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Senior Project

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Purpose

The purpose of this Senior Project is:

- 1) to foster a full understanding of the **leadership of lobbyists** in the political process through an internship at Virginia General Assembly;
- 2) to analyze the **role and impact of lobbyists** and interest groups on the development of legislation;
- 3) to apply leadership theories to observations of lobbying activities.

Through both participation in General Assembly from a lobbyist's perspective and library research, this project addresses the question: **How do lobbyists serve as leaders to interest groups and within the political process?** The content of this research explores the role of lobbyists as leaders in the political context. This project tracks the lobbyist's behavior and actions (not just the evolution of a bill) at specific points in the legislative process. Finally, the tasks lobbyists perform and the role they fill in the political process are defined in terms of leadership theory. In the context of this definition, lobbyists are analyzed as 1) leaders rather than managers, and 2) as transactional leaders.

Introduction

On January 10, 1996, Virginia General Assembly convened in Richmond, VA. Judy Castleman and Kathy Graziano, lobbyists for non-profit groups, were searching for patrons for bills introduced by their interest groups and gathering support among legislators for other key legislation. The Virginia Senate began its heated debate on how many committee chairs should come from the Democratic vs. Republican Parties. Thomas Moss called the House to Order for the first time in his

position as Speaker of the House. And the 1996 General Assembly Session kicked off to a grand start.

Judy Castleman and Kathy Graziano represent 11 nonprofit organizations as lobbyists in Virginia. Though these groups range in size and political interests, the majority of their clients have vested interests in health care and childhood/youth issues. Some of these interest groups are as follows:

Virginia National Abortion and Reproductive Rights Action League, the Perinatal Association, Virginia Association of School Nurses, Virginia Association of Social Workers, Virginia Association of Certified Nurse-Midwives, the American Heart Association, the American Cancer Society, and the Massage Therapists of Virginia.

Lobbyists are persons who are not members of the legislature but who attempt to influence legislators or other public officials through personal contact. In their role as lobbyists, Ms. Castleman and Ms. Graziano work to secure the passage of legislation supported by their clients and to block legislation that would have negative effects. During the course of General Assembly, they are responsible for communicating the positions that these groups hold on issues to senators and delegates, persuading legislators to advocate their bills, and advising their clients about effective committee presentations and political strategy.

As an intern, my role has been (and continues to be) to assist Ms. Castleman with her lobbying efforts through writing amendments, speaking with senators and delegates, following the daily calendar of bills and committee meetings, observing committee and subcommittee meetings when our bills are on the docket, and communicating the status quo between the lobbyists, interest groups, and legislators. Through my involvement with Ms. Castleman's work, I have the opportunity to participate in the process of designing, advocating, and lobbying for legislation. As a part of this internship, I observe interaction between lobbyists and legislators, how a

bill becomes a law, and the forces that affect the final legislation. This research includes observation of the political leadership strategies and styles employed by members of the Virginia General Assembly and the leadership practices of lobbyists. Additionally, conversations and meetings between lobbyists and interest groups reveal the leadership of lobbyists in identifying, gathering support, and advocating the political interests of a given group.

Background Information on Interest Groups

Legislation introduced by the nurse-midwives and the massage therapists provide a clear example of the role of lobbyists as leaders in the legislative process. Therefore, this project focuses on the involvement of Ms. Castleman and Ms. Graziano in the passage of bills related to the nurse-midwives and massage therapists. The purpose of this section is to provide background on and explanation of the current political needs of these groups.

Current law in Virginia impedes nurse-midwives by limiting their practices and responsibilities. Legislation and insurance regulations prevent nurse-midwives from establishing a practice independent of a doctor. Current statutes about nurse-midwifery establish a supervisory rather than collaborative relationship between a doctor and midwife. Often, insurance regulations forbid supervised health practitioners from practicing any further than one block from their "supervising" doctor's office; this poses a significant problem to nurse-midwives, who often practice in rural contexts. Additionally, hospital regulations prevent supervised health practitioners from admitting patients. Nurse-midwives are often unable to admit women in labor to hospitals if their supervising physician is unavailable. This supervisory relationship places nurse-midwives in a position where they are frequently unable to provide services for which they have been trained and certified.

The second bill introduced for nurse-midwives requires insurance companies to provide coverage for services rendered to pregnant women. Under current statutes, physicians report services to insurance companies for the purpose of reimbursement; then the physician receives a proportion of the insurance payment. According to insurance companies, this reporting method is fraudulent; its further use will lead to the filing of lawsuits against physicians and nurse-midwives. This bill mandates that insurance companies that cover obstetrical care must also cover nurse-midwifery services.

Though massage therapists receive extensive training, take national board exams, and are nationally certified, Virginia statutes do not recognize this certification or provide any means of regulation for this health profession. In many counties and cities, certified massage therapists are required to register at the local police station where they are fingerprinted along with the common criminal. This year, a group of massage therapists hired Ms. Castleman and Ms. Graziano to develop, introduce, and advocate legislation that would provide state regulation of their profession. Health boards and insurance companies will both be forced to recognize massage therapists as health practitioners if this legislation passes.

Literature Review

Definitions

Considerable literature and research exists on the subjects of lobbyists, lobbying, and interest groups. The majority of this research comes out of the context of political science and government. For the most part leadership is defined in this literature in terms of members of the executive branch of government and the elected leaders within the Senate and the House. Only limited literature develops a distinct link between the role of lobbyists and the concept of leadership. Nevertheless, careful examination of lobbyists' roles reveals the transactional and

strategic nature of their responsibilities. Moreover, the political science research demonstrates that characteristic behaviors and responsibilities of lobbyists are clearly congruent with behaviors and responsibilities often associated with leaders.

Interest groups fill a distinctive role in the governmental process. A group is a "number of people who interact rather frequently on the basis of some shared interest" (Fenton, 1966). Moving beyond this simple definition, Fenton argues that political interest groups rise from populations that are faced by adverse situations or problems. These groups work to achieve their goals, to counteract adverse situations, and to solve the common problem which confronts them (Fenton, 1966). Political interest groups apply pressure on the legislative system to advance their agenda and create change. Some theories of government posit that interest groups are central actors in the political process. These groups request benefits or express needs to government officials and in return offer money, votes, and campaign support. This exchange theory explains the relationship between interest groups and legislators.

As a result of the Constitutional system of government, the right to petition ensures the right of interest groups to pressure Congress through lobbyists (Schriftgiesser, 1951). Lobbying is an integral part of the government process for a variety of reasons. Deakin (1966) defines lobbying as a constructive function within the governmental process; lobbyists are a vital source of information and a means for special interest groups to communicate with politicians. Lobbyists represent interest groups or clients by managing and distributing the information they possess on specific issues to key legislators; this information must be used appropriately to gain votes. From this perspective, Wolpe (1966) defines lobbying as the political management of information and defines the lobbyists task as "straightforward implementation of political strategy". The success and effectiveness of lobbyists depends on a number of factors: getting issues on the legislative agenda,

understanding the needs and motivations of legislators, and correctly using political power inside and outside of the government process (Wolpe, 1966). Through the use of influence and clever political strategy, lobbyists have a significant impact on the decision making of legislators.

Transactional Relationships

Political scientists contend that political pressure can no longer explain the relationship between lobbyists and legislators (Hayes, 1981). The search has begun to develop a transactional theory that explains the interactions between these political actors. Hayes argues that a complex, transactional relationship exists between members of interest groups and lobbyists; he grounds his explanation in the theories of Peter Clark and James Q. Wilson's work in the subject of political interest groups. Bauer, Pool, and Dexter establish a need for a "transactional view of the legislative process whereby legislators and lobbyists would be viewed as interdependent". The groundwork for such a theory has been carefully laid in the exchange theory of interest groups. Though such scholarship does not explicitly establish a transactional relationship between legislators and lobbyists, it does offer many implications that such a relationship exists.

The focus of lobbying efforts varies depending on where the strength of a given political system exists. In a system where the political parties are strong, lobbying efforts will most likely deal with the party leadership. In a system where political authority is disperse, lobbyists will direct their efforts toward committee and subcommittee chairs (Hayes, 1981). Therefore, the development of a transactional relationship between a lobbyist and legislator is generated by the needs of the lobbyists and the specific powers of a given legislator.

The Art of Lobbying

Effective lobbyists must master several skills and understand their role in the process of government in order to make a significant impact. Lobbyists have different techniques from which to choose when advocating a particular issue: coalition organizing, direct lobbying, and the mobilization of constituencies. Coalition organizing enables interest groups to iron out their disagreements before the legislators are approached with a request. These highly effective temporary alliances take the burden of sorting through information from competing groups away from legislators; the interest group leaders and lobbyists assume this burden themselves (The Washington Lobby, 1987). David B. Truman, a political scientist, notes that the majority rules nature of American government gives larger groups (i.e., coalitions) the ability to have a much greater effect on legislation than the efforts of a single interest group. Direct lobbying means that a lobbyist has access to key members of the legislature. After access has been established, a lobbyist has the opportunity to demonstrate her broad range of knowledge and expertise available on a specific issue. The mobilization of constituencies includes: encouraging letters from interest group members to their legislatures, organizing days for members to visit the legislature, and planning means to educate the public about issues.

Methodology

The information gathered to support my premise about leadership and lobbyists comes from several sources: intern hours with a team of lobbyists, questionnaires completed by the lobbyists, legislative information, and research in the field of political science. The culmination of this data provides a strong experiential and research basis for an explanation of the leadership role that

lobbyists fill in government. The information collected and the conclusions drawn are primarily from direct observation and involvement with the lobbying process.

From January 10, 1996 to March 9, 1996, the Virginia General Assembly met in Richmond, Virginia. During these dates, I interned with a team of health care lobbyists for approximately 16 hours per week. (Note: I interned during the 1995 General Assembly Session with the same lobbyists for approximately 15 hours per week. I entered into this internship with both prior knowledge and experience with government in Virginia.) A total of 128 hours was spent on site at the General Assembly Building, Old City Hall, and the Capitol.

The time spent at General Assembly was divided between experiential learning and observational learning. The lobbyists with whom I worked gave me several responsibilities. First, I communicated expert information to legislators from both the lobbyists and their clients (interest groups). This communication took place in both written and oral forms. Fact sheets that are distributed to legislators needed to be researched and developed. They contain summaries of relevant scientific research, the interest groups needs, and summaries of similar state legislation and its effects. Prior to committee or floor votes, key legislators needed to be contacted and informed about the position of interest groups that they or their constituents follow closely. During committee meetings and the session, last minute information about current regulations, potential amendments, or actions in other part of the legislature need to be communicated to bill patrons.

Second, I helped to develop legislative language for bills; these efforts gave me direct responsibility for the development of the Virginia code. In this role, I worked with the lobbyists and lawyers in legislative services to develop bill language. Committee and floor amendments needed to be drafted in anticipation of debates on controversial areas of favorable and unfavorable bills. These

amendments were developed for bill patrons and legislators who worked closely with the lobbyists on specific health issues.

Third, I maintained files that contained text history, voting history, and the current location of the bill. These files enabled both the lobbyists and clients to keep close track of all stages of a bill's life in the 1996 General Assembly. The movements of a bill through subcommittees, committees, the Senate, and the House are included in a bill tracking history as well as amendments and vote counts (see Appendix A). This experience provided insight into the involved governmental process of a bill becoming a law. Chart 1 contains summaries of all General Assembly bills referred to in this paper. The chart identifies the bill number, chief patron, primary purpose, amended legislation, and final outcome.

Finally, the extensive hours spent at the legislative session enabled me to closely observe many elements of the political process. For several days I followed a lobbyist as she met with legislators. These lobbying sessions consisted of 10-15 five minute sessions. During these sessions, the lobbyist would inform the legislator about her clients position on a particular issue. Many afternoons were spent observing strategy sessions among the lobbyists and interest group representatives. The following mornings were spent observing committee meeting when strategies were played out during testimony, questioning, and amending procedures. Additionally, I observed many impromptu meetings between lobbyists and lobbyists or lobbyists and legislators in the hallways outside of the committee meetings. These meetings illustrated the intense strategic planning that takes place while a bill is being discussed and the final language developed.

After the adjournment of General Assembly, surveys were conducted to gather information about how lobbyists perceive their role in government. These surveys contained sixteen questions about the role the lobbyist played in the development of a specific bill's history, why specific strategies were chosen, and

Chart 1: Summaries of General Assembly Bills

Bill	Chief Patron	Summary	Amended	Outcome	Interest Groups
SB 495	Earley	Feticide: Murder of Unborn Children	Yes	killed in House committee	NARAL, VA Peri-Natal, and ACNM
SB 581	Barry	Collaboration of Nurse-Midwives and doctors	N/A	continued to 1997	ACNM
HB 1231	Connally	Restricts youth access to tobacco by regulating placement of vending machines	Yes	passed House & Senate	AHA, ACS
HB 1279	Fisher	Certification of massage Therapists	Yes	passed House & Senate	AMTA
HB 1360	McDonnell	Mandates insurance reimbursement to nurse-midwives	N/A	referred to Mandated Benefits Commission	ACNM
HB 1416	Mims	Requires vendors to request photo identification for anyone who appears under 24 that wants to purchase tobacco	Yes	passed House & Senate	AHA, ACS

various techniques used to gather support for a bill (see Appendix B). A total of two surveys were completed by the lobbyists observed during General Assembly

The specific evolution of a bill through committees, floor debates, the House and Senate, and the Governor's office will be followed through Legislative Information Systems. This system is a computerized account of all General Assembly business. Through LIS, a bill's location and form can be identified at any given point in time. All committee and floor votes, all amended forms of the bill, and bill patrons are compiled through use of LIS.

Data gathered through all of these means was compiled and analyzed for relevance to the leadership role lobbyists play in the state governmental process. Critical incidents observed were utilized to identify areas where lobbyists have the largest impact, individuals with whom the most frequent interaction takes place, and methods that change legislation. Experiential learning enabled a definition of the roles and responsibilities of lobbyists to be developed. This definition provided a sounding board from which the role of the lobbyists was compared and contrasted with the role of the leader. Finally, the research provided a starting point for theory development and a means to ground conclusions in leadership and political science theory.

This paper draws conclusions primarily from experiential/observational methods as opposed to documented research. Therefore, the reliability of the evidence depends on both the quantity and the quality of the time spent with the subjects. The amount of hours spent provides an adequate record of the activities involved in Virginia General Assembly and the activities of a lobbyists in relation to General Assembly. Lobbyists may spend anywhere from one morning per week to as much as five days a week lobbying for their client. The two lobbyists observed for this project are full time lobbyists. Therefore, the 16 hours/week of observation recorded of a 50-60 hour work week is significant.

Furthermore, the lobbyists observed represent a variety of clients; this variety enables an observer to witness different lobbying styles dependent on the client being served and issues being addressed. The hours spent at General Assembly were spent in both experiential and observational techniques; once again, this variation ensured that lobbyists were observed in a several contexts and that the types of lobbying employed differed from day to day. The quality of the research also hinges on the experience and background of the observer. Prior experience at General Assembly in the form of an internship as a lobbyist provided me with a knowledge base when observations began in January. This background meant that observations and experiences took place from a knowledgeable as opposed to a uninformed perspective. Overall, the extensive and varied hours spent at General Assembly provided rich and abundant data.

Though this research begins to define lobbyists in the heretofore unexplored context of leadership, it has several limitations. First, the conclusions drawn from this research cannot claim to explain the leadership role of lobbyists beyond the context of state government. Though the new definition may be appear in other contexts, the results of this study cannot be generalized to lobbying relationships in the federal or in foreign governments. Second, the lobbyists observed in this study represent a specific type of client. These lobbyists represent interest groups primarily concerned with health care and childhood issues. Both lobbyists have strong personal opinions about the issues they represent and tend to agree with positions their groups take on issues. Therefore, the lobbyists observed in this research play active roles in the organizations they represent. Additionally, the interest groups represented are not well-financed operations. Frequently, the positions taken by these groups on issues are in direct opposition to major business lobbies that exist in Virginia (i.e., the tobacco lobby, the medical lobby, the health boards, etc.). This paper will provide solid analysis of the role of lobbyists as leaders; however, it is

essential to understand the limitations of the research. Conclusions drawn from this research directly illustrate the relationship between lobbyists and legislators in state government. These conclusions should be applied to government in broader contexts only with extreme caution.

Results

The results will be presented in two forms: First, for the two nurse-midwife bills and the massage therapy bill, the role of lobbyists will be presented chronologically. Second, critical incidents observed or experienced with the other bills will be compiled in the final part of this section.

Certification of Massage Therapists (HB 1279)

As the liaison between the American Massage Therapy Association (AMTA) and VA General Assembly, Ms. Graziano provided guidance on passing legislation requiring state certification for massage therapists. Ms. Graziano explained the necessity of this bill to senators and delegates both in terms of protecting the public and in terms of lending credibility to the profession. Many of the legislators did not want to take this bill seriously; HB 1279 was the subject of many of the bill jokes circulating in the House and Senate this year. This situation often made it difficult for Ms. Graziano to have serious conversations with legislators about the bill. For example, Delegate Panny Rhodes believes giving credibility to this profession is "ridiculous and unnecessary". In this situation, Ms. Graziano recognized that it was hopeless to work to persuade Delegate Rhodes. Senator Newman opposes the regulation of any profession in Virginia. However, Ms. Graziano and several massage therapists persuaded him that this legislation was in the best interest of both the massage therapists and his constituents. In government, information is a powerful, persuasive tool that can be used to push legislation through committees

and floor votes. The task of providing information to legislators, as will be discussed later, serves as a characteristic of leadership.

Every conversation held with a legislator poses unique obstacles and needs to be approached differently. Ms. Graziano's defined her task as informing the legislators of the merits and demerits of the bill. Within this task, she needed to know which legislators supported the bill, which legislators would most likely support the bill if they had more information, and which legislators would oppose the bill regardless of new information. Obviously, the bulk of time spent directly lobbying was spent with legislators who fall in the second category. Lobbyists serve as leaders by developing the goals and strategies used to persuade legislators.

Prior to the bill's committee hearing, Ms. Graziano prepared information sheets and testimony, and worked with other lobbyists to design an acceptable bill. She and the massage therapists worked together to develop a one-page information sheet with relevant information about the certification of their profession; these typed sheets were given to the patron, Delegate Fisher, to share with committee members. Additionally, massage therapists were prepared to testify about the legitimacy of their profession, the need for certification, and the training available in the United States. Furthermore, she worked with lobbyists who represent groups that support or oppose legislation to solve problems before the bill was presented to the committee. Ms. Graziano facilitated the interaction between opposing interest groups. This task necessitated the use of task-oriented and socioemotional-oriented skills. In this leadership role, Ms. Graziano integrated opposing groups needs into a policy proposal.

First, the massage therapy bill was heard in the House Health, Welfare, and Insurance committee and one of its subcommittees. In its first legislative hearing, the House subcommittee, the bill barely passed with a 2-2 vote and no recommendation. The Board of Nursing actively lobbied against the success of this

bill. Ms. Graziano led an intense lobbying effort aimed at the members of the committee; then she worked with massage therapists to inform legislators about the necessity of the legislation. Prior to the committee meeting, the massage therapists had been guaranteed the votes to get the bill out of committee. Additionally, an amendment was written to relieve the Board of Nursing from the responsibility of certifying massage therapy schools. The lobbying, fact sheets, and committee testimony resulted in the bill passing the committee 18-3 on February 9, 1996. Four days later, the bill passed the House of Delegates with the amendments 96-4.

On the Senate side, the same challenges to the bill were faced in the Education and Health subcommittee. The Board of Nursing remained opposed to the bill despite the conciliatory amendments. Though the bill did pass subcommittee, it was presented to the full committee without a recommendation. Well-presented the massage therapists persuaded legislators to pass with a vote of 11-4 after a long, heated debate. Ms. Graziano's tasks during the bill's presence in Senate committee was to minimize the damage caused by the nurses. Once she recognized that compromise amendments would not work, a new strategy to obtain votes was developed. The reaction to new obstacles by this lobbyist indicated leadership as she adjusted to current realities.

During the weekend before the bill was to be heard in Senate, Delegate Fisher called Ms. Graziano about a new obstacle to the passage of this bill. Constituents of Senator Newman contacted him about a group of massage therapists who needed to be grandfathered into the bill. Public opposition to a massage therapy bill by massage therapists would cause significant political damage to the bill. Ms. Graziano had less than 24 hours before the bill would be on the Senate floor to develop amendments that would satisfy this particular group of massage therapists. Additionally, a lawyer who used to work with the Board of Nursing pointed out that several technical amendments would be necessary in order for the bill to fit in

the code. These amendments essentially served as an additional stumbling block to the passage of the bill. On Sunday, February 25, Ms. Graziano worked with Legislative Services to produce amendments that would meet these needs. At this point in the bill's life, it was more than likely the bill would not pass as the result of adamant opposition from current massage therapists in Virginia and the Board of Nursing. Ms. Graziano demonstrated leadership in her creative responses to seemingly hopeless situations. The amendments were presented on the Senate Floor as technical amendments; therefore, there could be no debate or discussion about them. On Monday, February 26, the bill passed Virginia Senate 32-6 (see Appendix C); at this point, Senator Newman voted in favor of the bill.

Between the anti-regulation mood of the Governor and the legislators and the significant number of amendments, the bill received more attention than desired at all stages. The attention of the legislators resulted in Ms. Graziano having to increase her lobbying efforts and the number of contacts massage therapists had with legislators. She, also, needed to increase her direct lobbying and devote more hours to developing amendments that would ensure the passage of her client's bill. Her ability to assess situations, quickly adjust lobbying strategies to new obstacles, and communicate indicated that Ms. Graziano filled a leadership role in the movement to pass HB 1279.

Association of Certified Nurse-Midwives

An important function of a politically involved group is to educate legislators about issues prior to a session. Ms. Castleman commented that this group is "totally apolitical and too wrapped up in delivering babies to get involved". Due to this lack of involvement, the legislators were not adequately prepared this year about current issues facing nurse-midwives.

The "Collaboration" Clause (Senate Bill 581)

Judy Castleman has served as the Virginia Lobbyist for the Association of Certified Nurse-Midwives for several years. In Virginia this year, a bill was drafted that would legally change the relationship between a physician and a nurse-midwife from supervisory to collaborative, a change which enables nurse-midwives to practice more freely and more effectively. During the first week of the session, Ms. Castleman's primary goal was to find a patron for this bill (see Appendix D). In order to do this, Ms. Castleman identified senators who were members of the Senate Education and Health Committee. Ideally, a bill should be sponsored by a member of the committee which would deal with it.

I observed three meetings between Ms. Castleman and possible bill patrons: First, Ms. Castleman met with Senator H. Russell Potts (R-Winchester). In their conversation, she targeted her persuasive pitch around the senator's district. Because he represents a rural area, she knew to speak with him about the difficulty of accessing health care. When Senator Potts asked what interest groups opposed this bill, Ms. Castleman responded frankly that the Medical Society was against revising the measures involving nurse-midwives. Second, the visit to Senator Richard J. Holland (D-Windsor) followed the same format. Ms. Castleman presented Senator Holland with a rough outline of the bill, why there was a need for it, and who would benefit from it. Up front she shared with the Senator that the Medical Society did not support the bill and most likely would actively oppose it. Senator Holland declined to patron the bill because he was already carrying a large number of bills. Finally, Senator Warren Barry agreed to carry the nurse-midwives collaboration bill. Though the Senator is not an avid supporter of women's issues, Ms. Castleman convinced him that this change is necessary in order to support quality health care in Virginia. Because Senator Barry served as chairman of the Senate Education and Health Committee, he was an ideal patron to advocate the

passage of this bill. The task of finding a bill patron requires adequate networks, persuasive abilities, honesty, and knowledge. As the recognized leader of ACNM in the legislature, Ms. Castleman actively advocated locating a bill patron.

Despite fact sheets and prepared witnesses, the committee was not receptive to this policy change. Ms. Castleman lined up nurse-midwives, patients, and a national ACNM representative from Washington, D.C. to testify about the improvements to quality of care that would result from changes in the code. By providing leadership to nurse-midwives, she facilitated their commitment to educating the legislature about their profession. During the committee meeting, it became obvious that the votes to pass the bill did not exist. Therefore, Senator Barry recommended the bill be carried over to the 1997 General Assembly Session rather than have the policy proposal killed. The bill will be on the committee's docket next year.

Third Party Reimbursement (HB 1360)

House Bill 1360 mandates that nurse-midwives who provide gynecological or obstetrical services to pregnant women will be reimbursed by insurance companies (see Appendix E). Ms. Castleman found a bill patron by following a process similar to the one she used for SB 581. Through a process of elimination, freshman Delegate McDonnell agreed to sponsor this bill. Ms. Castleman knew the delegate would patron this bill when asked, because a few of his wife's pregnancies had been overseen by a nurse-midwife.

Prior to the committee meeting, Ms. Castleman had spoken with each member of the committee about the cost-effectiveness of this bill. Before the committee met, she had been guaranteed the votes to pass the bill in committee in her direct lobbying efforts. For the Corporations, Insurance, and Banking Committee meeting, Ms. Castleman had prepared fact sheets about the cost-

effectiveness of this policy. Additionally, nurse-midwives, patients, and a national ACNM representative were prepared to offer testimony about the need for nurse-midwives and the benefits of insurance coverage for their professional services. Unexpectedly, the committee chairman, Delegate Heilig, had been swayed by the opponents of the bill, the Medical Society, to get rid of the bill. Through a questionable interpretation of a new law, Heilig referred the controversial bill to the conservative Mandated Benefits Commission. Next, Ms. Castleman found out who was on the Mandated Benefits Commission and how they were appointed. Her only means of controlling the life of the bill now was to a) persuade key commission members or b) work to have individuals appointed to the commission who support the policy. Next year Mandated Benefits Commission will present a recommendation about this policy to Corporations, Insurance, and Banking Committee.

Heavy opposition on the ACNM bills from the medical community was expected. However, there was unexpected opposition from the Virginia Nurses Association. As a result of their successful lobbying, neither ACNM bill succeeded this year. The representatives of the medical community agreed to meet over the next year for the purpose of crafting bills everyone can accept to everyone. Ms. Castleman concluded ACNM's involvement this session by leading the effort to establish a coalition to negotiate changes in certified nurse-midwives policy.

American Cancer Society/American Heart Association

Last year, a bill was presented to General Assembly that restricted youth access to tobacco by regulating the placement of cigarette vending machines and by developing sting operations for stores that regularly sell to underage buyers. The bill only survived for half of the Session due to the intense opposition of the tobacco

lobby. During the past year, Ms. Castleman, proponents, and opponents of these actions worked together to develop a bill that would satisfy all parties.

Representatives from the tobacco industry, the American Heart Association (AHA), and the American Cancer Society (ACS) met to negotiate the final content of the legislation that would restrict youth access to tobacco products. The membership of this coalition virtually guaranteed the passage of these bills through the committees, the House, and the Senate. Ms. Castleman served as one of the representatives for ACS and AHA during the series of meetings. Her role consisted of informing the tobacco representatives with the goals her clients wished to achieve through the legislation, developing a strong position for her clients within the meetings, and making as few concessions as possible in the final draft of the legislation. In this position, Ms. Castleman served as the leader-representative of anti-tobacco groups in policy-making meetings.

Two bills relating to the purchase and possession of tobacco were introduced to General Assembly this year. Delegate William C. Mims (R-Leesburg) served as the patron of the tobacco photo I.D. bill; this bill required all tobacco vendors to card all buyers who appear to be 24 years of age or younger (see Appendix F). Delegate Julia A. Connally (D-Arlington) presented a milder version of last year's vending machine bill; this bill requires all vending machines to be in the line of sight of the proprietor of the store (see Appendix G).

Despite the coalition's approval of the bills, many legislators were worried about publicly opposing the rich tobacco industry that has brought economic prosperity to much of Virginia. Ms. Castleman, therefore, had to convince legislators that by supporting this bill they were supporting the tobacco industry's initiative to limit the use of their product by underage teenagers. Additionally, Ms. Castleman found it necessary during the course of the session to negotiate "under-the-table" with tobacco industry lobbyists. Publicly, the tobacco industry did not

support the legislation. Therefore, agreements made between the lobbyists established what amendments and issues would be argued before a committee. In the context of this state government session, Ms. Castleman served as the leader of anti-tobacco interests both as the lobbyist for ACS and AHA, and as an advocate for the health of Virginia's youth.

National Abortion and Reproductive Rights Action League (NARAL)

SB 495 defines feticide as the "willful, deliberate and premeditated killing of a conceived, unborn but viable human offspring of another female ... with intent to cause the death of that unborn offspring ..."; the bill defines feticide as a crime (see Appendix H). A similar bill introduced to last year's session failed miserably at its first committee meeting. This year the bill sailed through the Senate Committee and the Senate Floor. Pro-choice supporters and lobbyists paid little attention at first to the bill because of its poor legislative record; however, after the Senate approved it by a large margin the pro-choice forces mobilized into action.

Pro-choice advocates oppose this bill because it is the first legal step to defining a fetus as human. The establishment of this definition places legalized abortion in jeopardy (i.e. the termination of a 'human' fetus). Delegate James F. Almand (D-Arlington), the chair of the House committee that would hear the bill, worked with Ms. Castleman and the Planned Parenthood lobbyists on strategies that would kill the bill before it appeared on the House floor. Together they developed a substitute for the bill that redefines feticide as the malicious wounding of a pregnant woman. After successfully lobbying the votes to pass the substitute in committee, opponents of the bill allowed the substitute bill to die in committee rather than pass legislation that did not support their motives. Ms. Castleman's creative approach to killing this bill was based on countering the primary motives of pro-choice

groups. The leadership in this situation consists of working with individual's with similar interests to develop successful alternatives to unfriendly legislation.

Discussion

Leaders vs. Managers

Lobbyists serve as leaders in the context of state government. The process of comparing and contrasting how the tasks of lobbyists fit the role of a leader or manager demonstrates the extensive leadership responsibilities of a lobbyist. Zaleznik (1993) defines leadership as the use of "power to influence the thoughts and actions of other people". Ms. Castleman comments, "I am recognized by most of the older members (in seniority) of the General Assembly as the chief spokesperson for women's and children's health. They often call on me for advice on bills that they don't understand." Lobbyists often serve as an information source to legislators; this position gives the lobbyist the power to define bills and positions in ways that will ultimately benefit her clients. Information is power in politics. Lobbyists use information to influence legislators and to obtain votes that support their cause. They serve as leaders in the political context by influencing the types of policy implemented.

Comparing and contrasting a lobbyist's role with definitions of leader and managerial roles illustrates many similarities between lobbyists and leaders. To client groups, lobbyists facilitate interpersonal relationships, develop goals, and serve as problem-solvers and visionaries (Bass, 1990). This description of lobbyists' roles, also, describes leadership roles. Lobbyists use interpersonal skills while developing strategies, goals, and committee presentations with members of their client groups. During the course of General Assembly, lobbyists must remain focused on the group's vision and create solutions to any problems that may serve

as obstacles to the passage of their legislation. "Managers plan, investigate, coordinate, evaluate, supervise, staff, negotiate, and represent" (Bass, 1990). While lobbyists certainly must be skilled in many of these areas, "leaders manage and managers lead, but the two activities are not synonymous" (Bass, 1990). The most important roles that lobbyists fill are the leadership roles of problem-solving and visioning.

Leaders have task and socioemotional group-building roles (Bass, 1990). Benne and Sheats define task roles as "those of initiator of the activity, information seeker, information giver, opinion giver, elaborator, coordinator, summarizer, feasibility tester, evaluator, and diagnostician" (Bass, 1990). An application of this definition to the roles and activities of a lobbyist reveals that lobbyists perform all of these tasks. For example, lobbyists are responsible for initiating legislation that will affect their clients, coordinating the testimony and debate on bills, researching relevant issues, and distributing fact sheets about bills to committees. Additionally, they need to be able to evaluate the possible success or failure of a bill at any given point in the session and develop alternative strategies to support or oppose legislation. Furthermore, lobbyists organize "lobby days" where members of client groups spend a day at General Assembly speaking with all members of the House and Senate. Socioemotional and maintenance tasks focus on the emotional needs of clients as they work to pass various legislation. These tasks include: expressing group feelings, consensus taking, harmonizing, reducing tension, and following. First, lobbyists must support and encourage all clients to actively lobby for their bills. Both Ms. Castleman and Ms. Graziano worked carefully with clients not only to develop their testimony but to build their confidence as expert witnesses for committee debates. Lobbyists serve as leaders to their client groups by meeting both the groups task-oriented and socioemotional needs.

Leaders and managers perceive and respond to the world differently. Leaders "are active instead of reactive, shaping ideas instead of responding to them. Leaders adopt a personal and active attitude toward goals" (Zaleznik, 1993). Managers, on the other hand, perform tasks out of necessity rather than desire and assume a passive stance toward their goals (Zaleznik, 1993). Lobbyists serve a leadership role in shaping the legislative agenda at General Assembly. For example, the massage therapy, nurse-midwives, and tobacco legislation developed as a result of goals set by the lobbyist and her client. Though part of a lobbyist's position includes responding to favorable or unfavorable legislation, the primary time commitment is to advocating the passage of a bill drafted by the client group. Ms. Castleman and Ms. Graziano believe strongly in the causes that they advocate for their client groups; as a result of this personal involvement, both lobbyists design pro-active legislation (i.e., HB 1279 Massage Therapist Certification and HB 1231 Youth Access to Tobacco) to push through the session. These lobbyists perceive and work in this world as leaders. Not all lobbyists are as personally committed to the causes of their clients as those observed for this project. The nature of the lobbying position, however, ensures that all lobbyists do assume active roles in achieving the goals of their clients. Lobbyists must speak persuasively and forcefully about issues. Regardless of personal commitment, lobbyists must actively work to achieve desirable results in the legislation. Lobbyist assume leadership roles in government by actively advocating legislation that benefits their client groups.

The role lobbyists fill in the legislature parallels the functions of leadership as defined by Roby, Stodgill, and Hollander (Bass 383-84). Roby defines the functions of leaders as: 1) to facilitate the development of group goals, 2) to effectively lead the group within a given context, and 3) to effectively gather, distribute, and utilize information to make decisions (383). Lobbyists embody group legislative goals in the form of bills. Ms. Graziano drafted a bill that reflected the massage therapist's

goal of state certification. In order to develop an effective draft, she needed to understand the current politics in Virginia, gather information from other states about certification, and choose appropriate certification policies for the needs of massage therapists in this state.

In order for lobbyists to serve as leaders at General Assembly, they must be able to define the current realities of politics in Virginia. Hollander maintains that leaders as definers of reality must "communicate relevant information about progress and provide needed redirection to followers" (384). This definition takes the role of leaders one step farther in this process; leaders need not only to grasp the current reality but to be able to effectively define this reality to a group. A lobbyist needs to understand the political positions of legislators, current political struggles, and the political balance. Furthermore, she must be able to communicate the progress of legislation in light of the political context. In these conversations, lobbyists are able to adjust political strategies with members of client groups rather than simply explaining the current position of the bill. Ms. Graziano found it necessary to explain the current political mood, political opposition, and political compromises that needed to be made to the massage therapists. As a result of these explanations, the massage therapists were able to adjust their committee testimony, gather additional necessary information, and approve amendments to the bill.

In politics, information is power. Lobbyists and client groups possess extraordinary amounts of information about issues of concern and possible legislative impacts. Lobbyists need to know what information to share about bills and what information will be most effective in getting votes. Ms. Castleman comments, "You must build consensus in networking allies and among legislators themselves. Often I am the vehicle of communication between the House and Senate and/or opponents and proponents (of a bill)". Consensus building takes place through an effective use of information. As a primary means of

communication, lobbyists often are in enviable positions of controlling the type of information shared between groups. The failure of the two nurse-midwives bills can be viewed as primarily a failure to communicate information effectively; this failure occurred both between the lobbyist and the client and between the lobbyist and the legislators. The nurse-midwives did not effectively gather information and share it with legislators prior to the session. General Assembly was convened prior to Ms. Castleman finding patrons for the bills or having developed a coalition of support among committee members for the bills. Therefore, legislators did not have sufficient information to make informed decisions. In committee, legislators do not want to publicly advocate an issue about which they know very little. Information serves an important function in the legislative process. The failure of these bills illustrates the failure of leadership in a specific situation; nevertheless, this example still illustrates leadership.

Osborne, Hunt, and Jauch (1980) define leadership as "whatever discretionary actions are needed to solve the problems the group faces that are embedded in the large system" (Bass 386). Politically active groups must be able to identify problems they face in the current system. Leaders facilitate the process of problem identification in group situations. Clients may approach lobbyists with set political agendas. However, effective lobbyists also guide clients in identifying legislation and laws that serve as obstacles to a group's effectiveness. After problems are identified, lobbyists are responsible for identifying a course of action for placing legislation on a political agenda. Ms. Graziano, for example, maintains a list of actions necessary for passing the massage certification bill (see Appendix I). Ms. Castleman speaks weekly with the Executive Director of NARAL for the purpose of identifying what actions need to be taken to oppose anti-choice legislation.

The role of leaders and managers may overlap in the area of problem solving. Zaleznik writes that "a manager is a problem solver" (37). Managers, however, are

focused on the most effective and efficient manner to address a particular problem; and the problems dealt with by managers tend to be short-term and production-related. Leaders, on the other hand, "work in the opposite direction, to develop fresh approaches to long-standing problems and to open issues for new options" (42). "There are always new approaches to be tried. Nothing works every time, " Ms. Castleman comments about her methods of lobbying for a bill. Lobbyists who deal with the same issue legislative session after legislative session must develop creative methods for defining and explaining the "new" need for change. Additionally, lobbyists deal with many long term issues. A bill that is presented for the first time most likely will not pass for a few years. It takes time for legislators to feel the urgency that an interest group is trying to convey. For example, restrictions on youth access to tobacco have been incorporated into bills for years. This year, Ms. Castleman worked with a coalition of proponents and opponents of the measure to develop several bills that incorporate all of the desired measures. A combination of this unique approach and a national anti-tobacco sentiment in government created the proper context to pass some of the measures.

Leaders and managers strive to find compromises to problems faced by a group as they work toward specified goals. Stodgill (1959) suggests that leaders ought to "maintain goal direction and to reconcile conflicting demands that arise within and outside the group" (Bass 383-84). Zaleznik writes that managers "aim at shifting balances of power toward solutions acceptable as a compromise among conflicting values" (42). According to these definitions, both leaders and managers need to be able to facilitate solutions that incorporate compromises between the parties involved. Gardner (1986) makes a distinction between the methods employed by leader-managers and routine managers. A leader-manager, "in contrast to the routine manager, thinks long term, can look beyond the unity, he or she heads to see its relation to the larger system, and can reach and influence others outside their

unit (Bass 386). Leader-managers do more than simply problem-solve; they envision goals and represent the group. A lobbyist's legislative role fits well with Gardner's leader-manager. Lobbyists need to think long term in order to function effectively within the slowly changing political context. Lobbyists serve as leader-managers to their clients by developing long term strategies for change, reviewing how one group's goals will fit into other lobbies' goals, and develop coalitions and networks that will ultimately facilitate the passage of legislation.

Transactional Leadership

Transactional leadership "occurs when one person takes the initiative in making contact with others for the purpose of an exchange of valued things. The exchange could be economic or political or psychological in nature ... a trading of votes between candidate and citizen or between legislators" (Burns 19). Characterized by a series of "transactions" between the leader and follower, this type of leadership exists in the two-way transactional relationship between lobbyists and legislators. Burns defines this relationship as based on specific political situations as opposed to the lobbyists and legislators filling a prescribed role. "Interest groups leaders and their lobbyists can provide the legislator with money, staff assistance, and above all support in the state or district" (358). On the other hand, legislators have the votes, access to publicity, and "inside story" that lobbyists want (358). Inherent to the roles that legislators and lobbyists hold in the political process is the foundation for a mutually beneficial and transactional relationship.

Hayes reviews the exchange theories of interest groups and legislators in the hope of defining an explicit transactional relationship between them. He advances a transactional theory that "legislators and lobbyists are viewed as interdependent insofar as they both survive by appearing to deliver benefits to their respective constituencies, an imperative that creates conditions for a mutually beneficial

exchange" (5). Though Hayes does not explore any further the existence of a transactional relationship, he establishes through research and analysis that transactional relationships clearly exist in the political context. Specifically, theories have been advanced by Bauer, Pool, and Dexter; Olson; and Wilson that a transactional relationship exists between interest group leaders and followers. Hayes writes that an appropriate response to the theories advanced by these political scientists would be "a comparably rich and insightful exchange theory of lobbying" (17). The theories presented by these researchers explain the exchange relationship between lobbyists and interest groups, and provide a strong foundation for a theory of transactional relationships between legislators and lobbyists (17).

Careful observation of the actions of Ms. Castleman and Ms. Graziano reveal the subtleties of agreements between legislators and lobbyists. Overt exchanges of constituency votes for legislative votes are not common; rather, subtle understandings exist between lobbyists and legislators. As personal relationships develop and political positions on issues become known, lobbyists and legislators initiate relationships based on exchanges of information and votes. These relationships exist on a long-term basis as transactions do not always take place immediately. For example, in a quick conversation in a legislator's office, Delegate Jerrauld C. Jones (D-Norfolk) informed Ms. Castleman that certain legislators were planning to amend some anti-abortion legislation onto unrelated bills later that day. In this situation, Delegate Jones knew that any "inside" information related to abortion legislation would benefit Ms. Castleman and her clients. Though Delegate Jones' position on these issues is pro-choice, there is no doubt that if he needs some information or assistance at a later date that he would not hesitate to call on Ms. Castleman. As relationships develop between lobbyists and legislators, exchanges take place over a period of time. Both lobbyists and legislators give and take as they acquire information or as specific needs develop. The lobbyist/legislator

relationship is characterized by the favors and building up of credits and favors between parties.

In the context of the massage therapy bill, a specific exchange took place between Ms. Graziano and Senator Newman. Several of Senator Newman's constituents who practice massage therapy would not be able to be certified under the drafted legislation. After speaking with these massage therapists from his district, Senator Newman actively opposed the passage of HB 1279. His opposition on the Senate floor would draw unnecessary attention to this relatively simple, uncontested bill. Therefore, Ms. Graziano spent the weekend drafting amendments that would "grandfather" in the massage therapists from Senator Newman's district. As a result of these amendments, Senator Newman switched his position and voted for the bill. Ms. Graziano spent additional time drafting amendments that had little to no impact on the effectiveness of HB 1279, but in exchange for these efforts an opponent of the bill became a proponent.

Both lobbyists conclude that transactions occur between legislators and themselves. Ms. Castleman comments, "You have to convince them that voting your way will make them more electable in the future--that requires a lot of innovative hustling". Essentially, Ms. Castleman assures legislators that specific votes will cause members of her client group to support that legislator in future elections. In exchange for voting in favor of a bill in committee or on the floor, the lobbyist offers constituency support. Ms. Graziano explains that one of the indications of leadership in her career is making decisions about how much to bargain. Beyond the simple transaction, lobbyists must decide what exactly they have to offer and how much they are willing to exchange. In this decision-making process, lobbyists are deciding which part of legislation is most vital, what can be given up without significantly impacting the bill, and what changes need to be made

in order to gain the largest coalition of support without negating the impact of the bill.

Burns writes that "pragmatic, transactional leadership requires a shrewd eye for opportunity, a good hand at bargaining, persuading, reciprocating (169). Lobbyists must be aware of the political climate and mood of the General Assembly. Only then can an educated decision be made about which legislation to push that year and how many changes can be made. For example, two bills were presented for the nurse-midwives by Ms. Castleman. The controversial nature of the bills, the lack of preparation prior to session, and the conservative nature of the legislators led Ms. Castleman to believe that neither bill would pass this year. However, presenting the bills, creating fact sheets, and speaking with legislators about the bills creates a new awareness about issues that affect a specific population of Virginians. This education prepares the legislator for next year when the bills will once again be presented to the session. In this situation, Ms. Castleman assesses the current situation and creates an opportunity for her client for the next year.

All lobbyists bargain. Ms. Castleman bargained with legislators about possibly serving as a patron for her nurse-midwifery bills. Ms. Graziano bargained with the Board of Nursing to get public support for the certification of massage therapists; this bargaining in turn affected the votes cast by legislators. Bargaining took place during the entire session between Ms. Castleman, the tobacco lobby, and legislators about the provisions to be included in the bills that limit youth access to tobacco. Within the debate about the photo I.D. bill, legislators and lobbyists argued over the age limit (i.e., 24 years or younger, 21 years or younger, etc.). Ms. Castleman lobbied heavily the House committee members who would hear the feticide bill. By persuading advocates of the bill to support a bill that established the malicious wounding of a pregnant woman as a crime, Ms. Castleman was able to switch votes from the feticide bill to similar legislation. This bargain enabled legislators to

publicly advocate the assault of a pregnant woman as a serious crime without supporting anti-abortion legislation; legislators were particularly concerned about this after the media attention that such an attack received last year.

Lobbyist must be able to provide legislators with appropriate information to garner support for specific causes. Both Ms. Castleman and Ms. Graziano provide committee members and legislators with fact sheets. These one page sheets provide concise summaries that define the key changes in the legislation, the need for the change, and key research/statistics about the effectiveness of such legislation (see Appendix J). Additionally, they are responsible for working with their client to develop an effective, persuasive presentation for the public committee hearings. These presentation include research about the effectiveness of similar legislation in other states, scientific research that advocates changes in current policy, and expert witnesses who can share their professional views about the need for a new policy. Finally, lobbyists persuade legislators to support their cause in a one-to-one basis. A significant amount of lobbying takes place in 3-5 minute conversations with legislators in their office, between meetings, or between floor debates. These conversations enable lobbyists to tailor their persuasive pitch to a particular legislators voting history, causes, or constituents. Additionally, legislators are able to ask questions of specific concern to them. Observation of meetings with legislators illustrated that these persuasive pitches often draw a legislator's attention to a previously unnoticed bill; additionally, legislators who are not informed on issues often develop opinions based on the information brought to them.

Reciprocal relationships exist between legislators and lobbyists. Within this relationship, lobbyists and legislators create accounts of political credits and debits (Burns 344). Credits are gained by performing a political favor; debits are created by requesting information, votes, or amendments to legislation. The system of political credits and debits is ingrained in the lobbyists' role of assessing situations,

bargaining, persuading, and reciprocating. Burns defines some of the tasks involved in transactional leadership. Ms. Castleman and Ms. Graziano performed all of these tasks as they advocated specific legislation at General Assembly. The role lobbyists assume at General Assembly requires them to perform this variation of tasks in order to obtain successful results.

Significance of Results

Lobbyists do serve a leadership role in the legislative process. First, a lobbyist's role by definition necessitates more action and more skill than a managerial role. Leaders take pro-active political positions, serve as problem-solvers, develop long-term strategies, and motivate their clients to actively lobby for legislation. Second, transactional leadership exists in the legislator/ lobbyist relationship. Legislators and lobbyists establish mutually beneficial relationships through bargaining and the establishment of political credit/debit accounts. In terms of these two leadership theories, lobbyists serve as leaders both to the client groups they represent (leader vs. manager) and within the legislative process (transactional leadership). This research illustrates that the leadership role of lobbyists reaches beyond the transactional relationship they have with their interest groups. A definite relationship exists between lobbyists and legislators; this relationship is long-term, reciprocal, and mutually beneficial. Both parties in the relationship influence one another. Lobbyists influence votes; legislators influence specific changes in proposed legislation.

This research builds on previous political science theories developed by Clark, Hayes, and Wilson (Hayes 61-63). Through careful observation, the role lobbyists have in the Virginia General Assembly was defined. Application of these observations to established leadership theory revealed that lobbyists fill a leadership role in the state governmental process. An understanding of the impact that

lobbyists have on the legislative process enables students of leadership to develop a more complete comprehension of leadership within the political system. In the majority of political science research, the word "leadership" is synonymous with "elected official". Research that defines how lobbyists fit into the larger political picture illustrates legislative influences that exist beyond the legislature. Though Zaleznik maintains that this influence is primarily related to power, application of the transactional theory illustrates that legislator and lobbyist influence one another. This mutual influence demonstrates that lobbyists must have a more substantial role in the legislative process than simply requesting or persuading an elected official to cast a specific vote.

The integration of political science and leadership theory reveals that relationships between lobbyists and legislators illustrate leadership in government. Though elected officials ultimately vote to pass or kill legislation, complicated decision making about constituencies, future elections, and favors plays into the final vote. Lobbyists shape legislation before it reaches the final vote that is reported on the news or in the paper the next day. Lobbyists identify the needs of interest groups, write bills, create political dialogue, coordinate committee testimony, and supervise the passage of the bill through various stages of the political process. Legislation often survives or dies because of the interest or lack of interest of lobbyists.

Limitations

As stated earlier in the paper, conclusions drawn from this research directly illustrate the relationship between lobbyists and legislators in state government. The conclusions drawn in this paper are based upon the observations of two state government lobbyists during a two-month state government session. First, the observations include only the activities of full-time lobbyists for non-profit

organizations. Second, these lobbyists not only represent but truly advocate their clients' causes. Finally, these lobbyists function only within the context of state (not federal) government. Therefore, the conclusions drawn from these results illustrate leadership within state government; the conclusions may be applied to the role that lobbyists have within federal government as long as the differences between the two government systems are noted and included in the conclusions.

There are several approaches to this research that could have improved the data gathered. First, in this project I served as a participatory observer. This type of research impacted the results because I not only observed lobbying but experienced it. Other researchers may choose to be a non-participatory observer; this type of observation would enable the researcher to be less involved in the politics surrounding issues and more involved in the behavior and interactions of lobbyists. Second, this research follows the work of two lobbyists who represent 11 non-profit interest groups. Differentiation between lobbyists based on the type of interest group represented (non-profit vs. business), the number of clients, their profession (lobbyists vs. lawyer), their personal commitment to the cause, and their time commitment to General Assembly (part-time vs. full-time) are not made. The data gathered in this project is limited by the nature of the observations and the small size of the sample.

Finally, this senior project originated as a study of alternative medicine practices in the political context. A group of alternative medicine practitioners in Virginia are interested in gaining political recognition by having an osteopathic doctor represent alternative medicine on the Board of Health. Currently, the massage therapists were working to obtain certification rights in Virginia. The original conception of this senior project included two elements: to carefully track the massage therapy legislation during General Assembly, and to work with the alternative medicine group to develop grassroots support for legislation. For the

second part of the project, alternative medicine practitioners needed to be interviewed, consumers of these services needed to write letters of support, and a policy position paper on the current state of alternative medicine in Virginia needed to be written. My role in this process would be to work with other interest group members to gather data through interviews, motivate letter-writing campaigns, and to work with one of the leaders of this group to write the position paper.

After six weeks of interviewing and spreading flyers about writing letters, it was necessary to end my involvement with this group due to lack of support and poor communication. First, it was extremely difficult to obtain interviews with alternative medicine practitioners. The majority of practitioners do not advertise; therefore, getting interviews with shamans or Tibetan medicine practitioners was impossible unless one already has a network. I did not have the network and received no guidance from the leadership of the alternative medicine group. Second, after three weeks of leaving messages, I realized that this group was poorly organized and unreliable. Because of the lack of communication, I found it difficult to fit my responsibilities to this group into the time frame of my senior project. The senior project was redesigned to exclude work with the alternative medicine group and to increase my commitment to my work at Virginia's General Assembly.

Conclusion: Leadership Implications

The research presented in this senior project begins to define the role of lobbyists in state government. This project addresses a previously unexplored area in the field of leadership studies. Though ample research explores leadership in a political context, the study of leadership in this area tends to end when definitions of non-government positions are defined. This research begins to explore the role of lobbyists beyond a political science definition; lobbyists serve a leadership role in government as opposed to simply influencing or persuading politicians to support

their cause. Further research ought to define the role of lobbyists in a broader political context (i.e., within several state governments or federal government). A study that includes a larger sample, that takes place over a longer period of time, and that has more structured research methods would be able to define the impact that lobbyists have on legislation more thoroughly.

Within the political context, students of leadership ought to understand the variation of leadership roles within government. In the United States, legislation is not a result of simply the needs and desires of elected officials. The U.S. government, in theory, represents the needs of the people. What role do lobbyists have in expressing this need? ... in ensuring that legislation wanted by specific constituencies is obtained? How do the leadership role of legislators and lobbyists differ? What are the implications of allowing non-elected officials to have leadership roles in a democratic government? From a specific leadership definition (for example, transactional leadership), who has the greatest role and the most significant influence on final legislation? These are other questions that could be addressed in further exploration of the subject of lobbyists as leaders.

References

- Bass, Bernard M. Bass and Stodgill's Handbook of Leadership: Theory, Research, and Managerial Applications. New York: The Free Press, 1990.
- Burns, James MacGregor. Leadership. New York, Harper and Row, Publishers, 1978.
- Deakin, James. The Lobbyist. Washington, D.C.: Public Affairs Press, 1966.
- Fenton, John H. People and Parties in Politics: Unofficial Makers of Public Policy. Glenview, IL: Scott, Foreman, 1966.
- Flammang, Janet A. Political Women: Current Roles in State and Local Government. Beverly Hills, CA: Sage Publications, 1984.
- Gardner, John W. Constituents and Followers. Washington D.C.: Independent Sector, November 1987.
- Hayes, Michael T. Lobbyists and Legislators: A Theory of Political Markets. New Brunswick: Rutgers University Press, 1981.
- The Nonprofit Lobbying Guide: Advocating Your Cause and Getting Results. San Francisco, CA: Jossey-Bass Publishers, 1991.
- Schriftgiesser, Karl. The Lobbyists: the Art and Business of Influencing Lawmakers. Boston: Lettle, Brown, and Co., 1951.
- Scott, Andrew M. and Margaret A. Hunt. Congress and Lobbies: Image and Reality. Chapel Hill, NC: The University of North Carolina Press, 1966.
- The Washington Lobby. 5th Edition. Washington, D.C.: Congressional Quarterly, Inc., 1987.
- Wolpe, Bruce C. Lobbying Congress: How the System Works. Washington, D.C.: Public Affairs Press, 1966.

Zaleznik, Abraham. "Managers and Leaders: Are They Different". Contemporaray Issues in Leadership. 3rd Ed. Rosenbach, W. and R. Taylor, eds. Boulder, CO: Westview Press, Inc., 1993.

96-1 Hou/Sen

Bill Tracking - History

04/02/96 15:18

31279 Licensure and regulation of massage therapists.

2/22/96 H Presented & ordered printed 961705232
 2/22/96 H Referred to Committee on Health, Welfare and Institutions
 2/23/96 H Assigned to H. W. I. sub-committee: 2
 2/09/96 H Reported from H. W. I. w/amendments (18-Y 3-N)
 2/10/96 H Read first time
 2/12/96 H Read second time
 2/12/96 H Committee amendments agreed to
 2/12/96 H Engrossed by House as amended
 2/12/96 H Printed as engrossed 961705232-E
 2/13/96 H Read third time and passed House (96-Y 4-N)
 2/13/96 H VOTE: PASSAGE (96-Y 4-N)
 2/13/96 H Communicated to Senate
 2/14/96 S Read first time
 2/14/96 S Referred to Committee on Education and Health
 2/20/96 S Assigned to Ed. & Health sub-committee: Health Professions
 2/22/96 S Reported from Ed. & H. with amendment (11-Y 4-N)
 2/23/96 S Constitutional reading dispensed (40-Y 0-N)
 2/23/96 S VOTE: CONST. READING DISPENSED (40-Y 0-N)
 2/26/96 S Read third time
 2/26/96 S Reading of amendment waived
 2/26/96 S Committee amendment rejected
 2/26/96 S Reading of amendments waived
 2/26/96 S Amendments by Mr. Newman agreed to
 2/26/96 S Passed Senate with amendments (32-Y 6-N)
 2/26/96 S VOTE: PASSAGE (32-Y 6-N)
 2/27/96 H Placed on Calendar
 2/28/96 H Passed by for the day
 2/29/96 H Senate amendments agreed to by House (93-Y 3-N)
 2/29/96 H VOTE: ADOPTION (93-Y 3-N)
 2/29/96 H Enrolled bill text (HB1279ER)
 3/01/96 H Enrolled
 3/01/96 H Signed by Speaker
 3/01/96 S Signed by President
 3/08/96 H Received from Governor by House
 3/09/96 H Placed on Calendar
 3/09/96 H House concurred in Gov's recommendation (98-Y 0-N)
 3/09/96 H VOTE: ADOPTION (98-Y 0-N)
 3/09/96 G Governor's recommendation adopted
 3/09/96 S Senate concurred in Gov's recommendation (40-Y 0-N)
 3/09/96 S VOTE: ADOPT GOV. RECOMM. (40-Y 0-N)
 3/09/96 H Reenrolled
 3/09/96 H Signed by Speaker as reenrolled
 3/09/96 S Signed by President as reenrolled
 3/09/96 H Enacted, Chapter 166 (effective 7/1/96)
 3/11/96 H Reenrolled bill text (HB1279ER)

1/19/96 G Acts of Assembly Chapter text (CHAP0166)

Questions:

Please answer the following questions specific to either the midwifery bills (Judy) or the massage therapist bills (Kathy). Narrative explanations will be fine. Finish on the back if necessary. Thanks.

✓1. What process did you use to find a patron for your bill?

The patron was found by the client. Del. Fisher had sponsored a study of the issue the previous year.

✓2. How would you define this process (i.e. simple, difficult)? Why?

Simple. Because the patron was already committed and understood the bill.

✓3. What approach(es) did you use to lobby for this bill?

Point out the necessity for the legislation both in terms of the protection of the public and to give credibility to the profession.

4. Please recall 1-2 interesting/crucial/difficult conversations with legislators involving these bills. When did these conversations take place?

✓ Del. Panny Rhodes thinks that to give credibility to this profession is ridiculous and ~~was unnecessary~~ unnecessary and was adamant on that point. The conversations occurred both in her office and in the halls.

✓ Senator Steve Newman, who opposes all regulation, opposed the bill but then was convinced by constituents that the legislation was in their best interests. Conversations were held in his office.

✓ 5. How were presentations/testimonies prepared for committee/subcommittee meetings? Who did you work with? What were your goals?

The pattern was given typed sheets of pertinent information, fact sheet handouts were prepared for committee members and members of the profession were lined up to testify.

We worked with other lobbyists, both those with supportive and opposition membership in an attempt to solve any problems that the bill might present.

Our goal was to ~~amend~~ deliver a bill to the General Assembly that would help our clients and not give too much heartburn to the

6. Please describe committee/subcommittee meetings on the House side.

✓ What changes were made? Were votes expected/unexpected?

opposition.

In the House, the bill escaped barely with its life in a 2-2 vote & no recommendation from the subcommittee. The Board of Nursing was adamantly opposed to the bill and at this point our success was in doubt. However, we lobbied the committee hard and had the votes to get out of committee. We also amended the bill to relieve the Board of Nursing ~~from~~ from certifying the schools. Despite the objections we got out of committee 18 to 3.

Despite ~~the~~ ^{the} amendments we sailed through the House 96 to 4.

It came out of the Committee with a no vote but a pass vote of 11 to 4 from Steve Newman

7. Please describe committee/subcommittee meetings on the Senate side. What changes were made? Were votes expected/unexpected?

✓ There were no changes in subcommittee but again the Nurses spoke against us and we went to full committee with no recommendation. A constituent of Sen. Newman's brought to our attention a small group of therapists who needed to be grandfathered. This amendment was made + accepted + even Sen. Newman who was originally against the bill voted for it.

↳ This was the weekend before the Bill went to the Senate. We thought we were friendly/unfriendly amendments? How did they impact the overall effectiveness of the bill?

The amendments did not change the impact of the Bill - They were mostly technical ~~ones~~ except for these that grandfathered in the branch people - It just meant that the bill received more attention than we wanted. We were just trying to slip by.

9. How did the House/Senate react to these bills on the floor? - with humor

Because of all the amendments we went from the House to the Senate to the House to the floor and then back, because of 2 technical amendments pointed out by the Board of Nursing lawyer, to the House + Senate one hour at a time - What a nightmare!

10. What obstacles did you face during General Assembly? How did you approach them?

① It was difficult to get the legislators to take the bill seriously.

② the anti-regulation ~~climate~~ mood of the GA + the floor.

11. Describe your relationship with your clients. What role do you have in their organization?

Excellent - none other than to work for them in the General Assembly
They were great in getting us background material, witnesses for hearings and doing press notes lobbying in their representatives

12. As a lobbyist, what is your role in the legislature?

- ① To inform the individual legislators of the merits and demerits of a bill
- ② To assist the patron and keep him informed material + vote wise
- ③ To speak for or against legislation

13. What characteristics of a lobbyist's role indicate leadership?

Taking the lead on an issue
making decisions surrounding tactics, amendments, whether or not to pull the bill, how much you will bargain

14. How does creativity play into the job/responsibilities of lobbying?

Ways to approach legislators
follow lobbyists
ways of presenting bills

15. Please recall other critical incidents or interesting events surrounding these bills.

A weekend of ~~found~~ frantic calls to Rourke and the beach (Denise Logsdon) to try to get the last minute grandfather problems fixed

This Bill passed because no one wanted to discuss "massage" therapy - Thank God for WASPS

16. What was the final result of this bill's passage through the legislature (i.e. did it pass, if not why)?

Passage + certification of massage therapists

Post-It™ brand fax transmittal form 7671		# of pages ▶ 5	
To	Kelly Beelax	From	Judy C
Co.	WAPR		
Dept.		Phone	784-3693
Fax	289-8375	Curr	784-6743

Questions:

Please ans
(Judy) or the
fine Finish on the back if necessary

ifery bills
operations will be

✓ 1. What process did you use to get your bill?

I talked with some of the committees that would deal with this until we agreed to sponsor and I met with Mr. McDonald and my insurance mandate committee. Working in close contact with physician

2. How would you define this process?

difficult. The process had some very little progress. Legislators prior to the session had to be totally

general

3. What approach did you use to get your bill?

Direct contact with key committee members and other groups in support of the bill

inclusion

ineral

As a state physician from midwives + these patient across the state

4. Please recall 1-2 interesting or significant conversations with legislators involving these bills. When did these conversations take place?

Del. Jerrald Jones was extremely supportive + had sponsored similar legislation in the past, but was unable to be a this year since he was chief patron on the Justice bills. He agreed to have his bills drafted prior to the session, so that he could find a patron. This all happened in the first week of the session.

5. How, if at all, did you work with your committee/subcommittee chair? How did you work with your goals?

I sat in the office of the chair on each bill to see if lobbying was needed for committee members. I also worked with a person from the national labor union in DC. we were lined up to lobby. The greatest thing was to show cost.

6. How, if at all, did you work with the House side? How, if at all, did you work with the Senate side?

Insurance

The insurance reform bill was to be heard in the House. The chairman (Heilig) made a lot of noise from opponents - DB Society + Michigan Society decided to interpret the law that the bill had to be referred to the Mandated Health Care Commission for a recommendation. I could be dealt with in 1977. Since he was referring it; he refused to take testimony. I had the notes to get the bill out of

7. Please describe committee/subcommittee meetings on the Senate side. What changes were made? Were votes expected/unexpected?

The collaboration bill was in Sen Ed + Health. It became apparent that we did not have the votes to get it out of committee - so our patron (Chairman of the Laborman) recommended that we carry it over to '97.

8. What if any amendments were made? Were these friendly/unfriendly amendments? How did they affect the overall effectiveness of the bill?

insurance

We didn't get any amendments. But the labor union wanted to add a provision to the insurance bill which would have made it even more controversial. It would have meant 2000 more workers than just 100,000.

9. How did the House/Senate react to the bill? The Patron said NO!

PSA

(at my urging)

10. What obstacles did you face in developing the bill? How did you approach them?

both

Heavy opposition from the medical community was expected. We agreed to meet over the next year with the docs + hospitals to see if we could craft bills we could accept.

oral

There was unexpected, a total lack of support from the medical community which felt they had been left out of the development of...

11. Describe your relationship with your clients. What role do you have in their organization?

general

They are totally apolitical & too wrapped up in delivering babies to get involved. I advise them what to do in terms of grassroots lobbying and attending state meetings as well. Often I represent them to state agencies. One of them can go.

12. As a lobbyist, what is your specialty?

1 dsp

I am focused by most of the older members of the GA as the chief spokeswoman for women's & children's health. They often call on me for advice on bills that they don't understand.

13. What characteristics of effective leadership?

sp

You must build consensus in networking allies and negotiators themselves. Often I am the bridge of communication between the House & Senate and/or opponents & proponents.

14. How does creativity play a role in the activities of lobbying?

dsp

There are always new approaches to be tried. Nothing works every time. It is like marketing & sales & education. You have to convince them that testing your way will make them more electable in the future - that requires lots of innovative hustling.

'50

15. Please recall other critical incidents or interesting events surrounding these bills.

On Nurses Day at the GA, ~~school~~ student nurses from across the state came to spend a day of lobbying for health-related bills. Many chose to support the bills + did not understand the lack of support. I tried to diplomatically address the rift between the two camps.

16. What was the final result? Did it pass, if not why?

Both bills were sent over to the legislature (i.e. 1997 Session).

I think we have had what at it next year, they will take into account the next 8 months.

1996-1 Hou/Sen

Bill Tracking - Full text

04/02/96 15:36

HB1279 Licensure and regulation of massage therapists.

CHAPTER 166

1 Act to amend and reenact §§ 54.1-3000, 54.1-3005, and 54.1-3008 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 30 of Title 54.1 an article numbered 5, consisting of a section numbered 54.1-3029, relating to the practice of massage therapy; penalty.

[H 1279]

Approved March 9, 1996

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3000, 54.1-3005, and 54.1-3008 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 30 of Title 54.1 an article numbered 5, consisting of a section numbered 54.1-3029, as follows:

§ 54.1-3000. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Nursing.

"Certified nurse aide" means a person who meets the qualifications specified in this article and who is currently certified by the Board.

"Clinical nurse specialist" means a person who is registered by the Board in addition to holding a license under the provisions of this chapter to practice professional nursing as defined in this section. Such a person shall be recognized as being able to provide advanced services according to the specialized training received from a program approved by the Board, but shall not be entitled to perform any act that is not within the

scope of practice of professional nursing.

"Certified Massage therapist" means a person who meets the qualifications specified in this chapter and who is currently certified by the Board.

"Massage therapy" means the treatment of soft tissues for therapeutic purposes by the application of massage and bodywork techniques based on the manipulation or application of pressure to the muscular structure or soft tissues of the human body. The terms "massage therapy" and "therapeutic massage" do not include the diagnosis or treatment of illness or disease or any service or procedure for which a license to practice medicine, nursing, chiropractic therapy, physical therapy, occupational therapy, acupuncture, or podiatry is required by law.

"Practical nurse" or "licensed practical nurse" means a person who is licensed under the provisions of this chapter to practice practical nursing as defined in this section. Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation "L.P.N." shall stand for such terms.

"Practical nursing" or "licensed practical nursing" means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations as the Board may promulgate, in the teaching of those who are or will be nurse aides. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.

"Practice of a nurse aide" or "nurse aide practice" means the performance of services requiring the education, training, and skills specified in this chapter for certification as a nurse aide. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed health care professional acting within the scope of the requirements of his profession.

"Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide

professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation "R.N." shall stand for such terms.

"Professional nursing," "registered nursing" or "registered professional nursing" means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; or the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and application of principles from the biological, physical, social, behavioral and nursing sciences.

§ 54.1-3005. Specific powers and duties of Board.

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;
2. To approve programs that meet the requirements of this chapter and of the Board;
3. To provide consultation service for educational programs as requested;
4. To provide for periodic surveys of educational programs;
5. To deny or withdraw approval from educational programs for failure to meet prescribed standards;
6. To provide consultation regarding nursing practice for institutions and agencies as requested and investigate illegal nursing practices;

7. To keep a record of all its proceedings;

8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation. Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;

9. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs;

10. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists; and

11. (Effective until July 1, 1999) To promulgate regulations for the voluntary certification of licensees as sex offender treatment providers. In promulgating such regulations, the Board shall consider the standards recommended by the Advisory Committee on Certified Practices pursuant to § 54.1-3610. The provisions of this subdivision shall expire on July 1, 1999; and

12. To certify and maintain a registry of all certified massage therapists and to promulgate regulations governing the criteria for certification as a massage therapist and the standards of professional conduct for certified massage therapists

§ 54.1-3008. Particular violations; prosecution.

It shall be a Class 1 misdemeanor for any person to:

1. Practice nursing under the authority of a license or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

2. Practice nursing unless licensed to do so under the provisions of this chapter;

3. Knowingly employ an unlicensed person as a professional or practical nurse or knowingly permit an unlicensed person to represent himself as a professional or practical nurse;

4. Use in connection with his name any designation tending to imply that he is a professional nurse or a practical nurse unless duly licensed to practice under the provisions of this chapter;
5. Practice professional nursing or practical nursing during the time his license is suspended or revoked;
6. Conduct a nursing education program for the preparation of professional or practical nurses unless the program has been approved by the Board;
7. Claim to be, on and after July 1, 1997, a certified massage therapist or massage therapist or use any designation tending to imply that he is a massage therapist or certified massage therapist unless he is certified under the provisions of this chapter.

Article 5.

Certification of Massage Therapists.

§ 54.1-3029. Qualifications for a certified massage therapist.

A. In order to be certified as a massage therapist, the applicant shall furnish evidence satisfactory to the Board that the applicant:

1. Is at least 18 years old;
2. Has successfully completed a minimum of 500 hours of training from an education program certified by the Board of Education, Division of Proprietary Schools notwithstanding the provisions of § 22.1-320;
3. Has passed the National Certification Exam for Massage and Bodywork and has current national certification; and

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of certification as set forth in this chapter.

B. The Board may certify any applicant who has been practicing massage therapy for up to ten years prior to July 1, 1997, and has completed at least 200 hours of training in an education program certified by the Board of Education, Division of Proprietary Schools, or has been in practice for ten years or more prior to July 1, 1997, and has completed 20 hours of such training; or has passed the National Certification Exam for Massage and Bodywork prior to 1994.

C. The Board may issue a provisional certification to an applicant prior to passing the National Certification Exam for Massage and Bodywork for such time and in such manner as prescribed by the Board. No more than one provisional certification shall be issued to any applicant.

D. The Board may certify without examination any applicant who is licensed or certified as a massage therapist in another state, the District of Columbia, a United States possession or territory, or another country, and, in the opinion of the Board, meets the requirements for certified massage therapists in this Commonwealth.

ting without a jury, shall hear the appeal on the record transmitted by the chief administrative officer or his designee and such additional evidence as may be necessary to resolve any controversy as to the correctness of the record. The court, in its discretion, may receive such other evidence as the ends of justice require. The court may affirm the decision of the chief administrative officer or his designee, or may reverse or modify the decision. The decision of the court shall be rendered no later than the fifteenth day from the date of the conclusion of the hearing. The decision of the court is final and is not appealable.

10. Panel hearings.

a. Qualifying grievances shall advance to the final step as described below:

(1) With the exception of those local governments covered by subdivision a (2) of this subsection, the final step shall provide for a hearing before an impartial panel, consisting of one member appointed by the grievant, one member appointed by the agency head and a third member selected by the first two. In the event that agreement cannot be reached as to the final panel member, the chief judge of the circuit court of

the jurisdiction wherein the dispute arose shall select the third panel member. The panel shall not be composed of any persons having direct involvement with the grievance being heard by the panel, or with the complaint or dispute giving rise to the grievance. Managers who are in a direct line of supervision of a grievant, persons residing in the same household as the grievant and the following relatives of a participant in the grievance process or a participant's spouse are prohibited from serving as panel members: spouse, parent, child, descendants of a child, sibling, niece, nephew and first cousin. No attorney having direct involvement with the subject matter of the grievance, nor a partner, associate, employee or co-employee of the attorney shall serve as a panel member.

(2) Local governments may retain the panel composition method previously approved by the Department of Employee Relations Counselors and in effect as of the enactment of this statute. Modifications to the panel composition method shall be permitted with regard to the size of the panel and the terms of office for panel members, so long as the basic integrity and independence of panels are maintained. As used in this section, the term "panel" shall include all bodies designated and authorized to make final and binding decisions.

(3) Local governments shall not be required to have an administrative hearing officer in any case, but may do so in employee termination or retaliation cases at their option. When a local government elects to use an administrative hearing officer as the third panel member in an employee termination or retaliation case, the administrative hearing officer shall be appointed by the Executive Secretary of the Supreme Court. The appointment shall be made from the list of administrative hearing officers maintained by the Executive Secretary pursuant to § 9-6.14:14.1 and shall be made from the appropriate geographical region on a rotating basis. If a local government elects to use an administrative hearing officer, it shall bear the expense of such officer's services.

(4) In all cases there shall be a chairperson of the panel and, when panels are composed of three persons (one each selected by the respective parties and the third from an impartial source), the third member shall be the chairperson.

(5) Both the grievant and the respondent may call upon appropriate witnesses and be represented by legal counsel or other representatives at the panel hearing. Such representatives may examine, cross-examine, question and present evidence on behalf of the grievant or respondent before the panel without being in violation of the provisions of § 54.1-3904.

(6) The decision of the panel shall be final and binding and shall be consistent with provisions of law and written policy.

(7) The question of whether the relief granted by a panel is consistent with written policy shall be determined by the chief administrative officer of the local government, or his designee, unless such person has a direct personal involvement with the event or events giving rise to the grievance, in which case the decision shall be made by the attorney for the Commonwealth of the jurisdiction in which the grievance is pending.

b. Rules for panel hearings.

Unless otherwise provided by law, local governments shall adopt rules for the conduct of panel hearings as a part of their grievance procedures, or shall adopt separate rules for such hearings. Rules which are promulgated shall include, but need not be limited to the following provisions:

(1) That panels do not have authority to formulate policies or procedures or to alter existing policies or procedures;

(2) That panels have the discretion to determine the propriety of attendance at the hearing of persons not having a direct interest in the hearing, and, at the request of either party, the hearing shall be private;

(3) That the local government provide the panel with copies of the grievance record prior to the hearing, and provide the grievant with a list of the documents furnished to the panel and the grievant and his attorney, at least ten days prior to the scheduled panel hearing, shall be allowed access to and copies of all relevant files intended to be used in the grievance proceeding;

(4) That panels have the authority to determine the admissibility of evidence without regard to the burden of proof, or the order of presentation of evidence, so long as a full and equal opportunity is afforded to all parties for the presentation of their evidence;

(5) That all evidence be presented in the presence of the panel and the parties, except by mutual consent of the parties;

(6) That documents, exhibits and lists of witnesses be exchanged between the parties in advance of the hearing;

(7) That the majority decision of the panel, acting within the scope of its authority, be final, subject to existing policies, procedures and law;

(8) That the panel decision be provided within a specified time to all parties; and

(9) Such other provisions as may facilitate fair and expeditious hearings, with the understanding that the hearings are not intended to be conducted like proceedings in courts, and that rules of evidence do not necessarily apply.

11. Implementation of panel decisions.

Either party may petition the circuit court having jurisdiction in the locality in which the grievant is employed for an order requiring implementation of the panel decision.

B. Notwithstanding the contrary provisions of this section, a final panel decision rendered under the provisions of this section which would result in the reinstatement of any employee of a sheriff's office, who has been terminated for cause may be reviewed by the circuit court for the locality upon the petition of the locality. The review of the circuit court shall be limited to the question of whether the panel's decision was consistent with provisions of law and written policy.

**1996 SESSION
ENGROSSED**

961705232

HOUSE BILL NO. 1279

House Amendments in []—February 12, 1996

A BILL to amend and reenact §§ 54.1-3000, 54.1-3005, and 54.1-3008 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 30 of Title 54.1 an article numbered 5, consisting of a section numbered 54.1-3029, relating to the practice of massage therapy; penalty.

Patrons—Fisher, Connally, Darner, Hamilton and Tata; Senator: Howell

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3000, 54.1-3005, and 54.1-3008 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 30 of Title 54.1 an article numbered 5, consisting of a section numbered 54.1-3029, as follows:

§ 54.1-3000. Definitions.

As used in this chapter, unless the context requires a different meaning:

“Board” means the Board of Nursing.

“Certified nurse aide” means a person who meets the qualifications specified in this article and who is currently certified by the Board.

“Clinical nurse specialist” means a person who is registered by the Board in addition to holding a license under the provisions of this chapter to practice professional nursing as defined in this section. Such a person shall be recognized as being able to provide advanced services according to the specialized training received from a program approved by the Board, but shall not be entitled to perform any act that is not within the scope of practice of professional nursing.

“Certified Massage therapist” means a person who meets the qualifications specified in this chapter and who is currently certified by the Board.

“Massage therapy” means the treatment of soft tissues for therapeutic purposes [- Massage therapy includes, but is not limited to, effleurage, petrissage, tapotement, compression, vibration, friction, nerve strokes and Swedish gymnastics. Massage therapy may include the use of oils, salt glows, hot or cold packs or hydrotherapy. Synonymous terms for massage therapy include massage, therapeutic massage, body massage, myomassage, body rub or any derivation of these terms; by the application of massage and bodywork techniques based on the manipulation or application of pressure to the muscular structure or soft tissues of the human body.] The terms “ [massage] therapy” and “therapeutic massage” do not include the diagnosis or treatment of illness or disease or any service or procedure for which a license to practice medicine, [nursing] chiropractic therapy, physical therapy, occupational therapy, acupuncture, or podiatry is required by law.

“Practical nurse” or “licensed practical nurse” means a person who is licensed under the provisions of this chapter to practice practical nursing as defined in this section. Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation “L.P.N.” shall stand for such terms.

“Practical nursing” or “licensed practical nursing” means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations as the Board may promulgate, in the teaching of those who are or will be nurse aides. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.

“Practice of a nurse aide” or “nurse aide practice” means the performance of services requiring the education, training, and skills specified in this chapter for certification as a nurse aide. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed health care professional acting within the scope of the requirements of his profession.

961705232

HB1279E

2/12/96-20:24

1 7. Claim to be a certified massage therapist or massage therapist or use any designation tending
2 to imply that he is a massage therapist or certified massage therapist unless he is certified under the
3 provisions of this chapter.

4 Article 5.

5 Certification of Massage Therapists.

6 § 54.1-3029. Qualifications for a certified massage therapist.

7 A. In order to be certified as a massage therapist the applicant shall furnish evidence satisfactory
8 to the Board that the applicant:

9 1. Is at least 18 years old;

10 2. Has successfully completed a minimum of 500 hours of training from an education program
11 recognized by the Board [of Education, Division of Proprietary Schools, notwithstanding the
12 provisions of § 22.1-320] ;

13 3. Has passed the National Certification Exam for Massage and Bodywork [and has current
14 national certification] ; and

15 4. Has not committed any acts or omissions that would be grounds for disciplinary action or
16 denial of [licensure certification] as set forth in this chapter.

17 B. The Board may certify any applicant who has been practicing massage therapy for up to ten
18 years prior to July 1, 1997, and has completed at least 200 hours of training in an education
19 program recognized by the Board, or has been in practice for ten years or more prior to July 1,
20 1997, and has completed 20 hours of such training.

21 C. The Board may issue a provisional certification to an applicant prior to passing the National
22 Certification Exam for Massage and Bodywork for such time and in such manner as prescribed by
23 the Board. No more than one provisional certification shall be issued to any applicant.

24 D. The Board may certify without examination any applicant who is licensed or certified as a
25 massage therapist in another state, the District of Columbia, a United States possession or territory,
26 or another country, and, in the opinion of the Board, meets the requirements for certified massage
27 therapists in this Commonwealth.

Official Use By Clerks

Passed By

The House of Delegates

- without amendment
- with amendment
- substitute
- substitute w/amdt

Passed By The Senate

- without amendment
- with amendment
- substitute
- substitute w/amdt

Date: _____

Date: _____

Clerk of the House of Delegates

Clerk of the Senate

961766312

SENATE BILL NO. 581

Offered January 22, 1996

A *BILL to amend and reenact § 54.1-2901 of the Code of Virginia, relating to exceptions and exemptions for medical practice.*

Patrons—Barry, Houck and Miller, Y.B.; Delegates: Christian, Connally, Darner, Hull, Jones, J.C., Keating, Morgan, Plum and Puller

Referred to the Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2901 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2901. Exceptions and exemptions generally.

The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed nurse practitioner from rendering care under the supervision of a duly licensed physician, or any certified nurse midwife from rendering care in collaboration with a duly licensed physician, when such services are authorized by regulations promulgated jointly by the Board of Medicine and the Board of Nursing;

4. Any registered professional nurse, registered midwife, licensed nurse practitioner, graduate laboratory technician or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine;

5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel in his personal employ and supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministrations to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or

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1996 SESSION

961767312

HOUSE BILL NO. 1360

Offered January 22, 1996

A BILL to amend and reenact §§ 38.2-3408 and 38.2-4221 of the Code of Virginia, relating to accident and sickness insurance; reimbursement for health services rendered by certified nurse midwives.

Patrons—McDonnell, Hamilton, Jones, J.C., Mims and Rhodes; Senator: Miller, Y.B.

Referred to Committee on Corporations, Insurance and Banking

Be it enacted by the General Assembly of Virginia:

1. That §§ 38.2-3408 and 38.2-4221 of the Code of Virginia are amended and reenacted as follows:

§ 38.2-3408. Policy providing for reimbursement for services that may be performed by certain practitioners other than physicians.

A. If an accident and sickness insurance policy provides reimbursement for any service that may be legally performed by a person licensed in this Commonwealth as a chiropractor, optometrist, optician, professional counselor, psychologist, clinical social worker, podiatrist, physical therapist, chiropodist, clinical nurse specialist who renders mental health services, audiologist or , speech pathologist or certified nurse midwife, reimbursement under the policy shall not be denied because the service is rendered by the licensed practitioner.

B. This section shall not apply to Medicaid, or any state fund.

§ 38.2-4221. Services of certain practitioners other than physicians to be covered.

A nonstock corporation shall not fail or refuse, either directly or indirectly, to allow or to pay to a subscriber for all or any part of the health services rendered by any doctor of podiatry, doctor of chiropody, optometrist, optician, chiropractor, professional counselor, psychologist, physical therapist, clinical social worker, clinical nurse specialist who renders mental health services, audiologist or , speech pathologist or certified nurse midwife licensed to practice in Virginia, if the services rendered (i) are services provided for by the subscription contract, and (ii) are services which the doctor of podiatry, doctor of chiropody, optometrist, optician, chiropractor, professional counselor, psychologist, physical therapist, clinical social worker, clinical nurse specialist who renders mental health services, audiologist or , speech pathologist or certified nurse midwife is licensed to render in this Commonwealth.

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HB1360

1/23/96 15:51

Passed By		Official Use By Clerks		Passed By The Senate	
without amendment	<input type="checkbox"/>			without amendment	<input type="checkbox"/>
with amendment	<input type="checkbox"/>			with amendment	<input type="checkbox"/>
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1996 SESSION

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HOUSE BILL NO. 1231
AMENDMENT IN THE NATURE OF A SUBSTITUTE
 (Proposed by the House Committee for Courts of Justice
 on February 11, 1996)

(Patron Prior to Substitute—Delegate Connally)

A *BILL to amend and reenact § 18.2-371.2 of the Code of Virginia, relating to purchase or possession of tobacco products by minors; penalty.*

Be it enacted by the General Assembly of Virginia:

1. That § 18.2-371.2 of the Code of Virginia is amended and reenacted as follows:

§ 18.2-371.2. Prohibiting purchase or possession of tobacco products by minors or sale of tobacco products to minors.

A. No person shall sell to, distribute to, purchase for or knowingly permit the purchase by any person less than eighteen years of age, knowing or having reason to believe that such person is less than eighteen years of age, any tobacco product, including but not limited to cigarettes and cigars. ~~Where any~~ No tobacco product is *may be* sold from a vending machine (i) *except in compliance with subsection D and (ii) unless* notice ~~shall also be~~ is posted on the machine in a conspicuous manner and place indicating that the purchase or possession of tobacco products by minors is unlawful.

B. No person less than eighteen years of age shall purchase or possess any tobacco product including but not limited to cigarettes and cigars. The provisions of this subsection shall not be applicable to the possession of tobacco products by a person less than eighteen years of age making a delivery of tobacco products in pursuance of his employment.

C. A violation of subsection A or B by an individual or by a separate retail establishment shall be punishable by a civil penalty not to exceed fifty dollars for a first violation and a civil penalty not to exceed \$100 for a second violation. However, a third or subsequent violation of subsection A shall be punishable by a civil penalty not to exceed \$250. A third or subsequent violation of subsection B shall be punishable by a civil penalty not to exceed \$100, *and the judge in his discretion may enter an order pursuant to subdivision 9 of § 16.1-278.8.* Any attorney for the Commonwealth of the county or city in which an alleged violation occurred may bring an action to recover the civil penalty, which shall be paid into the state treasury. Any law-enforcement officer may issue a summons for a violation of subsection A or B.

D. *I.* Cigarettes shall be sold only in sealed packages provided by the manufacturer, with the required health warning. The proprietor of every retail establishment which offers for sale any tobacco product, including but not limited to cigarettes and cigars, shall post in a conspicuous manner and place a sign or signs indicating that the sale of tobacco products to any person under eighteen years of age is prohibited by law. Any attorney for the county, city or town in which an alleged violation of this subsection occurred may enforce this subsection by civil action to recover a civil penalty not to exceed fifty dollars. The civil penalty shall be paid into the local treasury. No filing fee or other fee or cost shall be charged to the county, city or town which instituted the action.

2. *No person shall operate a vending machine which dispensed tobacco products unless such a machine is located in:*

a. A place that is not open to the general public and is not generally accessible to minors or;

b. A place that is open to the general public. Such a vending machine shall be inside the establishment and unless the vending machine is at least ten feet from any public entrance to the establishment, and the sale of a token is required to operate such a machine, it shall be placed within the normal unobstructed line of sight of the proprietor or his employees.

3. *For the purposes of enforcing the provisions of this section, the Board of Health shall promulgate regulations which allow the Department of Health to conduct random, unannounced inspections at locations where tobacco products are sold in a manner that ensures compliance with the requirements of this section.*

4. *Any attorney for the county, city or town in which an alleged violation of this subsection occurred may enforce this subsection by civil action to recover a civil penalty not to exceed \$100. The civil penalty shall be paid into the local treasury. No filing fee or other fee or cost shall be charged to the county, city or town which instituted the action.*

E. Nothing in this section shall be construed to create a private cause of action.

06/11/2000

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SENATE BILL NO. 495
AMENDMENT IN THE NATURE OF A SUBSTITUTE
 (Proposed by the Senate Committee for Courts of Justice
 on February 11, 1996)
 (Patron Prior to Substitute—Senator Earley)

A *BILL* to amend the Code of Virginia by adding a section numbered 18.2-32.1, relating to murder of unborn; penalty.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 18.2-32.1 as follows:

§ 18.2-32.1. *Murder of unborn.*

The willful, deliberate and premeditated killing of a conceived, unborn but viable human offspring of another female, other than by lawful abortion, with intent to cause the death of that unborn offspring or the death of any other person, is murder in the first degree. If such killing is accomplished without premeditation, it is murder in the second degree.

2. That the provisions of this act may result in a net increase in periods of imprisonment in state correctional facilities. Pursuant to § 30-19.1:4, the estimated amount of the necessary appropriation for this bill as introduced was \$0.

Official Use By Clerks	
<p style="text-align: center;">Passed By The Senate</p> <p>without amendment <input type="checkbox"/></p> <p>with amendment <input type="checkbox"/></p> <p>substitute <input type="checkbox"/></p> <p>substitute w/amdt <input type="checkbox"/></p>	<p style="text-align: center;">Passed By The House of Delegates</p> <p>without amendment <input type="checkbox"/></p> <p>with amendment <input type="checkbox"/></p> <p>substitute <input type="checkbox"/></p> <p>substitute w/amdt <input type="checkbox"/></p>
Date: _____	Date: _____
_____ Clerk of the Senate	_____ Clerk of the House of Delegates

LOBBYING CONSULTANT TASKS

Prior to session:

1. Provide political expertise in developing:
Legislative Agenda
Strategy
2. Participate in meetings, make telephone contacts as needed, both with members of the Association and others
3. Assist in collection of needed background data pertinent to legislation.
4. Organize grassroots network to make legislator contacts to build a consensus.
5. Network with other organizations of mutual interest, to build support and avoid conflict.
6. Draft legislation.
7. Secure patrons and co-patrons for Bill; utilizing strengths of the committee structure.
8. Assist in preparation of materials for legislators, Association members, public, media - as needed.

During the General Assembly session:

1. Daily review of legislation.
2. Conferences with legislators, their staff, committee staff and administration officials.
3. Identify legislative options and carry out a strategy.
4. Pre-committee and subcommittee lobbying.
5. Work with Association leadership testifying before legislative committees.

6. Keep informed of legislative action, choices to be made, grassroots action throughout the process.
7. Press relations as desired.
8. Provide legislators with information and bring in Association leaders to talk directly with key legislators.

Post session:

1. Provide end of Session report.
2. Lobby administration for acceptance/veto/amendment to legislation.
3. Lobby legislators for veto session.
4. Develop suggestions for legislator recognition, thank you letters, etc.
5. Provide legislative presentation for Association and Board meetings.
6. Provide legislative training for membership.

SB 581: CERTIFIED NURSE MIDWIVES PRACTICING IN COLLABORATION WITH LICENSED PHYSICIANS

What do Certified Nurse Midwives (CNMs) do?

A CNM's practice focuses on the management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and gynecological needs of women.

Quality

Nurse midwife services are high quality with lower infant mortality (4.1% vs 8.6%), low birth weight rate and caesarean section rates (11% vs 22%) for risk matched patients

Cost Effective

Nurse midwife services save money by using fewer high-tech procedures, shorter hospital stays, fewer repeat caesareans (68% vs 25%)

Only Virginia and a handful of other states still use the word "supervision" in their Code.

What is current Virginia law?

CNMs, like nurse practitioners, "render care *under the supervision* of a duly licensed physician."

Why do CNMs need a change?

1. Collaboration more clearly defines the relationship of a CNM with her "*back up*" physician to whom she refers high risk and more complex patients.
2. According to the JCAHO (Joint Commission on the Accreditation of Healthcare Organization) national standards, practitioners whose state laws require "*supervision or direction*" may not be granted hospital admitting privileges. Their "*back up*" physician must admit the patient to the hospital, even if he has never seen that patient for prenatal care, and will not be doing the normal vaginal delivery.
3. *Collaboration* decreases liability risk and thus liability insurance cost for physicians who have a working relationship with CNMs and hospitals which employ CNMs. Each practitioner is responsible for his/her own acts. Currently, physicians who supervise CNMs frequently are charged a surcharge for the presumed liability they assume upon entering into this relationship. Many physicians who would enter into a professional relationship with CNMs are hesitant to do so under the "*supervision*" language.
4. *Supervision* has been defined differently in many practice arenas in Virginia - on site, in the next building, no more than 10 minutes away, etc. All of these have a significant impact on the delivery of care to medically underserved areas in a state as geographically diverse as Virginia.

What is collaboration?

Collaboration means the process by which a Certified Nurse Midwife consults and collaborates with a physician to deliver health care services within the scope of practice of the CNM's professional expertise and in accordance with the standards of practice of the CNM's national certifying body, including participation in the development of protocols including provision for periodic review and revision; development of guidelines for ongoing communications which provide for and define appropriate consultation between the collaborating parties; and periodic joint evaluation of services provided, e.g. chart review, case review, and review of patient outcomes.

HB 1360: MANDATED THIRD PARTY REIMBURSEMENT FOR CERTIFIED NURSE MIDWIVES

Quality

Nurse midwife services are high quality with lower infant mortality (4.1% vs 8.6), low birth weight rate and cesarean section rates (11% vs 22%) for risk matched patients.

Cost Effective

Nurse midwife services save money by using fewer high-tech procedures, shorter hospital stays, fewer repeat caesarians (68% vs 25%).

How certified nurse midwives conduct their practice:

1. As employees of a licensed physician or health care facility
2. In private practice with a pre-arranged protocol with a supervising physician.

How are certified nurse midwives are currently reimbursed:

If they are working in an employment arrangement, billing is done by the practice.

If they are in private practice they are either:

1. paid by the patient's insurance, if midwifery services are covered.
2. paid directly by the patient, if the patient's insurance carrier does not cover the services of a certified nurse midwife.

Which 3rd party payers currently cover nurse midwifery services?

ALL Federal Health plans: Medicare
Medicaid
CHAMPUS (military benefits)
Federal employee health benefits

Blue Cross/ Blue Shield plans of all states that touch VA
Most other commercial insurers: Mct Life, Aetna, John Hancock, Provident, etc.
Most plans administrated from outside the state of Virginia

31 states mandate insurance reimbursement for nurse midwifery services, including all the states which border Virginia

Which Virginia plans exclude coverage for nurse midwifery services?

Trigon
Cigna
Most HMOs and PPOs exclude certified nurse midwives from their networks

Why is this a problem?

1. The "back up" physician cannot bill for services of a certified nurse midwife he/she supervises unless that CNM is a bona fide employee (only true in approximately 50% of practices) According to the law, the name of the actual service provider must be listed to prevent insurance fraud.

2. The consumer whose insurance company denies these benefits, eliminates access to a qualified provider unless the policy holder is willing to self pay.

CERTIFICATION FOR MASSAGE THERAPISTS FACT SHEET

Why certification at this time?

A study was conducted by the **Board of Health Professions** which came to the conclusion that massage therapy in the Commonwealth needs to be regulated at the state level to help achieve assurance of minimal competency across the state. At the September meeting, the Board voted unanimous approval of the reports recommendation. In additional comments, **the Director** stated "that the net effect of statutory certification should be less restrictions." He went on to say that "the localities would no longer need to be concerned with establishing ordinances related to the qualification of practioners yet would maintain their authority to deter and punish illegal activities traditionally associated with illicit massage. At the same time, the consuming public would have the assurance of being able to differentiate between legitimate massage therapists and others."

Will certification put a financial burden on the state?

In the Director's statements he stated that "the cost of statutory certification for this group can be held low. A low fee for the benefit of assured competency and title protection should prove cost effective, as well. This is especially likely if the certification is handled by an existing health regulatory board. While this would have a minimal effect on reducing the number of state employœes, less that one FTE could be assigned the duties related to credentialing and disciplining massage therapists.

What existing Board would be appropriate?

The Director stated in his comments, "The Board of Nursing would be an appropriate choice in that there is sufficient staffing to handle the additional load and it would be unlikely that there would be confusion with physical therapists and chiropractors who are regulated by the Board of Medicine."

Is there a need for consistent regulation?

Currently in Virginia, massage therapists are typically regulated under the jurisdiction of the local police department. State certification would eliminate the need for localities to set up standards regulating massage therapists. Both jurisdictions and consumers would be assured that a state certified massage therapist was a legitimate practitioner who had met statewide standards. This would result in a level of minimal competency across the state. Currently, 21 states already regulate massage therapists through licensure or certification.

Where do massage therapists typically practice?

Massage therapists typically practice in health clubs, YMCA's, private practice facilities, chiropractic and physical therapy facilities.

What would be the educational requirements?

Minimal standards for certification would require 500 hours of study at an accredited school and national certification from the National Certification Board for Therapeutic Massage and Bodywork with a grandfather clause for those currently in practice.