

# ACEP Advocating for Emergency Medicine – Members and Patients

Gordon B. Wheeler  
Associate Executive Director for Public  
Affairs/Washington Office





# What We'll Accomplish Today

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- ▶ 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

continued



- 
- ▶ 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

continued



- 
- ▶ 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

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- ▶ 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

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- ▶ 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

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- ▶ **Political Action and Grassroots**
  - ▶ *911 Legislative Network*
  - ▶ *NEMPAC*
  - ▶ *Fundraisers in D.C. and “back home”*
  - ▶ *911 Weekly Update*
  - ▶ *ED visits for members of Congress*
  - ▶ *School of Political Advocacy*



# Critical Resources Are Key

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- ▶ 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<sup>th</sup> Congress

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	Party (Shading indicates majority caucus)		Total	Vacant
	Democratic	Republican		
End of previous Congress	191	240	431	4
Begin	200	233	433	2
January 22, 2013		232	432	3
April 9, 2013	201	233	433	2
May 7, 2013		234	435	0
June 4, 2013		233	434	1
July 15, 2013		200	233	433
August 2, 2013				
<b>Latest voting share</b>	<b>46.2%</b>	<b>53.8%</b>		
Non-voting members	6	0	6	0



# An Overview of the 113<sup>th</sup> Congress

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	Party (Shading indicates majority caucus)			Total	Vacant
	Democratic	Independent	Republican		
End of previous Congress	51	2	47	100	0
Begin	53	2	45	100	0
June 3, 2013	52			99	1
June 10, 2013			46	100	0
Latest voting share	54%		46%		



# U.S. House of Representatives

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## 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

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**Majority Leader Harry Reid**

Majority Whip Richard Durbin

Minority Leader Mitch McConnell

Minority Whip John Cronyn



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# Senate Leaders

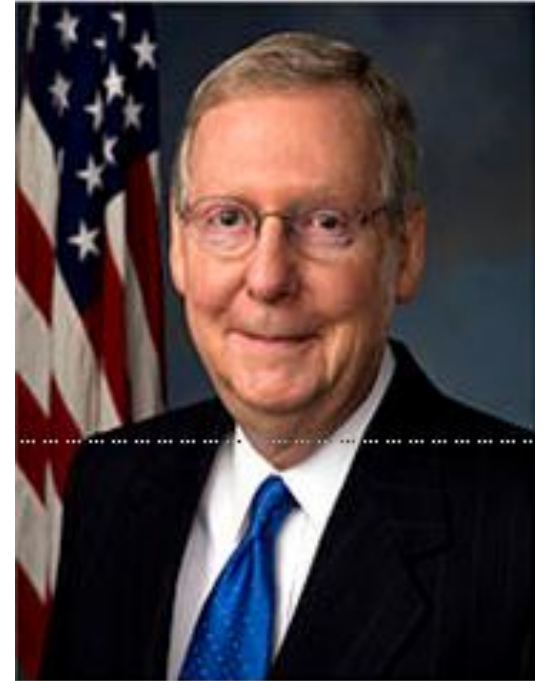
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# Senate Leaders

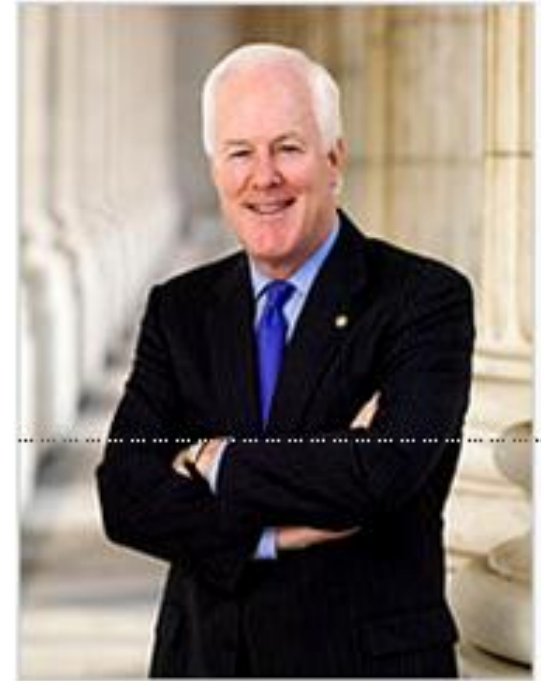
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Majority Leader Harry Reid

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# Regular Order?

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- ▶ 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?

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- ▶ 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

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- ▶ 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

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# The Issues- Legislation

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- ▶ 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, ECCCC, GME
- 



# The Issues - Regulatory

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- ▶ 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

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- ▶ 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

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Provision	Effective Date	ACEP Strategy	ACEP Strategic Plan Reference
Sec. 1302: Essential Health Benefits Requirements	1/1/14	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.	Goal 1 - Objective 1
Sec. 10101: Patient Protections for Unrestricted Access to Hospital Emergency Services	10/23/10	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.	Goal 1 - Objective 1
Sec. 3007: Value-based Payment Modifier Under the Physician Fee Schedule; Sec. 3303: Improvements to the Physician Resource Use Feedback Program	1/1/15 - 1/1/17	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.	Goal 2 - Objective 11
Sec. 3002: Improvements to the Physician Quality Reporting Initiative (PQRI) System	1/1/11 - PQRI 1/1/12 - HITECH integration on plan	Ensure continued participation and benefit for emergency physicians in the PQRI program during the voluntary period (2014) to mandatory participation in 2015.	Goal 2 - Objectives 2, 7,11,18



# ACEP Affordable Care Act Priorities

Provision	Effective Date	ACEP Strategy	ACEP Strategic Plan Reference
Sec. 3023: Payment Bundling Pilot Program	1/01/13	To create and share proposals for the integration of emergency medicine into the 5-year bundled payment pilot.	Goal 2 - Objectives 2, 7
Sec. 3022: Medicare Shared Savings Program/ Accountable Care Organizations	1/1/12	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.	Goal 2 - Objectives 8, 3,18
Sec. 5101: National Healthcare Workforce Commission	9/23/10	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.	Goal 2 - Objectives 2, 7,11,18
Sec. 5503: Distribution of Additional Residency Positions	7/1/11	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).	Goal 2 – Objective 9
Sec. 6301: Patient-Centered Outcomes Research	9/23/10	Provide input to ensure emergency medicine perspective is represented in the identification of research priorities and establishment and implementation of a research project agenda.	Goal 2 - Objective 10
Sec. 1104: Administrative Simplification	1/1/13; 1/1/14; 1/1/16	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)	Goal 2 – Objective 9
Sec. 10608: Extension of Medical Malpractice Coverage to Free Clinics	3/23/10*	Extend Federal Tort Claims Act liability protections to physicians providing EMTALA-related services.	Goal 1 – No objective specified

# ACEP Affordable Care Act Priorities

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Provision	Effective Date	ACEP Strategy	ACEP Strategic Plan Reference
Sec. 3021: Establishment of the Center for Medicare and Medicaid Innovation	1/1/11	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).	Goal 2 - Objectives 8, 10
Sec. 3025: Hospital Readmissions Reduction Program	10/1/12	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).	None
Sec. 3001: Hospital Value-based purchasing	10/1/12	Ensure that hospital pay-for-performance measures that impact emergency medicine are reasonable.	Goal 1 – Objective 1
Sec. 2707: Medicaid Emergency Psychiatric Demonstration Project	2011 - 2013	Support the demonstration goals of documented reductions in emergency department boarding of psychiatric patients in states/areas with a participating psychiatric hospital.	Goal 2 - Objectives 6, 7
Sec. 3504: Design and Implementation of Regionalized Systems for Emergency Care/Support for Emergency Medicine Research	3/23/10*	Improve coordination, efficiency and delivery of emergency services utilizing all available health care resources within a defined geographic region.	Goal 2 – Objective 8



# ACEP Affordable Care Act Priorities

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Provision	Effective Date	ACEP Strategy	ACEP Strategic Plan Reference
Sec. 3504: Design and Implementation of Regionalized Systems for Emergency Care/Support for Emergency Medicine Research [Part Two]	3/23/10*	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.	Goal 2 - Objective 10
Sec. 5315: U.S. Public Health Sciences Track	3/23/10*	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.	Goal 2 - Objective 9
Sec. 5502: Medicare Federally Qualified Health Center Improvements Health Center Improvements	10/01/14 -----	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.	Goal 2 - Objective 8 Objective 8





# ACEP Affordable Care Act Priorities

Provision	Effective Date	ACEP Strategy	ACEP Strategic Plan Reference
Sec. 5204: Public Health Workforce Recruitment and Retention Programs	3/23/10*	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.	Goal 2 - Objectives 11, 12, 13
Sec. 3011: National strategy to improve healthcare quality	1/1/11	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.	Goal 2 - Objectives 8, 11, 12
Sec. 3014: Quality measurement; Sec. 3015. Data collection; Sec. 2701: (Medicaid) Adult Health Quality measures	2010 – 2012	Ensure emergency physicians' input is provided regarding quality measures and national priorities impacting emergency medicine.	None
Sec. 1202: Payments to Primary Care Physicians	1/1/13	Expand program that requires states to pay primary care physicians for Medicaid services at Medicare rates.	Goal 3 – No objective specified

\*Date was established when the passage of the bill was January 2010.

# EMAF $\neq$ NEMPAC

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- ▶ 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

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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

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▶ Definitive all around legislative resource:

▶ [www.thomas.loc.gov](http://www.thomas.loc.gov)



# Overview – NEMPAC & Grassroots

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- ▶ 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

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# How does ACEP get involved?

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# NEMPAC

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- ▶ 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

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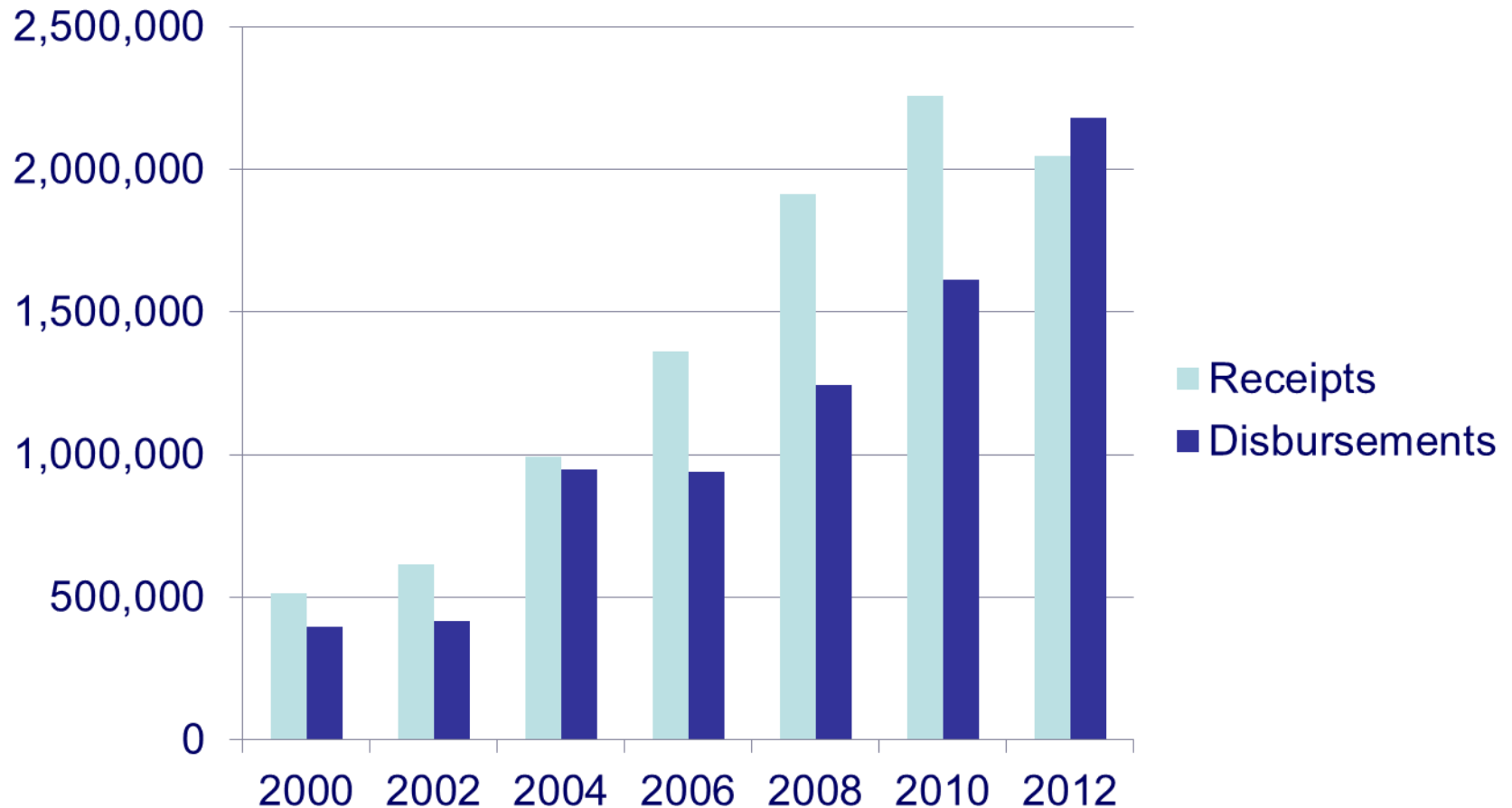
- Raise \$1 million + annually
- Top tier of healthcare provider PACs
- Increase percentage of members donating
- Engage new/younger members (residents = future of the specialty)
- RETAIN AND RECOGNIZE
- Increase EM Group participation
- Complement/Enhance Lobbying and Grassroots efforts →→→→Access





# NEMPAC Fundraising and Disbursement History

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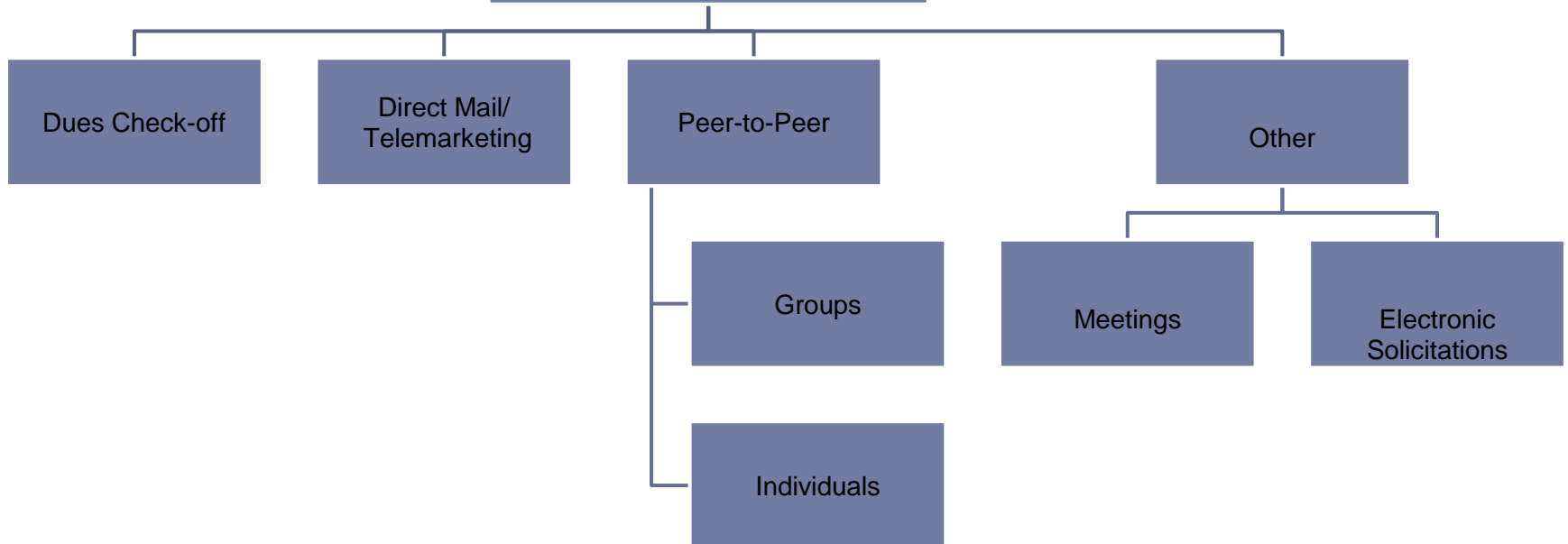
# NEMPAC

## Specialty Physician PACS 2010 Election Cycle - Receipts

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

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# Fundraising Methods



# Communication Techniques

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## 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



P.O. Box 619911  
 Dallas, Texas 75261-9911  
 Phone: 972-503-0911  
 Fax: 972-503-2819  
 Toll Free: 1-800-798-1822  
 Email: membership@acep.org

## Step 1 - Confirm Your Primary Contact Info CORRECT

Please take a moment to review the information provided on both the front and back of this statement. Please correct your contact information in the corresponding boxes. My primary mailing address is:  Home  Hospital  Business

PRIMARY ADDRESS  
 Member Name  
 Address  
 City, MN ZIP

Address Type  
 Hospital  
 Home  
 Other

## Step 2 - Confirm Your Member Dues

Description	Amount Billed	Amount Enclosed/ Authorized
<b>National Dues</b>		
*ACEP Active Dues	\$565.00	\$
<b>Chapter Dues</b>		
**MN Chapter Dues	\$250.00	\$
<b>Section Dues</b>		
Add Section		\$
<b>MN PAC Donation</b>	\$75.00	\$
<b>EMF Donation</b>	\$50.00	\$
<b>**NEMPAC Donation</b>	\$100.00	\$
*Required		
	<b>TOTAL BILLED</b>	<b>TOTAL ENCLOSED</b>
	\$1,040.00	\$

REMIT IN U.S. DOLLARS ONLY  
 MAKE CHECK PAYABLE TO ACEP

For Questions, Call 1-800-798-1822  
 Pay Online at [www.acep.org/myacep](http://www.acep.org/myacep)

ACEP dues are non-refundable and are not deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. EMF donations are deductible as charitable contributions. Political Action Committee donations are not deductible contributions. ACEP and your chapter estimate the non-deductible portions of your dues and assessments. The percentage allocable to lobbying for national is (90%) and chapter is (29%). Dues rates are effective through the current renewal cycle only and are subject to change based on chapter and national Board of Directors' actions. \$133.50 of membership dues is allocated to annual subscription to Annals of Emergency Medicine. This is a requirement of the US Post Office for special reduced mailing prices and is not deductible from dues.

## Membership Renewal Statement Renew Now for ACEP Benefits through-07/31/2014

Member ID Number.....A000000  
 Date Billed.....05/13/2013  
 Expiration Date.....07/31/2013  
 Order Number.....ORD-333054-V7D0GZ  
 Notice.....1

Pay Online at [www.acep.org/myacep](http://www.acep.org/myacep)

### What Has ACEP Done For You Lately?

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

## Step 3 - Confirm Your Payment Options

Please renew my membership

My check is enclosed  Pay by credit/debit card or bank account

### Easy Pay Option

Yes, sign me up for Easy Payment Option (Credit Card or Bank Draft only) (See back for more details)  
 Quarterly Installments  Monthly Installments

For Fastest Renewal, Pay Online at [www.acep.org/myacep](http://www.acep.org/myacep)

### Pay by Debit/Credit Card

VISA  MasterCard  American Express  DISCOVER

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as on card: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Billing Address for My Credit Card is:

Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

### Pay by Bank Account

Savings  Checking

Bank name and branch: \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

Electronic Trans/ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Apply My NEMPAC Contribution as Indicated

My check/credit card is:  Personal  Corporate  Partnership

My employer is: \_\_\_\_\_

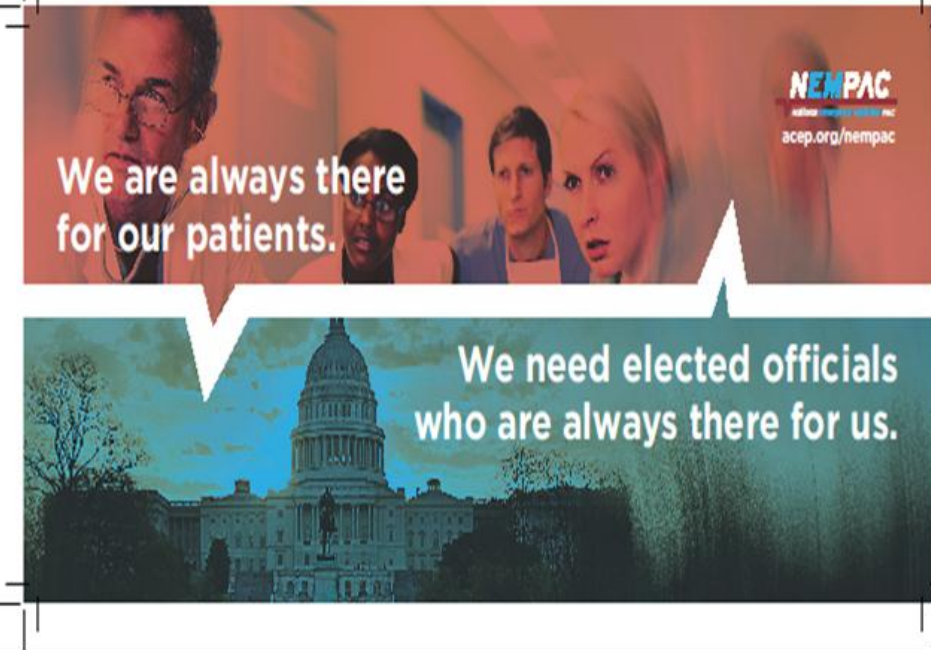
My Occupation is (if not emergency Physician): \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

\*I understand the political purposes of NEMPAC; that contributions are voluntary and are not required for ACEP membership; that the contribution requests on my statement is a suggested amount and that ACEP will not look upon any member with favor or disfavor for reason of the amount of their contribution or their decision not to contribute; that all non-personal contributions from medical practice groups or corporations will be used to offset NEMPAC administration and fundraising costs and cannot be used to support candidates under federal law. (See reverse side for applicable chapter PAC requirements.)

Renewal continues on back

# Buck Slip



# NEMPAC Ads in ACEP News



**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

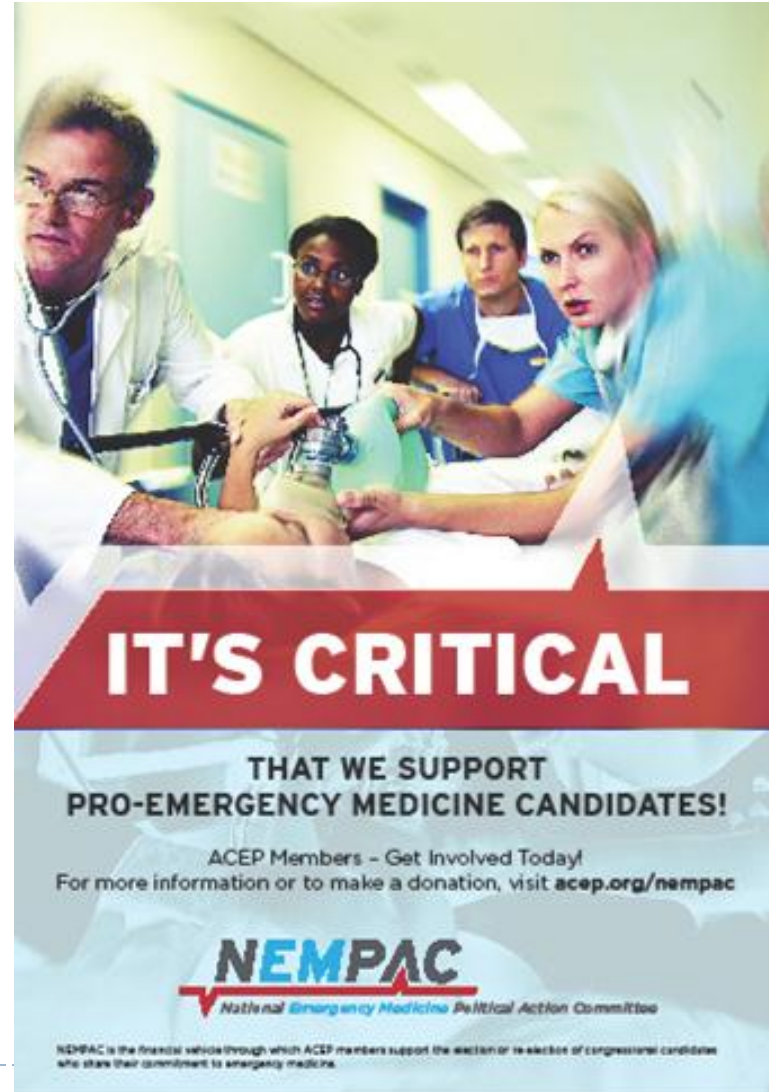
Our work is far from over. We need to ensure our elected officials support emergency medicine. Now more than ever, emergency physicians need to get involved and stay involved in the political process.

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

Contribute today at [www.acep.org/NEMPAC](http://www.acep.org/NEMPAC)

**NEMPAC**  
National Emergency Medicine Political Action Committee

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.



**IT'S CRITICAL**

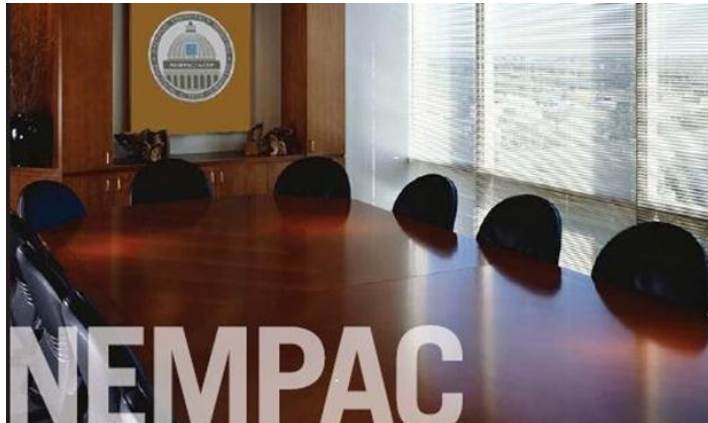
**THAT WE SUPPORT  
PRO-EMERGENCY MEDICINE CANDIDATES!**

ACEP Members - Get Involved Today!  
For more information or to make a donation, visit [acep.org/nempac](http://acep.org/nempac)

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# 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](http://acep.org/nempac)



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**NEMPAC IN 2010**

**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!**  
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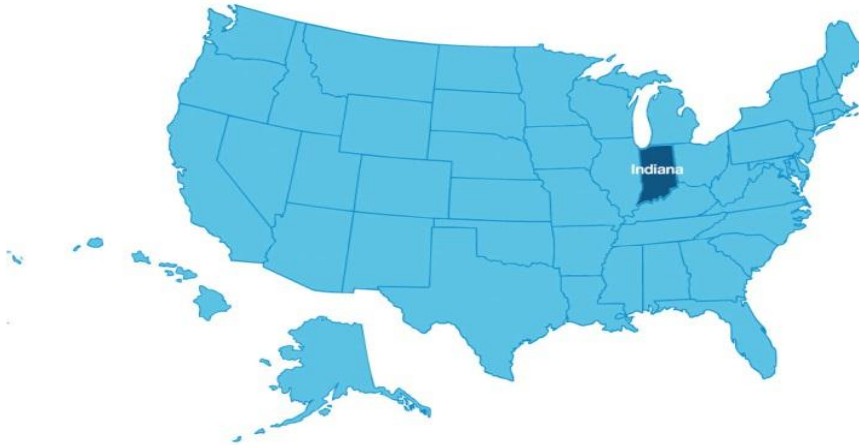
## Contribute

Since by law, only ACEP members can contribute to NEMPAC, our growth and success depends on your participation. We offer a variety of donor clubs and methods of payment including installment giving. Our goal is to become the top physician specialty PAC in the nation! [Learn more...](#)



1 2 3 4

### VIEW CONTRIBUTIONS AND TOP DONORS BY STATE



### ELECTION CENTER

- ▶ ACEP Members Running for Office
- ▶ NEMPAC Supported Candidates
- ▶ Independent Expenditures

**14**  
DAYS UNTIL  
ELECTION DAY

### NEMPAC NEWS

SEPTEMBER 26

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OCTOBER 12

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### MEDIA GALLERY

See what your ACEP colleagues and Members of Congress have to say about NEMPAC.



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# PAC Check Presentations and Fundraising Events

