. However, that does not mean the legislators will understand your role unless the campaign takes well-defined steps to inform them through diverse voices.

## Stakeholders Who Oppose the Bill

It is necessary that the campaign identify those stakeholders who oppose certification of surgical technologists as an entry to practice requirement. Why does the particular stakeholder oppose your bill? Your lobbyist will find out what interest is motivating the stakeholder to oppose the bill, as well as the specific argument made to legislators. The lobbyist and campaign must be prepared to preempt or respond to and neutralize arguments advanced by opponents that might appear persuasive to lawmakers who are





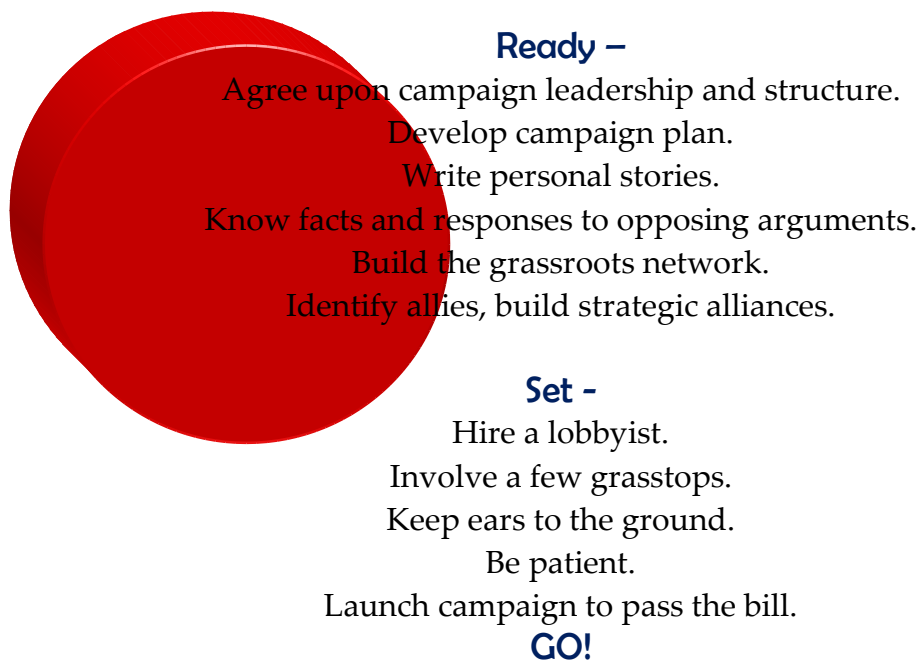
undecided or whose support is tenuous. Depending on the level of a stakeholder's opposition, your lobbyist might be able to work out a commitment by that organization to remain neutral. The organization would refrain from asking legislators to vote against the bill.

*"Always look for the second right answer." – Albert Einstein*

## Using Social Media

AST State Assemblies can create a Facebook® page or Twitter® account to enable campaign supporters to discuss issues. In addition, it also can be used to attract other AST members in the state to participate in the campaign.

Being on Facebook® or Twitter® alone is not a plan. Focusing and fine tuning the use of these platforms is what is important. An initial question is what the campaign wants to accomplish with Facebook® and Twitter®, respectively, to move forward. Does the campaign want to energize existing grassroots supporters who already use social media to take a particular action? Encourage supporters to educate friends and gain their support and participation? How will the campaign manage the message and coordinate with AST's action alerts? AST can provide appropriate keywords to use in content postings. Would there be a review process to ensure consistency of message and appropriateness of postings and tone? How would new grassroots voices gained through social media sign up on the AST website?





## Section 5. Contacting and Meeting with Your Legislators

Legislators want to hear from their constituents. It is vital that each legislator listen to surgical technologists who are their constituents and become educated about your profession. If you do not know who is your elected state representative or senator, visit your State legislature's website (for example, [nebraskalegislature.gov](http://nebraskalegislature.gov)).

In addition, the lobbyist likely will have prepared a list of targeted legislators to contact. These lawmakers are deemed very important to contact at particular times during the campaign. They might be committee members or highly respected, influential lawmakers. The aim is to build consensus for passing the bill among as many legislators as possible, and make the bill as uncontroversial as possible. Before making contact with your legislator, it is necessary to learn whether your legislator is a known supporter or opponent of the bill, or has not taken a position. If the legislator is a supporter, the extent of support might be firm, moderate or weak. Similarly, a legislator who opposes the bill might be strongly opposed or leaning toward opposition. If the campaign intends to mobilize the grassroots network to contact targeted legislators through an action alert, it is important to provide guidance for writing a letter or making a call.

### *Note from the Field: What Went Wrong?*

Disappointed proponents of the bill cast a collective sigh of disappointment as their healthcare bill failed to pass first reading, losing on a close vote on the House floor. A week later, a lobbyist who worked unrelated issues was chatting with a legislator who had voted against the healthcare bill. While discussing a different piece of legislation, the lawmaker remarked to the lobbyist, "Unlike the healthcare bill I voted against last week, you guys have peppered me with calls and meetings. On the other bill, I did not receive one call from its supporters but I did get an earful from a group that opposed it. Their argument sounded reasonable to me. I did not know too much about that bill and had been undecided. In the end, I voted against it. It was not clear to me that my constituents really knew or cared much about it."

## What the Campaign Should Have Done

It is evident that the legislator (in the story above) – who had been unfamiliar with the bill and was undecided – had no incentive to vote for the bill. His own constituents did not ask him to vote for it! If an energized grassroots network in support of the bill had extended to this legislator's district, and members had contacted him in a timely manner, his vote very well might have been different. His vote would have depended upon the strength of the message and rejection of the opponent's arguments. You must also engage members of the committee that will hear the bill (this could differ from the healthcare committee).

Even just ten  
handwritten letters to  
a legislator from that  
legislator's constituent  
is a significant  
amount.

Surgical technology advocates have several ways of contacting their state representatives and senators. You can choose letter (preferably handwritten), fax, phone call, or a request a meeting at the legislator's district office or at the state Capitol. **(NOTE: Email is not an effective an option, as legislators receive hundreds of emails per day!)** For each of these effective choices, solid communication flows from solid preparation.



## Writing to Legislators

A letter, written in your own words, is a very effective tool. Your words are important as they demonstrate knowledge of the issue, your passion and conviction and thoughtful time you've taken to write the letter. You will receive guidance to frame the message from the campaign, often through an "action alert." **Do not use an email form letter that you simply sign.** (Your legislator would know that such action took little time or thought!) Legislators ignore form letters and postcards. When you take time to write a letter it demonstrates to the legislator that the issue is personal and important.

### Components of Effective Letter:

- ✓ One page
- ✓ Formal address and salutation
- ✓ Bill name and number
- ✓ Your place of employment
- ✓ Your profession of certified surgical technologist and duties
- ✓ Your personal story to make this issue real and facts
- ✓ Clear "ask"
- ✓ A thank you to the legislator [for support, consideration, etc.]
- ✓ Your return address so that the legislator knows you are a constituent
- ✓ Focused and straightforward
- ✓ State purpose for writing and how the bill will affect patient safety and you as a surgical technologist.
- ✓ Use personal story and facts
- ✓ Do not use technical operating room language or acronyms/abbreviations
- ✓ Be clear about what you are asking the legislator to do.
- ✓ Be positive and use a respectful tone. Never appear angry.
- ✓ If you're aware that a legislator is a weak supporter, undecided or an opponent, ASK for a written response stating his or her position.
- ✓ Thank the legislator.



## Sample letter from a surgical technologist

[The Honorable [full name of elected official]

[Local district office address with proper capitalization]

Dear [representative or senator and [last name \_\_\_\_\_],

I am writing to urge your support of the [bill title and number], sponsored by [name of sponsor] and co-sponsored by [list co-sponsors]. The proposed legislation will require that surgical technologists in the state's operating rooms are appropriately credentialed and certified. I am a surgical technologist at \_\_\_\_\_ [institution/program, and location/city]. In this capacity, I am an integral member of the surgical team.

Surgical technologists are essential members of the operating room team – responsible for handling the necessary instruments, supplies, and equipment during a surgical procedure. Surgical technologists have an understanding of the procedure being performed and anticipate the needs of the surgeon at all stages of a surgery.

Surgical patients assume that all personnel caring for them are properly educated and have appropriate clinical experience. However, despite their critical role during surgeries, surgical technologists are the only member of a surgical team who are not required to meet minimum threshold competency requirements. Passing a surgical technologist credentialing bill will eliminate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards. Patients undergoing surgery in \_\_\_\_\_ [your state] deserve no less.

Very truly yours,

First Name Last Name, Certification

Certified Surgical Technologist

[Complete Home Address]

Telephone/Cell Number



## Seek Letters from Colleagues

It also is important to seek letters from your colleagues in the grassroots network. Or, depending upon the campaign strategy, you might be asked to circulate a petition to your colleagues that will be submitted to elected representatives.

In addition, the campaign may ask you to help get letters from stakeholder allies, such as a surgeon, another member of the medical staff at a hospital or medical center, a surgeon, a director of surgical services, or an operating room manager.

**If you have any questions about writing a letter, feel free to contact AST Government Affairs for guidance.**

## Phone Calls to Policymakers

Phone calls are an efficient tool for making contact with your legislator, although not as effective as an office meeting. The purpose of a call might be to briefly acquaint the legislator with the issue and state your opinion, schedule an appointment, or request support for the bill.

Before placing the call, organize your script. Be well-informed and clear about your purpose and list your points. Prepare to briefly state the issue. If the call is made after the legislative session has begun and the bill has been introduced, state the bill number as well as the title. Also write out questions you want to ask the legislator. Remember that the call will be brief, generally less than five minutes.

Frequently, a phone call will be answered by the legislator's staffer. If the legislator is not available, and if the staffer is unfamiliar with the issue, politely make your request to the staffer and then consider writing a letter. Even a brief message will help a legislator and his or her staff understand that their constituents care about the legislation. **The appropriate phone numbers will be provided in the action alert sent by AST Government Affairs Staff.**

## Tips for the Phone Conversation or Voice Mail Message

- ✓ Don't be intimidated! Legislators love hearing from their constituents.
- ✓ Practice ahead of time so it does not sound like you are reading from a script.





- ✓ Speak clearly.
- ✓ Ask for the Senator or Representative, depending on the directions provided in the action alert.
  - If he or she is not available, ask for a legislative staffer (LA). *(Be nice to staff analysts! They are very important decision-makers!)*
- ✓ Introduce yourself by stating your first and last name. Say you are a surgical technologist. Tell them where you work.
- ✓ State why you are calling (e.g., I am calling about House Bill number 123).
- ✓ Tell him or her that this legislation protects surgical patients by preventing negative medical events and surgical infections.
  - Say, in your own words, why you think certification is important and why *uneducated* surgical technologists can harm patients.
  - **Share your stories.**
- ✓ Write down the name of the person with whom you are speaking so you can report this information back to your lobbyist and AST.
- ✓ Leave your contact information.
- ✓ Request follow-up.
- ✓ Thank them for their time.
- ✓ If they ask questions you don't know the answer to, tell them you will get back to them. Then contact AST Government Affairs Staff to get the answers! Be sure to follow-up with the legislator!
- ✓ Let AST Government Affairs know who you spoke with on the call. AST Government Affairs will make sure your lobbyist gets the information.

## Office Meetings with Policymaker

The most effective contact that surgical technologists can make with their legislators is the face-to-face meeting. A face-to-face meeting brings the issue to life for a legislator. The legislator must focus on your message and you have the opportunity to ask questions in real time. A small group of surgical technologists attending the meeting demonstrates strength in numbers and the importance of the bill to your colleagues in your profession.

Preparation is essential. Know the bill. Know the facts. Know your legislator. Convene a meeting or conference call among the group to plan an agenda for the meeting and to practice. Expect a shorter amount of time than scheduled. Legislators frequently are late or must leave early. Therefore, prepare for a 10 to 15-minute meeting as well as a 20 to 30-minute meeting. Agree upon lead spokesperson to begin the introductions, to confirm the amount of time for the meeting, to lead transitions in the agenda, and to pose the group's questions to the legislator, etc. Settle on who will make each point and in what order. Formulate the "ask" that the lead spokesperson will make. It is possible that either the legislator or a team member will veer off topic. It is up to the lead spokesperson to steer the conversation back on topic and message.

**"Ten people who speak make more noise than ten thousand who are silent."**

**- Napoleon Bonaparte**

**Before the meeting, confer with the campaign's lobbyist to find out the legislator's current familiarity with the bill and position. The lobbyist or AST Government Affairs will advise what specific requests to make.** There is a range of requests to make to a legislator who supports the bill, for example: co-sponsor the legislation, vote for the bill, urge colleagues to support the bill, circulate a "dear colleague" letter that expresses support for the bill, write an opinion piece, or speak to the media about the bill.

List questions you anticipate the legislator will ask, outline responses and agree who will have the lead role in responding to each. Also determine what materials to leave with the legislator, such as a fact sheet, report, a list of supporting organizations or a petition signed by individual constituents, articles, etc. A one-page fact sheet with contact information on it should be on the top of any pile of documents you hand a legislator, just in case that is all the legislator reads. It is advisable for the group to meet again immediately before the meeting to review the agenda, roles and to confirm the ask.

**NOTE:** Be prepared for the possibility that your legislator might state he or she would be willing to support the bill *if* certain amendments are made. If this is the case, it is essential that you carry that information back to AST Government Affairs and the lobbyist. Do not negotiate with the legislator at the meeting. AST Government Affairs will confer with the lobbyist and decide whether to request a legislator to introduce an amendment. If the potential amendment is unacceptable, the lobbyist will speak with the legislator, and monitor the situation carefully to determine whether an unfriendly amendment likely will be introduced at a committee hearing or later on the floor.

## Meeting Do's and Don'ts

Do	Don't
<ul style="list-style-type: none"><li>✓ During introductions, let the legislator know which participants are constituents.</li><li>✓ Confirm the time allotted for the meeting.</li><li>✓ Give the legislator and staff your business card.</li><li>✓ Make the "ask."</li><li>✓ Use a positive, polite and firm tone.</li><li>✓ Hand to the legislator the leave behind materials.</li><li>✓ Thank the legislator.</li><li>✓ Offer to be a resource for follow-up.</li></ul>	<ul style="list-style-type: none"><li>✓ Be late.</li><li>✓ Be disappointed if you meet with staff.</li><li>✓ Stray off message or topic.</li><li>✓ Let the legislator get off topic for more than a minute or two.</li><li>✓ Make up answers to questions.</li><li>✓ Disparage your opposition or colleagues.</li><li>✓ Appear angry.</li><li>✓ Argue.</li><li>✓ Negotiate bills or positions.</li><li>✓ Forget to make your "ask."</li><li>✓ Leave a meeting without a commitment to your "ask."</li></ul>

## After the Meeting

- ✓ Promptly provide meeting feedback to the campaign.
- ✓ Follow up with any commitments made to obtain information
- ✓ Send a thank you note!

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## Section 6. Mock Surgery Day at the Capitol: “Who is Behind the Mask?”

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During the legislative session, a state assembly in conjunction with AST and the campaign likely will arrange an event in the state capitol rotunda to demonstrate a surgical procedure.

The event has three purposes: **First**, it will highlight the crucial role played by all members of the surgical team, particularly the role of the Certified Surgical Technologist. **Second**, the real-life surgeon, who plays the role of surgeon in the demonstration, is a very visible participant who will impart additional credibility to the bill. The surgeon is a grassroots ally who will



speak to the assembled group and can engage in valuable conversation with legislators and the media. **Third**, the event provides a launching pad for grassroots supporters to visit their legislators immediately afterwards (or later in the day, depending on legislative schedules). Grassroots attendees will receive materials to facilitate conversations with their own representatives and senators.

It is very important to rally colleagues to attend the event. Send invitations to techs in your state assembly. In addition to an emailed action alert and phone calls, Twitter® can be used effectively to reach some members – and help them spread the invitation to their friends. **NOTE:** Surgical technologists should wear scrubs, lab coats, and their identification badges so that they visible to legislators and to the press!

The campaign may issue a press advisory, if permitted by the Capitol rules, informing the media of the event and urging them to attend. It can be helpful to contact key reporters in advance to discuss the event. Some reporters might wish to begin work on their story in advance or might want to confirm the importance of the event before deciding to attend and cover it.

## The Indiana Mock Surgery - An Advocacy and Media Success

On March 5, 2009, the Indiana State Assembly of the Association of Surgical Technologists demonstrated a simulated total knee replacement surgery at the Indiana State House to demonstrate the crucial role played by all members of the operative team, particularly the role played by the Certified Surgical Technologist.

Surgical technologists were the only professionals in Indiana operating rooms not required by law to have any particular training or further credentialing as prerequisite to being hired in Indiana.

Dana Fields, CST, Vice President of the Indiana State Assembly of AST stated, "Today, in operating rooms throughout our state, there are literally hundreds of surgeries being performed. Perhaps, you or one of your loved ones has had surgery recently. With recent outbreaks of the flu, the increase in the number of individuals contracting Hepatitis B and C, and hospital acquired infections; it is imperative that our health care providers are properly trained. We expect that our physician will be one of the medical staff in the operating room. But, do you know all of the people behind the masks? How can you be certain everyone in that room is educated, skilled, and qualified to perform surgery?"

The demonstration was filmed by three television stations, including an NBC, ABC, and Fox affiliate station, all of which provided some great coverage. Both Sherri Alexander, AST President, and Dana Fields, IAST Vice President, were interviewed on camera!

In 2009, the Governor signed into law the certification legislation for surgical technologists in Indiana! To see the law, visit [www.ast.org](http://www.ast.org), Public Policy, Legislative Map.





# Virginia Mock Surgery a Seamless Show stopper

GOVERNMENT AND  
PUBLIC AFFAIRS



On January 31, 2012, the Virginia State Assembly of the Association of Surgical Technologists produced a mock surgery in collaboration with the Association of Surgical Assistants to demonstrate the teamwork and essential contribution that surgical technologists and surgical assistants bring to the operating room. The surgery was presented to support Senate Bill 313, which addressed regulation of surgical technologists (certification) and surgical assistants (licensure). Orthopedic surgeon Dr. Brian Curtin, of Virginia Commonwealth University School of Medicine led the surgical team in the simulated total knee replacement using equipment furnished by Stryker Corporation. The VCU Nurse Anesthesia Program furnished the anesthesia equipment and the team's anesthetist; and several Virginia surgical technology programs and hospitals provided all the necessary tables, mayo stands, equipment and supplies. Led by Sandi Luthie, CST, VCSA President and her tireless team of surgical techs and assistants, the event went off without a hitch, and the Virginia State victory goes to the prepared: the team conducted a trial run the night before, loading up all the equipment in a large rental truck, then unloading at a rehearsal site near the Capitol. Dozens of students from ECPI Richmond, Fortis College, National College-Harrisonburg and Sentara College of Health Sciences, dressed in scrubs and lab coats, lined the halls outside the "operating room." On hand was Senator Harry Blevins, the bill sponsor.

**UPDATE:** In March 2015, a new bill (Senate Bill 328) requiring techs to register with the State was passed unanimously in the legislature and signed into law by Governor McAuliffe on April 3, 2014!



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## Section 7. Testimony at the Legislative Committee Hearing

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After your bill is introduced and assigned to a committee for hearing, the campaign must begin to prepare for the hearing. Although this section addresses preparation to testify at a hearing, this is not the sole aspect of preparation for the hearing. Throughout the legislative process, the lobbyist will confer with and update the campaign with the “vote count” of supporters, undecided lawmakers, and opponents. The lobbyist also will refine the list of targeted legislators. Based upon this information, the campaign will issue action alerts to grassroots supporters.



**Who should testify at a legislative hearing and why?** AST Government Affairs, the campaign leadership, and the lobbyist will confer to determine who should testify in support of the bill as issue experts. State Assembly leaders who will be witnesses should prepare their draft testimony several days before the hearing and promptly submit it to AST Government Affairs for review. The AST Government Affairs staff can provide examples of testimony provided at previous

committee hearings.

Each state’s legislative procedures and protocols vary. Your bill might be scheduled before a particular legislative committee more than one week in advance or it can be added to a committee’s schedule on shorter notice. A legislative committee usually schedules more than one bill for hearing in its morning or afternoon session. If your bill is scheduled for afternoon, the committee likely will remain in session until all of the scheduled bills are heard. If your bill is the last on the hearing list and if one or more earlier bills involves a large number of witnesses, it is possible that consideration of your bill might extend into the evening hours.

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## Keys for Effective Testimony Preparation for State Leaders

- ✓ Prepare your testimony several days in advance of the hearing and submit a draft to AST for review.
- ✓ Discuss with AST Government Affairs what materials to provide to the Committee.
- ✓ In your draft testimony, state the message point and key supporting facts.
- ✓ Highlight the message with your brief personal story.
- ✓ Anticipate reasonably foreseeable questions and responses.
- ✓ Ensure that your draft does not disparage opponents. Confine your testimony to the issues, not persons.
- ✓ Practice your testimony in advance of the hearing so you will not be tempted to read the script. Practice also will build your confidence and reduce nervousness.
- ✓ Time your delivery to ensure it will comply with the Committee's time allotment instruction.
- ✓ Dress professionally.
- ✓ Arrive early.

Frequently, the lobbyist will schedule a meeting among supporting witnesses to convene before the hearing begins. The purposes of the meeting usually include: review

testimony, inform of specific protocols for the hearing, discuss new developments, review legislators' anticipated votes and potential questions by particular legislators, discuss the preferred order of grassroots witnesses, and make other recommendations.



## Testimony by Grassroots Supporters

Here are some general tips for grassroots supporters who will testify at a committee hearing. When you sign the witness sheet, notice the number and names of those listed before you to provide a sense of when you likely will be called. It is important to be seated in the hearing room when the proceeding for your bill begins. You will be able



to listen to the committee's discussion, the bill sponsor's testimony, and testimony of each witness who precedes you. The bill sponsor might ask the committee to call opposing witnesses first or request that testimony begin with bill supporters. This is a strategic decision. Normally, the person who is designated to testify first in support of the bill is one who can present the rationale for the bill and technical information.

The lobbyist will tell you in advance how many minutes you are permitted to speak (e.g. 3 minutes, 5 minutes). When the hearing begins, the committee chair will announce the time allotted. For grassroots supporters, three minutes is a common length of time. Listen carefully to any committee discussion before your testimony and to testimony that precedes you. If you choose to carry a sheet of paper to the witness table, it should consist of points that can serve as prompts, rather than text that you read word-for-word. When the committee chair calls your name, walk up to the witness chair, take your seat, and adjust the microphone. If the bill sponsor is seated next to you at the table, smile and shake his or her hand.

**Clearly state** your name, town or city where you live, your place of employment, your profession as a surgical technologist, and that you are a member of AST. **Thank** the committee chair and committee members for the opportunity to testify, and state that you strongly support the bill. **Make eye contact** with committee members as you deliver your testimony. **Speak clearly**, firmly and slowly and do not read your presentation. You are prepared! Next state that you support the bill and then make your points in order. Highlight your message with your *brief* personal story. Anticipate that one or more witnesses who testify before you likely will cover a point that you intended to make. It might be a message point or a key fact. **Committee members do not like to hear witnesses make repetitious points.** Usually, the committee chair will ask witnesses not to repeat points made by earlier witnesses who are on the same side of a bill. It is not difficult to make an adjustment to the testimony you have prepared to avoid such repetition. Simply state that you agree with points presented by earlier witnesses on your side. Then proceed to **provide your very brief personal story** – no

one else will have presented your personal story. End your testimony by saying thank you. After you finish, the committee chair will ask committee members if they have any questions for you. You might be asked one or more questions. If a legislator other than the committee chair asks the witness a question, the formality is to address the committee chair and ask permission to respond. If you are asked a question that is outside the scope of your expertise and knowledge, simply say so. Never appear angry or agitated.

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## Section 8. Engaging the Media

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An engaged media that publicizes your bill and your position in a favorable light to its audiences is a very important ingredient of an effective campaign. A reporter can interest and educate the public. The print or online piece, or the broadcast also will offer third party validation of the need for your bill – or at least the importance of the issue to the public or to the news organization’s audience. Media coverage will broaden the message and explain why it is important to their target market. Attracting media coverage to reach the broader community helps to draw additional supporters.

Former surgical patients and their families should be very interested to learn of the bill. This is not just the surgical technologists’ issue: it will become a community issue. And when community members buy into it, it becomes their own cause, too.



Your elected officials, too, are keenly aware of relevant stories directed to their constituents on potential state legislation. They track carefully mention of their own name associated with a public policy issue in a piece.

## Press Release



A press release is a very important public relations tool written as a news story that a newspaper or website can use in whole or in part. A reporter frequently will opt to interview one or more of the contact persons listed on the press release, rather than simply using the prepared quotes. That is, one cannot rely on the press release alone to cover the story. Expect that the reporter also will reach out to identify and interview one or more persons who oppose the bill. A radio or TV reporter will conduct an interview.

A press advisory is written to inform reporters about a specific newsworthy event they should cover, usually accompanied by a tip sheet and other background press kit material. If AST has scheduled a mock surgery event, a press advisory written by AST may be used to notify the media. The reporter might call a contact person listed on the press advisory for additional information to determine whether it is a compelling news event to attend. The reporter might know very little about the subject and is seeking a compelling reason that represents why it is news. That person might cover health care fulltime or only part time.

## Speaking with the Media

**Assume everything you say is  
“on the record” and might  
appear in the story.**

Here is general guidance to navigate a reporter’s call. First, make sure you are familiar with the contents of the press release. Second, be available to take the reporter’s call or to return it promptly. Be respectful of the reporter’s short turnaround time to produce a story. Print, online, radio, and television reporters are

extremely busy, rushing to meet tight daily deadlines for their stories. A returned call at 5:00 will probably go unanswered. If you return a call promptly and the call is not answered or returned, do not take it personally.

Listen carefully to the reporter’s question and make sure you understand it before responding. Assume everything you say is “on the record” and might appear in the story. The reporter is seeking information and news. He or she might have researched the bill or might know very little about your profession and why credentialing is crucial.



## Tips for Speaking with the Media:

It is likely that a reporter will ask why there is a need for education and training for surgical technologists. Be prepared to answer. A reporter also might approach you at a legislative hearing before or after you have testified. Be alert and prepared for this opportunity, whether it is coverage in print, radio, or TV.

- ✓ Adopt a pleasant, professional tone.
- ✓ Deliver your message and stay on message. You have an opportunity to shape the reporter's story.
- ✓ Tell your personal story. Your personal story is a convincing vehicle: the audience will tend to trust such information.
- ✓ When you answer a question, make sure that the reporter understands what you said. You can confirm the reporter's understanding by asking questions.
- ✓ Avoid surgical and health care jargon and acronyms.
- ✓ If you do not know the answer to a question, simply say so. Or, if you are not the appropriate person to respond to a question, you can reply that you are not in a position to answer that question. Tell the reporter that you will need to check with those who can respond to a line of questions and that you will call back. Make AST Government Affairs aware.

## Writing a Letter to the Editor

You might be asked to submit a letter to the editor. You may email your letter to several newspapers and online publications. Send it to each media organization separately. Notice that the template is brief and to the point, adopts an appropriate tone and style and strongly urges action. If the letter to the editor is written after the bill has been introduced in the state legislature, include the bill number and bill sponsor and co-sponsors, if any. If the bill has been assigned to a legislative committee for hearing, add that information, too. You want readers to know how to take action by contacting their representative or senator in reference to this bill. The rule of thumb is to limit the letter to the editor to 250 words or less.

### Example: Letter to the Editor, Michigan

Any person faced with surgery faces many unknowns, but patients and their families count on one thing: all the members of the surgical team have the education, training and expertise to perform the surgical procedure safely and competently. Patients in Michigan do not have this assurance. Who is behind the masks? Doctors, nurses, anesthesiologists and anesthesiologists all must have extensive

education, and be licensed, and even certified, to perform their roles in the operating room. But one critical member of that surgical team has no such requirement, and could in fact be **anybody**: the surgical technologist. The surgical technologist is the person who is responsible for preparing the operating room for the surgical procedure, assuring that all the equipment works properly, maintaining a sterile environment before and during surgery to prevent infections, responding to and anticipating the needs of the surgeon throughout the surgery. Yet, Michigan has no regulation or requirement that the surgical technologist be educated, trained, certified or competent. Surgical technologists in Michigan want to make sure that every surgical patient has a Certified Surgical Technologist as part of that patient's surgical team. Each year thousands and thousands of patients die from preventable medical mistakes. Five of the eight most critical preventable errors occur in the operating room. A complete surgical team of certified or licensed professionals will help assure that a patient's risk of suffering the consequences of these errors is reduced. Studies show that preventable surgical mistakes can be reduced over 30 percent where surgical technologists are required to be certified. Patients in Michigan deserve to go into surgery knowing that they have the most competent surgical team helping them at this critical time in their lives. Requiring education and certification of all surgical personnel will help achieve this important goal. Support certification of surgical technologists in Michigan.

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## Section 9. Circling Back: Reporting Your Activities to the Campaign

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### Quantitative and Qualitative Measures

The lobbyist and the campaign will consider making some adjustments to tactical actions frequently as circumstances on the ground shift. Perhaps a legislator who had been low on the campaign's target list will rise to the top as a result of the lobbyist's conversation or intelligence gained about a meeting the lawmaker held with an opponent.



### Reporting Back to the Campaign

Communications during a campaign is a two-way process: from leadership and to leadership. Feedback to leadership from grassroots and grasstops about their meetings with legislators and with stakeholders is critical. The lobbyist is at the Capitol confirming supporters, identifying votes and monitoring opponents. The campaign and lobbyist need prompt access to new information you have received.

## Notes from the Field: Consider the Importance of Reporting Back to the Campaign

During the meeting between a grassroots supporter and a legislator's staffer, the staffer mentioned his boss [the legislator] had met with a group last week that opposes the bill. The staffer asked the grassroots supporter a few questions. The supporter thought that the legislator was impressed with the opponent's argument. The next day the supporter emailed the campaign's lobbyist and AST Government Affairs staff writing: "I had a meeting yesterday with someone who works for Representative Black. He said that a group that opposes our bill had been there the week before. My impression was that the Representative is not sure whether he supports the bill."

*What went right?*

In the story above, the lobbyist had listed Representative Black as a moderate supporter of the bill. A stakeholder organization that opposed the bill had made an impression upon this legislator. The lobbyist had heard a similar report from a colleague and determined that the campaign must arrange additional meetings with Representative Black. The lobbyist did not know whether the organization the staffer mentioned was the same one that she knew had met with the representative. It would have been helpful if the grassroots supporter had asked the staffer what organization he was referencing. In addition, the supporter could have asked specifically what the objection was to the bill. The staffer might have supplied more valuable information.

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### Section 10. If the Bill Does Not Pass or If an Additional Bill is Needed

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**Often a bill does not pass on the first try.** Or, a compromise bill has passed. Perhaps the campaign only was able to secure registration language instead of the original certification bill.

In either case, the good news is that the campaign has built a grassroots network, forged strategic alliances, and gained the support of numerous legislators. The media also has gained some familiarity with the issue. It is time to take a deep breath and acknowledge this progress.

Campaign leadership has two immediate tasks at hand. **One is to promptly thank all supporters: the house and senate bill sponsors, the other legislators who supported the bill, grassroots supporters, allies, grasstops and your lobbyist!** The state assembly is creating long-term relationships. The bill sponsors also appreciate a letter to the editor publicly thanking them for their sponsorship. The other task is to confer with AST Government Affairs, together with the lobbyist.

### Prepare for the Opportunity in the Next Legislative Session

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- Refine the strategy
- Augment the campaign
- Revise the plan
- Renew the passion, energy and resolve

# Appendices

- Appendix A — “Surgical Technologist Entry-to-Practice Model Bill”
- Appendix B — “How a Bill Becomes Law”

## Appendix A

### Surgical Technologist Entry-to-Practice Model Bill

**NOTE:** This is a model only. The final language introduced in any state would vary from this Model. Legislation should be introduced to the legislature only after discussions with the applicable AST State Assembly as well as all key stakeholders. AST State Assemblies that are interested in pursuing legislation are advised to examine this model and to contact the AST Government Affairs Department for more information about the legislative process *prior to communications with legislators*.

An Act relating to the practice of surgical technology and surgical technologists.

#### SECTION 1.

- (1) “Health care facility” means a hospital, ambulatory surgical center, or freestanding surgical outpatient facility [as defined by applicable state law(s)].
- (2) “Surgical technologist” means a person who is employed or contracted by a health care facility to perform surgical technology tasks and functions.
- (3) “Surgical technology” means surgical patient care that includes, but is not limited to, the following tasks or functions:
  - a) preparing the operating room and the sterile field for surgical procedures by ensuring that surgical equipment is functioning properly and safely and preparing sterile supplies, instruments, and equipment using sterile technique; and
  - b) as directed, performing tasks at the sterile field including:
    - (1) maintaining asepsis and correcting breaks in the sterile field;
    - (2) passing supplies, equipment or instruments according to the needs of the surgical team;
    - (3) sponging or suctioning an operative site;
    - (4) preparing and cutting suture material;
    - (5) transferring and irrigating with fluids;



- (6) transferring but not administering drugs within the sterile field;
- (7) handling specimens;
- (8) holding retractors and other instruments;
- (9) applying electrocautery to clamps on bleeders;
- (10) connecting drains to suction apparatus;
- (11) applying dressings to closed wounds; and
- (12) performing sponge, needle, supply, and instrument counts with the registered nurse circulator.

## **Section 2.**

(1) A health care facility shall not employ or otherwise contract for the services of a surgical technologist in a health care facility unless the person meets at least one of the following:

(a) has successfully completed a program accredited by the Commission on Accreditation of Allied Health Education Programs or other nationally-accredited educational program for surgical technologists and holds and maintains the Certified Surgical Technologist credential administered by the National Board of Surgical Technology and Surgical Assisting or its successor; or

(b) has successfully completed an appropriate training program for surgical technology in the United States Army, Navy, Air Force, Marine Corps or Coast Guard, or in the United States Public Health Service; or

(c) provides evidence that the person was employed to practice surgical technology in a health care facility on the effective date of this Act or was employed to practice surgical technology during the two years immediately preceding the effective date of this Act; or

(d) is in the service of the federal government, to the extent the person is performing duties related to that service.

(2) A health care facility may employ or contract a person to practice surgical technology during the twelve-month period immediately following successful completion of a surgical technology program, but may not continue to be employed or contracted with beyond that period without documentation that the employee or contractor holds and maintains the certified surgical technologist credential required in Section 2 (1)(a).

## **Section 3.**

(a) A person who qualifies to practice surgical technology in a health care facility under Section 2 (1)(b) or (c) must annually complete 15 hours of continuing education to remain qualified to practice as a surgical technologist.

(b) A health care facility that employs or contracts with a person to practice surgical technology shall verify that the person meets the continuing education requirements of Subsection (a) of Section 3 or, if applicable, that the person has holds and maintains the Certified Surgical Technologist credential as required in Section 1(a).

***(Optional) Section 4:*** *A health care facility may employ or otherwise contract with a person who does not meet the requirements of Section 2 of this Act to practice surgical technology in a health care facility if:*

- (a) After a diligent and thorough effort has been made, the health care facility is unable to employ or contract with a sufficient number of qualified surgical technologists who meet the requirements of this section; and*
- (b) The health care facility makes a written record of its efforts under Subdivision (a) and retains the record at the health facility.*

**Section 5.** Nothing in this Act shall prohibit any licensed practitioner from performing surgical technology tasks or functions if the person is acting within the scope of his or her license.

**Section 6.** The Department of Health Facilities Licensing [or applicable name of hospital or ambulatory surgical center regulatory agency] shall enforce the provisions of this Act.

**Section 7.** This Act shall take effect on (Month, Date, Year).

## Appendix B - How A Bill Becomes Law

### How a Bill Becomes a Law

State legislatures create laws. All laws begin as bills. Before a bill can become a law, it must be approved by a state's House of Representatives, Senate, and Governor. In some states, the House is called the Assembly. Members of the Assembly are referred to as Assemblyman. How a bill becomes a law varies in every state, but below is the basic process.

### Bill Begins

Laws begin as ideas. These ideas may come from a Representative or Senator—or from a citizen like you. Citizens who have ideas for laws can contact their Representatives or Senators to discuss their ideas. If the Representative or Senator agrees, they research the ideas and write those ideas into bills.

### Bill Is Proposed

A bill needs a sponsor. Once a bill has a sponsor, it may be introduced.

### Bill Is Introduced

Only legislators in leadership may introduce legislation. In many chambers (i.e. Senate Chamber, House Chamber), a bill is introduced when it is placed in the “hopper” —a special box on the side of the clerk's desk.

When a bill is introduced, a bill clerk assigns a number to the bill. A reading clerk then reads the bill to all the Representatives or Senators; the Speaker of the House or Senate President then sends the bill to one or more of the House or Senate standing committees. Sometimes it is very difficult to get a bill heard in committee and much grassroots support is needed to get the bill on the committee's busy calendar.

### Bill Goes to Committee

When the bill reaches committee, the committee members—groups of Representatives or Senators who are, hopefully, experts on a topic such as health care or regulated professions. The committee reviews, researches, and revises the bill before voting on whether or not to send the bill on to the next step in the process; the floor vote.

- In certain states, if the committee members would like more information before deciding if the bill should be sent to the floor, the bill is sent to a *subcommittee*. While in subcommittee, the bill is closely examined and expert opinions are gathered before it is sent back to the committee for approval.

### Bill Is Reported

When the committee has voted to approve a bill, it is sent—or reported—to the House or Senate floor. Once reported, a bill is ready to be debated by the full House or the full Senate.

### Bill Is Debated

When a bill is debated, Representatives or Senators discuss the bill and explain why they agree or disagree with it. Then, a reading clerk reads the bill section by section and the Representatives or Senators recommend changes. When all changes have been made, the bill is ready to be voted on.

### Bill Is Voted On

There are three methods for voting on a bill:

1. Voice vote: The Speaker of the House or Senate President asks the Representatives or Senators who support the bill to say “aye” and those that oppose it say “no.”
2. Division: The Speaker of the House or Senate President asks those Representatives or Senators who support the bill to stand up and be counted, and then those who oppose the bill to stand up and be counted.
3. Recorded: Representatives or Senators record their vote using the electronic voting system. Representatives or Senators can vote ‘yes’, ‘no’, or —if they don’t want to vote on the bill — ‘present’.

If a majority of the Representatives or Senators say or select yes, the bill passes in that chamber. The bill is then certified by the Clerk of the House and delivered to the opposite chamber.

### Bill Is Referred to the Opposite Chamber

When a bill reaches the opposite chamber, it goes through many of the same steps it went through in first chamber. The bill is discussed in a committee(s) and then reported to the floor to be voted on.

If amendments are made in the second chamber, the bill must go back to the first chamber to be approved. Otherwise, if it passes the second chamber, it is sent to the Governor.

### Bill Is Sent to the Governor

When a bill reaches the Governor — depending on the state — the Governor may:

1. Sign and Pass the Bill—the Bill Becomes a Law (aka “enacted”)
2. Refuse to sign the bill (aka “veto”)—the bill is sent back to the legislature, along with the Governor’s reason(s) for the veto.
  - a. If the legislature still believes the bill should become a law, they can hold another vote on the bill. If two-thirds of the Representatives and Senators support the bill, the Governor’s veto is overridden and the bill becomes law.
3. Do nothing (aka “pocket veto”). The bill automatically becomes law after a set number of days.
4. “Conditional veto” — the Governor signs the bill based on the condition that the legislature will make and approve the *exact* changes the Governor proposes to the law.

### Bill Becomes a Law

If a bill has passed in both the House and Senate and has been approved by the Governor, or if a veto has been overridden — the bill becomes a law and is enforced by the government.



**Want to Get Involved? Contact AST Government Affairs at [governmentaffairs@ast.org](mailto:governmentaffairs@ast.org).**