ACEP Advocating for Emergency Medicine – Members and Patients

Gordon B. Wheeler
Associate Executive Director for Public Affairs/Washington Office
What We’ll Accomplish Today

- Introduce the Washington office, the *Public Affairs Line of Service*
- Discuss the role of advocacy at ACEP and for emergency medicine
- Cover the tools we drawn upon to carry out our “mission” of advocating on behalf of ACEP, its members and patients
- Development and adoption of a strategic legislative and regulatory agenda
What We’ll Accomplish Today

- Examine how the separation of powers works in reality
- Look specifically at the composition of the United States Congress
  - The U.S. House of Representatives
  - The U.S. Senate
- Interaction between the executive branch and divided Congress
What We’ll Accomplish Today

- Example the illustrates how a little (or a lot!) of patience can and often does pay off
- Coalitions, partners, ad hoc working groups that help leverage resources
- And finally, what all this means to you and how we can work together on mutually identified issues – GME funding
Public Affairs - Washington Office

- Gordon Wheeler, Associate Executive Director
- Laura Gore, Public Relations Director
  - Julie Lloyd Public Relations Manager
  - Michael Baldyga Public Relations Manager
- Brad Gruehn, Congressional Affairs Director
  - (Jill Openshaw, Congressional Affairs Manager)
- Barbara Tomar, Federal Affairs Director
- Stacie Jones, Quality/HIT Director
- Jeanne Slade, Political & Grassroots Director
Public Affairs Line of Service

- Staff serves as liaisons to sections, committees, work groups, and quasi-entities
- Three main “audiences” are our focus:
  - The public
  - Federal Policymakers
  - Others in organized medicine
- Develop comment letters on proposed rules and regulations, fact sheets and talking points and issue papers on legislation and regulations
Public Affairs Line of Service

- Political Action and Grassroots
  - 9/11 Legislative Network
  - NEMPAC
  - Fundraisers in D.C. and “back home”
  - 9/11 Weekly Update
  - ED visits for members of Congress
  - School of Political Advocacy
Critical Resources Are Key

- NEMPAC
- Emergency Medicine Action Fund
- American Medical Association
- Other Medical specialty societies/alliances
- Consultants
  - Hart Health Strategies
  - Alston & Bird
  - Health Policy Alternatives
  - POWERS PYLES SUTTER & VERVILLE PC
CONGRESS
An Overview of the 113\textsuperscript{th} Congress

<table>
<thead>
<tr>
<th>Date</th>
<th>Democratic</th>
<th>Republican</th>
<th>Total</th>
<th>Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of previous Congress</td>
<td>191</td>
<td>240</td>
<td>431</td>
<td>4</td>
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<tr>
<td>Begin</td>
<td>200</td>
<td>233</td>
<td>433</td>
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<td>January 22, 2013</td>
<td>201</td>
<td>232</td>
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<td>April 9, 2013</td>
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<td>May 7, 2013</td>
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<td>June 4, 2013</td>
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<td>July 15, 2013</td>
<td>200</td>
<td>233</td>
<td>433</td>
<td>2</td>
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<tr>
<td>August 2, 2013</td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>

Latest voting share:
- Democratic: 46.2%
- Republican: 53.8%

Non-voting members:
- Democratic: 6
- Republican: 0
- Total: 6
- Vacant: 0
An Overview of the 113th Congress

<table>
<thead>
<tr>
<th>Party</th>
<th>Democratic</th>
<th>Independent</th>
<th>Republican</th>
<th>Total</th>
<th>Vacant</th>
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<tbody>
<tr>
<td>End of previous Congress</td>
<td>51</td>
<td>2</td>
<td>47</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Begin</td>
<td>53</td>
<td></td>
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<td>45</td>
<td>0</td>
</tr>
<tr>
<td>June 3, 2013</td>
<td>52</td>
<td>2</td>
<td></td>
<td>46</td>
<td>1</td>
</tr>
<tr>
<td>June 10, 2013</td>
<td></td>
<td></td>
<td></td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Latest voting share</td>
<td>54%</td>
<td></td>
<td>46%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
U.S. House of Representatives

House Speaker John Boehner (R)

Majority (Republican) Leadership
- Majority Leader: Eric Cantor
- Majority Whip: Kevin McCarthy

Minority Leadership
- Minority Leader Nancy Pelosi
- Minority Whip Steny Hoyer
U.S. House of Representatives

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Senate Leaders

Majority Leader Harry Reid
Majority Whip Richard Durbin
Minority Leader Mitch McConnell
Minority Whip John Cronyn
Senate Leaders

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Minority Leader Mitch McConnell

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Senate Leaders

Majority Leader Harry Reid
Majority Whip Richard Durbin
Minority Leader Mitch McConnell
Minority Whip John Cronyn
Regular Order?

- Annual budget resolution – House and Senate
- Annual Appropriations bills, all based on authorized legislation
- Bills introduced go through Subcommittee, full Committee (Rules Committee in the House) and floor
- Bill in Senate brought up under unanimous consent
Regular Order?

- Or 2/3 of Senate votes to “invoke cloture”
- Once passed each House, legislation is reconciled in a conference committee
- Conference reports then filed in each chamber.
- If unchanged and accepted, to the White House
- Bill signing (ceremony)
Advocacy Throughout the Year

- First of all – why?
- Responsibility to tell your story
- You are on medicine’s frontline
- Patient and profession advocates
- If you don’t get involved – others will define our issues and the SOLUTIONS
Hill Visits – Lobbying Still Important
The Issues - Legislation

- Implementation of the Affordable Care Act
- Federal Tort Reform
- Physician Reimbursement
- Medicare
  - Funding to continue GME levels
- Workforce
  - Expand # of EP residency slots
  - Increase # of federal funded GME slots
  - Support funding for Workforce Commission (ACA)
- Support funding levels for EMSC, Poison Control, ECCC, GME
The Issues - Regulatory

- EP Strategies for transitions of care
- Hospital Readmission
- Medicare 3-day stay before SNF eligibility kicks in
- Medicaid expansion
- Support rural hospital rotations for EP residents
- Develop quality measures related to delivery of emergency care
Committees – Still Important

- Senate Finance
- Senate Health, Education, Labor and Pensions
- Senate Appropriations
- House Ways and Means
- House Energy and Commerce
- House Appropriations
# ACEP Affordable Care Act Priorities

<table>
<thead>
<tr>
<th>Provision</th>
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<th>ACEP Strategy</th>
<th>ACEP Strategic Plan Reference</th>
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<tbody>
<tr>
<td>Sec. 1302: Essential Health Benefits Requirements</td>
<td>1/1/14</td>
<td>Ensure that unrestricted access to emergency services in the emergency department is included as a covered benefit in each of the plan levels described in detail in the legislation. Four levels of plans will be offered through the mostly state-based insurance exchanges and emergency department services must be included in each.</td>
<td>Goal 1 - Objective 1</td>
</tr>
<tr>
<td>Sec. 10101: Patient Protections for Unrestricted Access to Hospital Emergency Services</td>
<td>10/23/10</td>
<td>Ensure that the law eventually covers all insured people, even those in current plans that are “grandfathered” and therefore not subject to new requirements. The health reform law includes prudent lay person protections, eliminates prior authorization, and provides parity in coverage and co-payments for emergency physicians in and out of network.</td>
<td>Goal 1 - Objective 1</td>
</tr>
<tr>
<td>Sec. 3007: Value-based Payment Modifier Under the Physician Fee Schedule; Sec. 3303: Improvements to the Physician Resource Use Feedback Program</td>
<td>1/1/15 - 1/1/17</td>
<td>Ensure that any measures developed and vetted by the Secretary that address emergency medicine accurately assess quality and cost before being applied in a budget neutral manner to all physicians.</td>
<td>Goal 2 - Objective 11</td>
</tr>
<tr>
<td>Sec. 3002: Improvements to the Physician Quality Reporting Initiative (PQRI) System</td>
<td>1/1/11 - PQRI 1/1/12 - HITECH integration plan</td>
<td>Ensure continued participation and benefit for emergency physicians in the PQRI program during the voluntary period (2014) to mandatory participation in 2015.</td>
<td>Goal 2 - Objectives 2, 7,11,18</td>
</tr>
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<tr>
<td>Sec. 3023: Payment Bundling Pilot Program</td>
<td>1/01/13</td>
<td>To create and share proposals for the integration of emergency medicine into the 5-year bundled payment pilot.</td>
<td>Goal 2 - Objectives 2, 7</td>
</tr>
<tr>
<td>Sec. 3022: Medicare Shared Savings Program/ Accountable Care Organizations</td>
<td>1/1/12</td>
<td>Create opportunities for physicians, hospitals, etc., to develop a structure to provide a full continuum of care to Medicare beneficiaries in a geographic area. The ACO will be accountable for quality, cost, and overall care of at least 5,000 fee-for-service beneficiaries. ACOs will be eligible to share in savings with the Medicare program.</td>
<td>Goal 2 - Objectives 8, 3,18</td>
</tr>
<tr>
<td>Sec. 5101: National Healthcare Workforce Commission</td>
<td>9/23/10</td>
<td>Monitor the work of the Commission to ensure that reports include emergency medicine education and training needs. Seek to have an ACEP leader on the 15-member Workforce Commission.</td>
<td>Goal 2 - Objectives 2, 7,11,18</td>
</tr>
<tr>
<td>Sec. 5503: Distribution of Additional Residency Positions</td>
<td>7/1/11</td>
<td>Ensure that a portion of the targeted residency positions go to emergency medicine (75% of the slots are reserved for primary care or general surgery).</td>
<td>Goal 2 – Objective 9</td>
</tr>
<tr>
<td>Sec. 6301: Patient-Centered Outcomes Research</td>
<td>9/23/10</td>
<td>Provide input to ensure emergency medicine perspective is represented in the identification of research priorities and establishment and implementation of a research project agenda.</td>
<td>Goal 2 – Objective 10</td>
</tr>
<tr>
<td>Sec. 1104: Administrative Simplification</td>
<td>1/1/13; 1/1/14; 1/1/16</td>
<td>Support uniform, standardized operating rules for health plans for claims processing, including determination of individual eligibility and financial responsibility prior to or at the point of service of care. (Amends HIPAA)</td>
<td>Goal 2 – Objective 9</td>
</tr>
<tr>
<td>Sec. 10608: Extension of Medical Malpractice Coverage to Free Clinics</td>
<td>3/23/10*</td>
<td>Extend Federal Tort Claims Act liability protections to physicians providing EMTALA-related services.</td>
<td>Goal 1 – No objective specified</td>
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<td><strong>Sec. 3021:</strong> Establishment of the Center for Medicare and Medicaid Innovation</td>
<td>1/1/11</td>
<td>Emergency medicine is included in some of the innovative delivery models for care and payment as a means to test our own proposals for episodes and bundling. (This Center has a $5 million budget for 2010 and $10 billion budget for 2011-2019).</td>
<td>Goal 2 - Objectives 8, 10</td>
</tr>
<tr>
<td><strong>Sec. 3025:</strong> Hospital Readmissions Reduction Program</td>
<td>10/1/12</td>
<td>Encourage emergency physician participation at the local, state, and federal levels in the hospital planning process to reduce/avoid excess readmissions for the selected diagnoses/conditions (first three: AMI, CHF, and pneumonia).</td>
<td>None</td>
</tr>
<tr>
<td><strong>Sec. 3001:</strong> Hospital Value-based Purchasing</td>
<td>10/1/12</td>
<td>Ensure that hospital pay-for-performance measures that impact emergency medicine are reasonable.</td>
<td>Goal 1 – Objective 1</td>
</tr>
<tr>
<td><strong>Sec. 2707:</strong> Medicaid Emergency Psychiatric Demonstration Project</td>
<td>2011-2013</td>
<td>Support the demonstration goals of documented reductions in emergency department boarding of psychiatric patients in states/areas with a participating psychiatric hospital.</td>
<td>Goal 2 - Objectives 6, 7</td>
</tr>
<tr>
<td><strong>Sec. 3504:</strong> Design and Implementation of Regionalized Systems for Emergency Care/Support for Emergency Medicine Research</td>
<td>3/23/10*</td>
<td>Improve coordination, efficiency and delivery of emergency services utilizing all available health care resources within a defined geographic region.</td>
<td>Goal 2 – Objective 8</td>
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<tr>
<td>Sec. 3504: Design and Implementation of Regionalized Systems for Emergency</td>
<td>3/23/10*</td>
<td>Support and encourage efforts of the Secretary of HHS to coordinate, expand, and accelerate research in emergency medical care systems, emergency medicine, pediatric emergency medical care systems, and pediatric emergency medicine.</td>
<td>Goal 2 - Objective 10</td>
</tr>
<tr>
<td>Care/Support for Emergency Medicine Research [Part Two]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sec. 5315: U.S. Public Health Sciences Track</td>
<td>3/23/10*</td>
<td>Medical students are attracted to tracks to be established at medical schools that will train doctors (and other health practitioners) to respond to public health emergencies, bioterrorism events, and natural disasters in return for federal service and loan forgiveness. Emergency physicians with disaster preparedness expertise are attracted to serve as faculty in new programs and are selected as federal teams to provide highest level disaster response.</td>
<td>Goal 2 - Objective 9</td>
</tr>
<tr>
<td>Sec. 5502: Medicare Federally Qualified Health Center Improvements</td>
<td>10/01/14</td>
<td>Monitor the development of a prospective payment system for FQHCs, working with CMS and HRSA, foster coordination and communication between FQHCs and ACEP/emergency departments to improve appropriate flow of patients from emergency departments to FQHCs, and vice versa. Between FQHCs and ACEP/emergency departments to improve appropriate flow of patients from emergency departments to FQHCs, and vice versa.</td>
<td>Goal 2 - Objective 8</td>
</tr>
<tr>
<td>Health Center Improvements Health Center</td>
<td></td>
<td></td>
<td>Objective 8</td>
</tr>
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<td>Sec. 5204: Public Health Workforce Recruitment and Retention Programs</td>
<td>3/23/10*</td>
<td>Advocate for Congress to appropriate funds for the program that provides loan forgiveness to emergency physicians employed in public health positions with federal, state, local, or tribal government.</td>
<td>Goal 2 - Objectives 11, 12, 13</td>
</tr>
<tr>
<td>Sec. 3011: National strategy to improve healthcare quality</td>
<td>1/1/11</td>
<td>Ensure continued participation and benefit for emergency physicians in the establishment of national priorities for quality measurement by NQF or other designated consensus-based entity.</td>
<td>Goal 2 - Objectives 8, 11, 12</td>
</tr>
<tr>
<td>Sec. 3014: Quality measurement; Sec. 3015. Data collection; Sec. 2701: (Medicaid) Adult Health Quality measures</td>
<td>2010 – 2012</td>
<td>Ensure emergency physicians’ input is provided regarding quality measures and national priorities impacting emergency medicine.</td>
<td>None</td>
</tr>
<tr>
<td>Sec. 1202: Payments to Primary Care Physicians</td>
<td>1/1/13</td>
<td>Expand program that requires states to pay primary care physicians for Medicaid services at Medicare rates.</td>
<td>Goal 3 – No objective specified</td>
</tr>
</tbody>
</table>

*Date was established when the passage of the bill was January 2010.*
EMAF ≠ NEMPAC

- EMAF funds to be used primarily for regulatory advocacy, and may be deductible
- NEMPAC contributions are used solely for political advocacy and are not deductible.
- NEMPAC helps to amplify our voice on Capitol Hill, enhancing our access
EMAF - Purpose

In January 2011, the ACEP Board of Directors voted to create the Emergency Medicine Action Fund to generate additional financial support for our well-established advocacy activities in Washington, DC.

This Action Fund will finance activities that complement ongoing work and enhance resources to address the issues that matter most to you.

**Agenda**
The EMAF will pursue a regulatory agenda that supports emergency physicians and quality emergency care that is consistent with and complementary to priorities approved by the ACEP Board of Directors. It may also add additional activities it believes will further enhance the overarching objective of advancing emergency medicine. Critical issues in the ACA that have already been identified include:

- Essential Health Benefits Requirements
- Patient Protections for Unrestricted Access to Hospital Emergency Services
- Value-Based Payment Modifier Under the Physician Fee Schedule
- Payment Bundling Pilot Program
- Distribution of additional residency positions
- Patient-centered outcomes research
- Accountable care organizations
- Preserving the independent practice of emergency medicine by emergency physicians
Resources

- Definitive all around legislative resource:

  www.thomas.loc.gov
Overview – NEMPAC & Grassroots

- How does ACEP get our members involved in the legislative and political process?
  - NEMPAC and the 911 Legislative Network

- Communication Methods – How do we tell them what they want/need to hear?

- Feedback/Results – How do we ask them to respond?

- Tools for Cross-Promotion
How does ACEP get involved?
NEMPAC

- National Emergency Medicine Political Action Committee
- 22,000 individual members/emergency physicians eligible to donate including resident members
- 25% of members donate
- Established PAC in 1980
Goals/Objectives

- Raise $1 million + annually
- Top tier of healthcare provider PACs
- Increase percentage of members donating
- Engage new/younger members (residents = future of the specialty)
- RETAIN AND RECOGNIZE
- Increase EM Group participation
- Complement/Enhance Lobbying and Grassroots efforts →→→→Access
NEMPAC Fundraising and Disbursement History

![Bar chart showing fundraising and disbursement history from 2000 to 2012. The chart illustrates the increase in receipts and disbursements over the years, with notable peaks in 2008 and 2010. The chart uses light blue and dark blue bars to represent receipts and disbursements respectively.]
## Specialty Physician PACS 2010 Election Cycle - Receipts

<table>
<thead>
<tr>
<th>Specialty Association</th>
<th>Receipts for 2009-2010 Cycle</th>
<th>Percent of Eligible Members Donating</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Association of Orthopaedic Surgeons</td>
<td>$ 3,791,270.00</td>
<td>27.7%</td>
</tr>
<tr>
<td>American Society of Anesthesiologists</td>
<td>$ 3,145,915.00</td>
<td>16.5%</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>$ 2,345,490.00</td>
<td>---</td>
</tr>
<tr>
<td>American College of Radiologists</td>
<td>$ 2,345,140.00</td>
<td>---</td>
</tr>
<tr>
<td>American College of Emergency Physicians</td>
<td>$ 2,245,822.00</td>
<td>29%</td>
</tr>
<tr>
<td>American College of Ophthalmology</td>
<td>$ 1,880,000.00</td>
<td>20%</td>
</tr>
<tr>
<td>College of American Pathologists</td>
<td>$ 1,621,634.00</td>
<td>21%</td>
</tr>
<tr>
<td>American College of Surgeons</td>
<td>$ 1,345,374.00</td>
<td>---</td>
</tr>
<tr>
<td>American College of Cardiology</td>
<td>$ 1,257,476.00</td>
<td>---</td>
</tr>
<tr>
<td>American Urological Association</td>
<td>$ 1,011,356.00</td>
<td>18%</td>
</tr>
<tr>
<td>American College of Obstetrics &amp; Gynecology</td>
<td>$ 934,000.00</td>
<td>4.0%</td>
</tr>
<tr>
<td>American Osteopathic Information Association</td>
<td>$ 914,323.00</td>
<td>---</td>
</tr>
<tr>
<td>American Academy of Dermatology</td>
<td>$ 741,000.00</td>
<td>12.0%</td>
</tr>
<tr>
<td>American Academy of Family Physicians</td>
<td>$ 714,385.00</td>
<td>3.35%</td>
</tr>
<tr>
<td>American Association of Neurological Surgeons</td>
<td>$ 488,352.00</td>
<td>11%</td>
</tr>
<tr>
<td>American Society of Plastic Surgeons</td>
<td>$ 452,766.00</td>
<td>13.0%</td>
</tr>
<tr>
<td>American Academy of Otolaryngology - HNS</td>
<td>$ 442,000.00</td>
<td>10.0%</td>
</tr>
<tr>
<td>American Psychiatric Association</td>
<td>$ 420,600.00</td>
<td>4.5%</td>
</tr>
<tr>
<td>American Academy of Neurology</td>
<td>$ 317,000.00</td>
<td>6%</td>
</tr>
<tr>
<td>American College of Physicians</td>
<td>$ 247,216.00</td>
<td>1.5%</td>
</tr>
<tr>
<td>American Gastroenterological Association</td>
<td>$ 154,147.00</td>
<td>11.5%</td>
</tr>
</tbody>
</table>
Communication Techniques

**PAC**
- Telephone
- Direct Mail
- Email Solicitation
- Peer to Peer (PAC Board)
- PAC Microsite
- Association Meetings
- Publications

**Grassroots**
- Email
- Conference Calls
- Webinars
- Telephone
- ED Visits
- “Advocacy Day”
- Publications
- Twitter/Facebook
Dues Statement

Membership Renewal Statement
Renewal Notice for ACEP Benefits through 07/31/2014

Member ID Number: A000000
Date Billed: 05/11/2013
Expiration Date: 07/31/2013
Order Number: ORF 33094/VD82

What Has ACEP Done For You Lately?

- ACEP regulates with CMS for changes in regulations regarding the administration of propofol and other sedation agents.
- ACEP provides access to all articles on ABEM’s LLSDP reading lists and free access to summaries from Critical Decisions in Emergency Medicine.

Pay Online at www.acep.org/myacep

ACEP/ACP
We are always here for our patients.

We need elected officials who are always there for us.
CONGRESS: IT’S TIME TO GET DOWN TO BUSINESS

✓ Repeal the Independent Payment Advisory Board (IPAB)
✓ Enact Federal Liability protections for EMTALA-related care
✓ Protect funding for graduate medical education and research
✓ Medicaid and Medicare reform
✓ Repeal the SGR
✓ Ensure access to emergency care for all patients

Our work is far from over. We need to ensure our elected officials support emergency medicine. Now more than ever, emergency physicians need to get involved and stay involved in the political process.

Support NEMPAC—Your Voice in Washington, D.C.

Contribute today at www.acep.org/NEMPAC

NEMPAC is the financial vehicle through which ACEP members support the election or re-election of congressional candidates who share their commitment to emergency medicine.
NEMPAC Ads in ACEP News

NEMPAC Ensures Emergency Physicians a Seat at the Table
Support the Election of Pro-Emergency Medicine Candidates to Congress
ACEP Members – Get Involved Today!
For more information or to make a donation, visit acep.org/nempac

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It's Critical
Emergency Physicians Have a Voice in the Political Process
Support the Election of Pro-Emergency Medicine Candidates to Congress
ACEP Members – Get Involved Today!
For more information or to make a donation, visit acep.org/nempac

NEMPAC Is the financial vehicle through which ACEP members support the election or re-election of congressional candidates who share their commitment to emergency medicine.
PAC Check Presentations and Fundraising Events