

## How Will You Get Involved with the 113th Congress?

On January 3, 2013, 84 new House members (19%; 84/435) and 12 new Senate members (12%; 12/100) were sworn into office to begin the 113th Congress. The start of a new Congress is an excellent time for advocates to focus on the new legislators. These new Members are still formulating positions on the thousands of issues that will come before them as members of Congress and they are open to learning the many ideas and positions their constituents bring.

If any of your three elected officials is one of these new legislators (see p. 6 for a full listing of the new legislators), now is a perfect time to begin to develop a relationship with him or her. We encourage you to devote the time and resources needed to reach out to your new legislator. Like all relationships, developing strong ties with a Member of Congress takes time. The more time you put into it, the stronger the relationship can be.

You can be the resource that helps them learn about physician and medical student issues, especially those pertaining to internal medicine. As new Members, they have a lot to learn and want to learn, and you can help educate them about medical homes, medical liability reform, the shortage of internists, etc. ACP can provide you with resources to help the legislators understand ACP's priorities and help you cultivate the relationship. It is easier to garner the support of an undecided legislator than to get one to switch his/her position.

Below is a guideline for building the relationship. Feel free to contact [Jolynne Flores](#), Supervisor Grassroots Advocacy & PAC, for guidance, ideas, finding others to work with, and/or current legislative issues.

### 1. Groundwork

Start by trying to find any commonalities that you may have with your Member (e.g., profession, schools attended, city of residence, church, etc.). A good amount of personal information is available on their legislative Web pages.



Incoming House freshmen of the 113th Congress pose for a group photo on the East steps of the Capitol in Washington, Thursday, Nov. 15, 2012. AP Photo/Susan Walsh

[House members](#)

[Senate members](#)

### 2. Member E-mails

Most Members allow you to sign up for e-mails from their Web pages. Sign up for these e-mails to stay abreast of your Members' activities, views, votes, floor speeches, and areas of interest.

### 3. How is Your Member Voting?

CQ ROLL CALL, an inside-the-beltway journal publication, provides a weekly e-mail (when Congress is in session) that tells you how your Members voted and what votes are coming up. [Sign-up](#) to follow how your Members are voting. CQ ROLL CALL's Web site [congress.org](http://congress.org) also provides valuable information about Congress.

### 4. "Like" and "Follow" Your Member

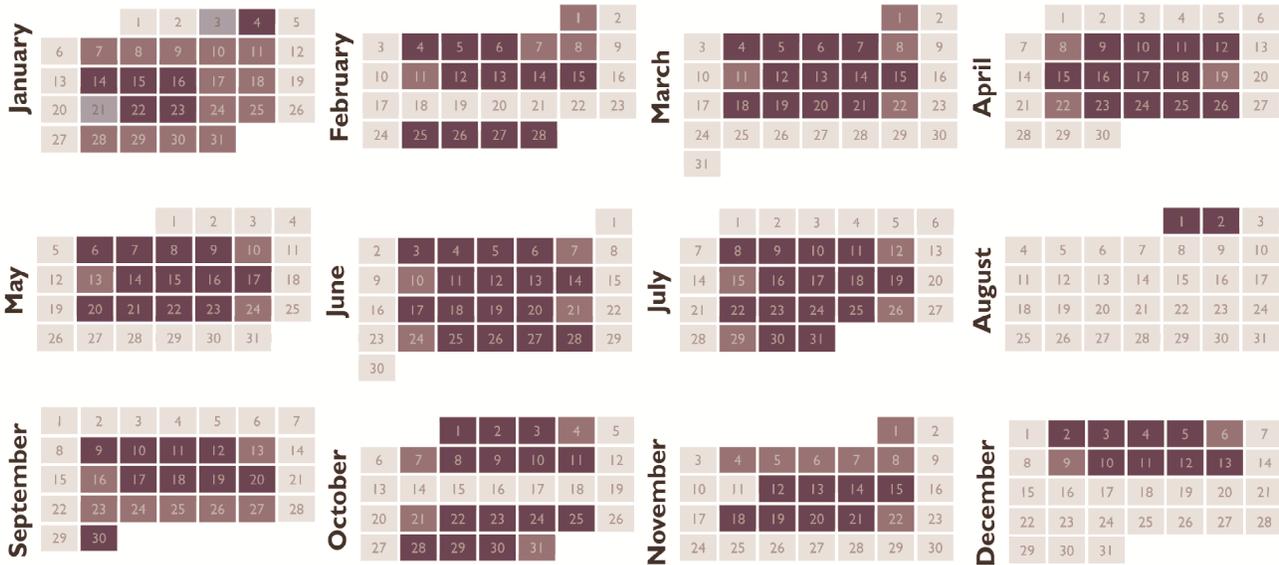
Most Members use multiple forms of social media (e.g., Facebook, YouTube, Twitter) to communicate their positions on legislative issues. If you use any of these forums, follow your Members' activities there. If a Member

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Updated  
Jan. 15, 2013

# 2013 Congressional Calendar

■ House and Senate scheduled to be in session   ■ House scheduled to be in session   ■ Senate scheduled to be in session



Source: "113th Congress, First Session House Calendar," Eric Cantor, 2012; "2013 Congressional Calendar," National Journal, 2013.

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uses any of these forums, they will have a link on their legislative Web page.

Members depend upon social media sites to relay their views to constituents, just as they depend upon the local paper. Follow your Members' activities, views, votes, floor speeches, etc. Let them know what you think as well.

Members also scan their social media responses to "take a pulse" of their constituents' views. This method, however, is inexact as Members cannot decipher if a follower is a constituent or not.

### 5. Visit with Your Member Locally

Below are the various ways in which you can meet with your Member locally.

#### a. Attend Town Hall meetings

ACP Advocates receive, twice monthly (mid-month and end of month) notices about upcoming Town Hall meetings any of their Members may be having. Each Town Hall e-mail contains information on the date, time and location of the meeting, as well as information on how to get the most out of attending. Most Town Hall meetings occur during congressional recesses (typically the week of major holidays: President's Day, Memorial Day, 4th of July, Labor Day; and the month of August).

#### b. Initiate a District Meeting

Face-to-face meetings are tremendously valuable. Members are "home" as often as they can be. This includes weekends and congressional recesses (the week of major holidays: President's Day, Memorial Day, 4th of July, Labor Day; and the month of August). During a visit to his/her local office, you can talk with your Member about your work and the world of internal medicine, or specific physician issues before Congress. Whether in Washington or home, Members' schedules are often quite full, so remember to schedule well in advance.

[Jolyne](#) can:

- Provide you with information to setting up the meeting,
- Help arrange for a few other ACP Advocates to attend as well (perhaps so there's a mix of private practice physician, academic, resident, student); and
- Provide you with ACP advocacy materials and, if needed, a briefing on the issues.

#### c. Invite your Member to visit your office or tour your practice.

Bringing your Member to your office (or medical school) is an excellent means of building a relationship. The Member benefits from seeing the realities of your daily environment

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## Physicians in the 113th Congress

Congress will continue to be served by 20 physicians. Two physicians left at the end of the 112th Congress, Rep. Ron Paul, MD (R, TX) retired and Rep. Nan Hayworth, MD (R, NY), was defeated. The 113th Congress brings two Democratic physicians, including ACP Fellow, Ami Bera (D-7th CA).

### House

Rep. Dan Benishek, MD (R-1st MI)	General Surgery
<b>Rep. Ami Bera, MD (D-7th CA)</b>	<b>Internal Medicine</b>
Rep. Charles Boustany, MD (R-7th LA)	Cardiothoracic Surg.
Rep. Paul Broun, MD (R-10th GA)	Family Medicine
Rep. Larry Bucshon, MD (R-8th IN)	Thoracic Surgery
Rep. Michael Burgess, MD (R-26th TX)	Ob/Gyn
<b>Rep. Bill Cassidy, MD (R-6th LA)</b>	<b>Gastroenterology</b>
Del. Donna Christensen, MD (D-VI)	Emergency Medicine
Rep. Scott DesJarlais, MD (R-4th TN)	Family Medicine
Rep. John Fleming, MD (R-4th LA)	Family Medicine
Rep. Phil Gingrey, MD (R-11th GA)	Ob/Gyn
Rep. Andy Harris, MD (R-1st MD)	Anesthesiology
Rep. Joe Heck, DO (R-3rd NV)	Emergency Medicine
Rep. Jim McDermott, MD (D-7th WA)	Psychiatry
Rep. Tom Price, MD (R-6th GA)	Orthopedic Surgery
Rep. Phil Roe, MD (R-1st TN)	Ob/Gyn
Rep. Raul Ruiz, MD (D-36th CA)	Emergency Medicine

### ACP Fellows



Rep. Bera



Rep. Cassidy

### Senate

Sen. John Barrasso, MD (R-WY)	Orthopedic Surgery
Sen. Tom Coburn, MD (R-OK)	Family Medicine
Sen. Rand Paul, MD (R-KY)	Ophthalmology

first-hand, such as your office routine, interactions with patients, paperwork demands, the level of health information technology in your practice, etc. Members have been known to sit with physicians as they deal with insurance companies, as well as hear about the valuable services your facility is providing.

[Jolynne](#) can help you with guidance on setting up the meeting. This type of event is best scheduled during a congressional recess.

#### d. Visit Members in Washington, DC - Attend Leadership Day

The most influential advocacy strategy is to meet with your Members in their Washington, DC, office. Perhaps the most convenient and inspirational time to do so is to visit during ACP's annual [Leadership Day](#), which is typically held in May.

Leadership Day historically brings around 375 ACP members, from students to physician retirees, to Washington for two days of advocacy activities. The first day includes training, an update on the College's priority legislative issues, briefings from members of Congress, Administration officials, and key Capitol Hill staffers. The next day Leadership Day attendees head to Capitol Hill to meet with elected officials and their staff. A special briefing for associates and medical students is also provided. Leadership Day 2013 will be held May 21-22.

If you are ever going to be in Washington, DC, at other times of the year and would like to visit with your Members, [Jolynne](#) can guide you on setting up the meeting and provide you with ACP advocacy materials and, if needed, a briefing on the issues.

Several Advocates already have established relationships with one of the new legislators in the 113th Congress. The Advocates relationships vary. Below are their stories.

#### Michael H. Kaufman, MD, FACP, of Taos, NM, and Rep. Michelle Lujan Grisham (D-1st NM)

Michelle Lujan Grisham and I initially met several years ago when she was New Mexico's Secretary of Health and her interactions with the



New Mexico Medical Society. We subsequently have had several conversations over the years about health care reform. When she won the primary for the Congressional seat she called me and we had several discussions over the phone. We subsequently spent about an hour together

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over a meal. In the course of these discussions we talked about ACP's plans for the future of health care including increased payment for primary care physician services, as well as reorganization of the delivery system to include physician-directed Medical Homes and Accountable Care Organizations. We discussed the College's efforts in helping to design the Affordable Care Act, including counseling for end-of-life care and reorganizing the health care system to pay for quality and outcomes and not for volume.

She is quite knowledgeable about health care and health care delivery and understands the critical importance of strengthening and maintaining primary care. She comes to Congress with a health care policy background having served as New Mexico's Secretary of the Department of Health. She and I have been discussing changes and challenges in health care intermittently over some time.

Our time together is always well spent and we cover a range of issues. We both agreed that the Affordable Care Act was a beginning and we expressed the hope that we can work together to make appropriate changes in the future. I offered the College and myself as resources for her when she gets to Congress and she always seems eager to continue our dialogue. She plans to apply for assignments on health care-related committees as health care appears to be her main interest. She should be in Congress for some time and should make an excellent resource for us and us for her in the future. I think we will find working with her will be a real joy.

**Carrie A. Horwitch, MD, FACP, of Seattle, WA, and Rep.**



**Denny Heck  
(D-WA 10th)**

Denny Heck served in the Washington State House as majority leader and as Chief of Staff to Governor Booth Gardner. Prior to his successful run for the U.S. House of

Representatives, Rep. Heck was a successful entrepreneur and small businessman. I did not know Rep. Heck prior to his reaching out to me. During his campaign for the WA-10 seat, I took the opportunity to speak with Mr. Heck on the phone as well as meet him in person at one of his events about sequestration as well as ACP's efforts with high value care.

He was very interested in hearing about ACP and our advocacy priorities, especially ACP's efforts with high value care and reducing health care costs. He is a supporter of the ACA as a starting point for health care reform in this country, but acknowledges there is still much work to do to improve

our health care system. He wants to look at ways to better control health care costs, improve the quality and delivery of care, and expand access.

**Robert M. McLean, MD, FACP, of New Haven, CT, and Sen. Chris Murphy (D-CT)**



You never know when some young energetic state politician you get to know in the state legislature makes it big. I first heard of Chris Murphy back in 2003 when I asked my state

medical society leadership who might be worthy of our ACP Chapter's Legislator of the Year award. I was told that then state Senator Murphy had single-handedly crafted and advocated for legislation as the co-Chairman of the Legislature's Public Health Committee to ban public smoking in restaurants in the state.

I arranged for a dinner with him and several of our chapter leadership to meet him and was delighted to learn at that time that he was an intelligent and engaging young politician who had a sincere interest in public health issues and health reform. It was quite a convenient coincidence that I learned that night that he and I had attended the same small New England college (Williams College), though a decade apart. It was a small bond that has grown over the years. I informed him that we wanted to present him with our Chapter's Legislator of the Year Award. Within 1-2 years, he was running for Congress, and I had a couple of personal discussions with him about health care issues and how he might craft his message.

He won his first Congressional election in 2006, and then two more times. He has spent time with our ACP delegation every year at Leadership Day, and we have had several meetings as well back in his home district.

Now that he was elected Senator, it is a thrill to know that Connecticut is represented in that body by someone whom I know well personally and whom I sincerely believe understands and supports much of ACP policies as we look to make improvement in our health care system. I recently learned that he was appointed to the Senate's Health, Education, Labor, & Pensions Committee, one of the influential committees regarding health care legislation. I am sure that he will afford our physicians excellent access to him in the future to discuss health policy issues, and I really look forward to visiting him in his Senate office at Leadership Day in May 2013!

**Leadership Day 2013: May 21-22 ★ Washington, DC**

<http://capwiz.com/acponline/home/LD>

## Bera Brings Bedside Manner From Medicine to Politics

BY BEN SCHRECKINGER

Two years after narrowly losing one of the nation's most closely watched House races to Republican **Dan Lungren**, Democrat Ami Bera prevailed in a rematch with the help of favorable redistricting and the presence of President Obama on the ballot.

Bera was born in Hollywood, Calif., the son of parents who immigrated to the United States in the 1950s to attend college. His mother studied education and became a public elementary school teacher; his father paid for his engineering degree by ushering at Los Angeles Dodgers games. The younger Bera said he grew up believing that he lived in a land of opportunity where "if you worked hard and played by the rules, you could reach your full potential."

Bera excelled in science and math, and he went to the University of California (Irvine) to study biology and then earn his medical degree. As a second-year medical student, he met his future wife, Janine, then an undergraduate. They married in 1991, the day after Bera's last med school class. He said in an interview that he was drawn to medicine by the opportunity to help total strangers and quickly form intimate connections with them. He also says that the listening skills required for a good bedside manner have served him well in politics.

After several years practicing internal medicine, Bera took on a part-time role as the medical director of care management for Mercy Healthcare Sacramento in 1998. There, he says, he learned the extent of inefficiency within the health care sector and set about identifying and implementing "simple solutions" to reduce waste. He cited as an example a project in which his unit examined 911 calls that weren't actually emergencies and found that most originated from a small group of widows and widowers. By reaching out to that group, the unit dramatically reduced unnecessary calls.

Realizing that other hospital groups in Sacramento County faced similar challenges, Bera took on the role of the county's chief medical officer in 1999. He said he was motivated partly by a "desire to truly create that public-private partnership." At the time, the county was unprepared to meet the demands of its uninsured population, which became a top priority for Bera. He said that Obama's Affordable Care Act "is not the direction I would have gone," but that he believes the law offers a starting point for reform on such concerns as bringing down spiraling medical costs.

After his stint in county government, Bera



**House calls:** Ami Bera says the listening skills he developed as a doctor have served him well in running for Congress.

### BIO

#### Ami Bera, D-Calif.

**Born:** March 2, 1965

**Family:** Married, Janine Bera; one child

**Religion:** Unitarian

**Education:** University of California (Irvine), B.S., 1987, M.D., 1991

**Career:** University of California (Davis), professor, 2004-present, associate dean, 2004-08; chief medical officer, Sacramento County Department of Health and Human Services, 1999-2004; medical director, Mercy Healthcare Sacramento, 1998-99; MedClinic Medical Group, physician, 1999, assistant medical director, 1997-98, chief of internal medicine department, 1996-97

**Elected Office:** None

Source: Almanac of American Politics

entered academia as a professor and associate dean of admissions at UC-Davis Medical School. But he remained interested in government, and in 2010, he decided to challenge Lungren, who had had a close election

in 2008, in the 3rd District. Bera showed surprising strength as a fundraiser, drawing on donations from Indian-Americans across the country to become the only Democratic challenger in mid-2010 to outrace a sitting House Republican. He accused Lungren of being out of touch with district voters, while Lungren portrayed him as a rubber stamp for Speaker **Nancy Pelosi's** agenda. A late-breaking wave of nearly \$700,000 in ads from GOP strategist Karl Rove's American Crossroads organization helped seal Lungren's win—a development featured in a segment on the syndicated radio show *This American Life* about how campaign money has affected politics.

Bera began almost immediately to consider a second run. In 2012, he was the only Democrat to garner a significant share of the vote in his district's open primary, receiving 41 percent to Lungren's 53 percent and setting up a general-election rematch. Redistricting put the race in a new 7th District, which was 3 percentage points more Democratic than before. Bera continued to outraise his opponent, and benefited from a *Sacramento Bee* endorsement that said, "Bera has matured, and Lungren has failed to meet local expectations." ■

PHOTO: AP/RICH PEDRONCELLI

# New Members of the 113th Congress

## Arizona

Senate: Jeff Flake (R)  
House: Ann Kirkpatrick (D-1st), Matt Salmon (R-5th), Kyrsten Sinema (D-9th)

## Arkansas

House: Tom Cotton (R-4th)

## California

House: Julia Brownley (D-26th), Tony Cardenas (D-29th), Paul Cook (R-8th), Jared Huffman (D-2nd), Doug LaMalfa (R-1st), Alan Lowenthal (D-47th), Gloria Negrete McLeod (D-35th), Scott Peters (D-52nd), Raul Ruiz (D-36th), Eric Swalwell (D-15th), Mark Takano (D-41st), David Valadao (R-21st), Juan C. Vargas (D-51st)

## Connecticut

Senate: Christopher Murphy (D)  
House: Elizabeth Esty (D-5th)

## Florida

House: Ron DeSantis (R-6th), Lois Frankel (D-22), Joe Garcia (D-26th), Alan Grayson (D-9th), Patrick Murphy (D-18th), Trey Radel (R-19th), Ted Yoho (R-3rd)

## Georgia

House: Doug Collins (R-9th)

## Hawaii

Senate: Mazie Hirono (D)  
House: Tulsi Gabbard (D-2nd)

## Illinois

House: Rodney Davis (R-13th), Cheri Bustos (D-17th), Tammy Duckworth (D-8th), Bill Enyart (D-12th), Bill Foster (D-11th), Brad Schneider (D-10th)

## Indiana

Senate: Joe Donnelly (D)  
House: Susan M. Brooks (R-5th), Luke Messer (R-6th), Jackie Walorski (R-2nd)

## Kentucky

House: Garland "Andy" Barr IV (R-6th), Thomas Massie (R-4th)

## Maine

Senate: Angus King (I)

## Maryland

House: John Delaney (D-6th)

## Massachusetts

Senate: Elizabeth Warren (D)  
House: Joseph P. Kennedy III (D-4th)

## Michigan

House: Kerry Bentivolio (R-11th), Dan Kildee (D-5th)

## Minnesota

House: Rick Nolan (D-8th)

## Missouri

House: Ann Wagner (R-2nd)

## Montana

House: Steve Daines (R-AL)

## Nebraska

Senate: Deb Fischer (R)

## Nevada

House: Steven Horsford (D-4th), Dina Titus (D-1st)

## New Hampshire

House: Ann McLane Kuster (D-2nd), Carol Shea-Porter (D-1st)

## New Jersey

House: Donald M. Payne Jr. (D-10th)

## New Mexico

Senate: Martin Heinrich (D)  
House: Michelle Lujan Grisham (D-1st)

## New York

House: Chris Collins (R-27th), Hakeem Jeffries (D-8th), Dan Maffei (D-24th), Sean Patrick Maloney (D-18th), Grace Meng (D-6th)

## North Carolina

House: George E.B. Holding (R-13th), Richard Hudson (R-8th), Mark Meadows (R-11th), Robert Pittenger (R-9th)

## North Dakota

Senate: Heidi Heitkamp (D)  
House: Kevin Cramer (R-AL)

## Ohio

House: Joyce Beatty (D-3rd), David Joyce (R-14th), Brad Wenstrup (R-2nd)

## Oklahoma

House: Jim Bridenstine (R-1st), Markwayne Mullin (R-2nd)

## Pennsylvania

House: Matt Cartwright (D-17th), Scott Perry (R-4th), Keith Rothfus (R-12th)

## South Carolina

House: Tom Rice (R-7th)

## Texas

Senate: Ted Cruz (R)  
House: Joaquin Castro (D-20th), Pete Gallego (D-23rd), Beto O'Rourke (D-16th), Steve Stockman (R-36th), Marc Veasey (D-33rd), Filemon Vela (D-34th), Randy Weber (R-14th), Roger Williams (R-25th)

## Utah

House: Chris Stewart (R-2nd)

## Virginia

Senate: Tim Kaine (D)

## Washington

House: Suzan DelBene (D-1st), Denny Heck (D-10th), Derek Kilmer (D-6th)

## Wisconsin

Senate: Tammy Baldwin (D)  
House: Mark Pocan (D-2nd)

## Chapter Governors Advocate to their State Governors to Accept Medicaid Expansion

Since the passage of the Affordable Care Act in 2010, today's focus, three years later, is largely at the state level as states take steps to implement the ACA's provisions. The ACA alters the Medicaid program by expanding mandatory coverage based solely on income, providing significant federal financing to states for the expansion cost, improving Medicaid reimbursement for primary care services, maintaining the existing Medicaid eligibility requirements, and improving the Medicaid enrollment process.

Beginning in 2014, the ACA provides funding for states to expand Medicaid eligibility to all individuals with incomes at or below 133 percent of the federal poverty level. The federal government will provide most of the funding for the expansion population. From 2014 to 2016, the federal government will finance 100 percent of the expansion. In subsequent years, the federal share is gradually phased down to 90 percent in 2020 and states will be required to pay for a portion of the expansion. The challenge for states is how to implement the ACA given that most states are in the midst of a budget shortfall.

In June 2012, the Supreme Court upheld the Medicaid expansion provision but found that the penalty to states for not participating in the Medicaid expansion (loss of the federal government funding for the existing Medicaid program) was unconstitutional. Therefore, the Supreme Court gave states the option to expand their Medicaid program without the threat of a reduction in federal funding.

Last fall, many ACP chapter governors began participating in ACP's advocacy campaign directed at their state governors and legislators to accept federal funding that would expand Medicaid coverage in their states. The action needed in each state is different, not only because of the political and budgetary climate, but each state is different in whether it is the legislature, the governor, or in some cases, jointly, that makes the decision as to whether Medicaid should be expanded or not.

Some Advocates and chapter governors have written their state governor, sent action alerts to chapter members asking

them to contact their state governor, written Op-Eds, and/or implemented a constituent advocacy plan directed at their legislatures.

### Colorado

In Colorado, ACP chapter governor Lawrence E. Feinberg, MD, FACP, had the chapter participate in a collaborated effort with other physician groups and the Colorado Medical Society to promote Medicaid expansion in that state. Colorado Gov. Hickenlooper wants to expand Medicaid coverage for adults, though the plan must first be supported by Colorado's legislature.

### Georgia

In Georgia, ACP Governor Jacqueline W. Fincher, MD, MACP, sent a report from her chapter documenting the many benefits of accepting federal dollars to expand Medicaid to Gov. Nathan Deal, along with issuing a [press release](#) to numerous Georgia media outlets. In the release, Dr. Fincher stated, "We are speaking for our patients when we ask Governor Deal and the Georgia legislature to do the right thing and accept this unprecedented opportunity to provide coverage to our poorest patients." Chapter members will also carry their message to their capital in early February.

### New Mexico

In New Mexico, ACP Chapter Governor, Eileen Barrett, MD, FACP, informed chapter members that it would be advocating for Medicaid expansion and provided members a report describing why expanding Medicaid in New Mexico is vital. She also asked members to consider contacting state Governor Martinez to discuss Medicaid expansion and how it will affect themselves and their patients.

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A sampling of other chapters that have been actively encouraging their governors and legislatures to accept Medicaid expansion through Op-Eds, letters and constituent advocacy are Maine, Nevada, Ohio, Tennessee, Wisconsin, and Wyoming.

## IN THE PRESS

### Medicaid Expansion: A win for all Virginians

January 30, 2013

Christopher Lillis, MD

Fredericksburg, VA

<http://fredericksburg.com/News/FLS/2013/012013/01302013/1359563581fls>