Legislative and Regulatory Agenda

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY

2011–2012

AAGP
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The American Association for Geriatric Psychiatry (AAGP) is a professional membership organization dedicated to promoting the mental health and well-being of older people and improving the care of those with late-life mental disorders. AAGP’s membership consists of geriatric psychiatrists, as well as other health professionals who work with senior citizens who have mental health problems and dementia.

Legislative and Regulatory Agenda

The AAGP Board of Directors has adopted a Legislative and Regulatory Agenda to articulate the public policy goals of the organization throughout the 112th Congress (2011–2012). AAGP’s legislative and regulatory goals are comprehensive and encompass access, quality care, research, and education. AAGP is committed to ensuring quality mental health services for all, especially the elderly.

Two key provisions of the Affordable Care Act (ACA), health care reform legislation enacted in 2009, are critical to this effort. The first is a new emphasis on integrating mental health care into all components of the health care system. The second is the Annual Wellness Visit for Seniors, which includes cognitive and health risk assessments, and an individualized health promotion plan. For these policy innovations to achieve their intended goals, they must be actively promoted to patients and providers and closely monitored throughout the implementation process.

Achieving universal access to high-quality geriatric mental health care also requires affirmative support for new manpower and research initiatives. As the baby boom generation swells Medicare enrollment, policy ideals are not enough: funding must be dedicated to reverse the trend toward declining numbers of health care providers equipped to serve older adults and to increase their numbers substantially. Additional funding for research on later life mental illness is essential for meeting the needs of the nation’s aging population, and AAGP believes that this priority must be addressed as investment in medical research is strengthened.

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IMPLEMENTATION OF HEALTH CARE REFORM

- **Health System Reform**

  - **Integration of Care**

    Mental health must be integrated into overall health care in both private and public sectors. For frail older adults, the prevalence of numerous chronic conditions requires careful coordination of care in order to assure that their complex health care needs are appropriately met, requirements that are even more important when mental illness is among the conditions. Prevention, treatment, and recovery from many health care conditions require prevention and treatment of mental health disorders, which are proven to exacerbate, complicate, and add expense to the care of most serious physical ailments. One of the most telling and shocking statistics in health care is that Americans with mental health/substance use disorders die, on average, 25 years earlier than other Americans—chiefly because they do not receive appropriate, adequate care for overall health. They have the same physical diseases as others, but their mental disorders complicate physical disorders, which in turn are untreated or undertreated because of the mental illness. The causes of premature morbidity include insufficient clinician training in psychiatry; the stigma surrounding mental disorders which remains pervasive throughout our society, including the health care profession; and the difficulty in maintaining treatment protocols due to the nature of some mental illnesses. These issues are present throughout the lifespan.

  - **Chronic Care Systems**

    Systems of care targeted towards persons with chronic illness can be especially helpful. However, such systems must include an integrated, comprehensive range of health care providers and services. Mental health and substance use treatment must not be separated into a different provider and payment system. Such ‘carve outs’ are typically underfunded and more difficult for beneficiaries to access. This not only leads to poorer outcomes for exceptionally complex or frail patients but also perpetuates the debilitating mental illness stigma.

    Chronic care systems for the frail elderly in outpatient, hospital, and long-term care settings should be developed under the direction and coordination of geriatric specialists, including geriatric psychiatrists. Appropriate care of these most vulnerable patients requires knowledge and skills that are intrinsic to geriatric medicine and geriatric psychiatry.

    AAGP supports design and promotion of systems of patient-centered care that follow the patient across the boundaries of service types and locations. Such systems must encourage and provide reimbursement for staff training by geriatric specialists in residential and other health care delivery sites, such as nursing homes, assisted living, home care, and community health centers.

  - **Health Information Technology**

    Health Information Technology (HIT) has great potential, if carefully designed, to raise the overall quality of care provided to patients, inform health professionals of the latest standards of care, and improve costs and efficiency in electronic communication of important health care information. But the potential of health information technology can only be realized if health information privacy, security, and non-discrimination are keystones to such development. Assurance of confidentiality is at the foundation of an effective relationship between doctor and patient, and AAGP urges that privacy and security of individually identifiable health information—particularly with regard to mental health, substance abuse, and other sensitive patient information—be a critical core element on any national HIT system.
SERVICES

- Improvement of Accessibility and Quality of Services

Numerous studies in recent years have underscored both the high prevalence of mental disorders in older persons and also the evidence that research efforts have yielded effective treatments. Scientifically tested treatments have been proven to relieve symptoms, improve function, and enhance quality of life. However, there is a substantial gap between the emergence of effective treatments and subsequent implementation by health care providers. This gap can be as long as 15 years, an unacceptably long delay in getting up-to-date care to elderly consumers. There is a continuing need for translational and health services research to identify the most cost-efficient interventions and develop methods to encourage institutions and clinicians to change and improve their practices.

- Support Funding for Mental Health and Aging Services at SAMHSA

It is critical that there be adequate funding increases for the mental health initiatives under the jurisdiction of the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA provides funding to State and local mental health departments, which in turn provide community-based mental health services to Americans of all ages, without regard to the ability to pay. AAGP is pleased that the final budgets since Fiscal Year (FY) 2002 have included approximately $5 million for evidence-based mental health outreach and treatment to the elderly. AAGP urges the Administration and Congress to continue and increase funding for this mental health outreach and treatment program, as it is the only federally funded services program dedicated specifically to the mental health care of older adults.

Funding for the dissemination and implementation of evidence-based practices in “real world” care settings must be a top priority for Congress. Despite significant advances in research on the causes and treatment of mental disorders in older persons, there is a major gap between these research advances and clinical practice in usual care settings. One of the greatest challenges for the future of mental health care for older Americans is to bridge this gap between scientific knowledge and clinical practice in the community, and to translate research into patient care. Adequate funding for this geriatric mental health services initiative is essential to disseminate and implement evidence-based practices in routine clinical settings across the states. Consequently, AAGP urges that funding for mental health outreach and treatment for the elderly be increased from $4.8 million to $20 million for FY 2012.

Of that $20 million appropriation, AAGP believes that $10 million should be allocated to a National Evidence-Based Practices Program, which will disseminate and implement evidence-based mental health practices for older persons in usual care settings in the community. This program will be a collaborative effort, actively involving family members, consumers, mental health practitioners, experts, professional organizations, academics, and mental health administrators. With $10 million dedicated to a program to disseminate and implement evidence-based practice in geriatric mental health, there will be an assured focus on facilitating accurate, broad-based sustainable implementation of proven effective treatments, with an emphasis on practice change and measurable consumer outcomes. Such a program should include several development phases including identification of a
core set of evidence-based practices, development of evidence-based implementation, and practice improvement toolkits and field-testing of evidence-based implementation. This program will provide the foundation for a longer-term national effort that will have a direct effect on the well-being and mental health of older Americans.

- **Positive Aging Act**

AAGP supports the “Positive Aging Act,” a bill originally introduced in the 107th Congress and reintroduced with bipartisan support in an expanded version in subsequent Congresses. This legislation would improve the accessibility and quality of mental health services for the elderly. The bill would provide mental health screenings, appropriate referrals for follow-up care and consultations, and the use of available evidence-based protocols for common mental disorders. In addition, grants for community-based mental health treatment outreach teams would be available to provide services in primary health care facilities where older adults receive medical treatments, as well as adult day care centers, senior centers, assisted living facilities and other settings where older adults reside or receive social services.

In 2006, as part of the reauthorization of the Older Americans Act, Congress included provisions of the Positive Aging Act under which the Administration on Aging will make grants to states for the development and testing of model mental health delivery systems utilizing evidence-based protocols for the identification and treatment of mental disorders in older adults. It also provides for development of multi-disciplinary systems for the delivery of mental health screening and treatment referral services for older adults and allows the Administrator to designate an officer to administer mental health services.

AAGP supports efforts to complete action on the Positive Aging Act by enacting the provisions for grants to be made through the Substance Abuse and Mental Health Administration (SAMHSA). This action would create an important platform for SAMHSA to address the mental health needs of older adults.

- **Funding for National Centers of Excellence for Depression**

The Affordable Care Act included authorization for a new national network of centers of excellence for depressive and bipolar disorders, which will enhance the coordination and integration of physical, mental and social care that are critical to the identification and treatment of depression and other mental disorders across the lifespan. Depressive disorders are highly prevalent in late life, and bipolar illness generally becomes more disabling and challenging to treat later in the lifespan. The work of these centers will help to disseminate and implement evidence-based practices in clinical settings throughout the country. AAGP strongly supports funding for these centers and urges the Administration to ensure that two or more of the centers have special programs focused on the treatment of older adults, whose care often involves complex issues of multiple comorbidities and treatment settings.

**RESEARCH**

- **Federally Funded Scientific Research**

Between 2005 and 2030, the number of Americans age 65 and older will almost double in the United States, increasing from nearly 37 million to more than 70 million. Over that time period, those aged 65 and older will increase from 12 percent to 20 percent of the total population.

As our population ages, mental disorders of aging represent a growing crisis that will require a greater investment in research to develop understanding of age-related brain disorders and to develop new approaches to prevention and treatment.
In 2003, NIMH's National Advisory Mental Health Council issued a report, *Mental Health for a Lifetime: Research for the Mental Health Needs of Older Americans*, which noted that almost 20 percent of adults age 55 and older experience specific mental disorders that are not part of “normal” aging. The Council’s report attested to the importance of a strong research effort to address the needs of those with late-life mental disorders and to gain the benefit of unique opportunities that studies of the aging brain present for scientific research on the developmental aspects of mental illness and mental health.

Investment in research is an investment in the future of this country. The fiscal year 2003 marked the successful conclusion of the five-year, bipartisan effort in Congress to double the budget of the National Institutes of Health (NIH). As commendable as that initiative was, the rescission and/or flat funding of NIH for the next six years had a devastating impact on the ability of the National Institute of Mental Health (NIMH), the National Institute on Aging (NIA), and NIH as a whole, to sustain the ongoing, multi-year research grants that are necessary to advance research progress to promote and improve the health of the nation. The short-term infusion of funds from the American Recovery and Reinvestment Act of 2009 allowed scientists to regain some of the ground lost, but a sustained commitment to future investment is critical. AAGP is particularly concerned that funding for NIA has not increased at a level consistent with comparable research initiatives at NIH and recommends an increase of $300 million for fiscal year 2012.

In addition to investing into broad-based scientific inquiry, there are several specific areas that are critical to improving the mental health of the aging population.

- **Support annual increases of funds for geriatric mental health research at NIMH to**
  - (1) Identify the causes of age-related brain and mental disorders to prevent mental disorders before they devastate lives; (2) Speed the development of more effective treatments and efficient methods of treatment delivery; (3) Improve the quality of life for older adults with mental disorders

  AAGP is concerned that Federal funding for research on mental health and aging, as a percentage of the overall NIH budget, has decreased in recent years at the National Institute of Mental Health (NIMH). This trend must be immediately reversed to ensure that our next generation of elders is able to access effective treatment for mental illness. Federal funding of research must be broad based and should include basic, translational, clinical, and health services research on mental disorders in late life.

  — Scientifically tested treatments have been proven effective in relieving symptoms, improving function, and enhancing quality of life. These interventions reduce the need for costly hospitalizations and delay the need for long-term care without simply shifting the burden to the family.

  — Special emphasis is required to promote research on serious, highly prevalent, but neglected late-life mental disorders. Late-life psychosis, behavioral disorders of Alzheimer’s disease and other dementias, anxiety disorders, disturbances of sleep, alcohol dependence and personality disorders have received inadequate research funding despite the fact that these conditions take a major toll on older patients and their families. For example, 70 to 90% of the 5.3 million current American’s with Alzheimer’s disease develop significant behavioral complications and 10 million baby boomers are expected to develop Alzheimer’s. The Alzheimer’s Association estimates that between 2010 and 2050, the costs to
Medicare of caring for these patients will increase over 600 percent (estimated by 2050 to increase to over $1 trillion in current dollars); yet, current federal research support for Alzheimer’s is only $480 million compared with $6 billion for cancer and $4 billion for heart disease.

— The prevention of mental illness among persons of all ages, including the elderly, is a major public health priority. Research in genetics and brain development across the lifespan may be key to understanding mental illness—when and how it develops and, most importantly, how it may be prevented or more effectively treated in the future.

— Improving the treatment of late-life mental health problems will benefit not only the elderly, but also their children, whose lives are often profoundly affected. Caregiving itself is an enormous drain on the financial security and health of family members, and has proven to be associated with higher rates of caregiver depression, poor health status, under use of preventative medical and dental care and overuse of expensive acute care.

In addition to supporting research activities at NIMH, funding increases for research related to geriatric mental health at the other institutes of NIH that address issues relevant to mental health and aging, including the National Institute of Aging, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse (NIDA), and the National Institute of Neurological Disorders and Stroke are critical.

• Support increased funding for VA research

Although the U.S. Department of Veterans Affairs (VA) has made genuine progress in psychiatric research in recent years, the level of research funding remains disproportionate to the utilization of mental health services by veterans. Despite the fact that veterans with mental illness account for approximately one-third of all veterans receiving treatment within the VA system, VA resources devoted to psychiatric and behavioral health research have lagged far behind those dedicated to research on other medical conditions. As the elderly veteran population expands and the number with dementia and other mental disorders grows, strengthening the research base in geriatric psychiatry becomes increasingly urgent. VA sponsored research into mental disorders of aging benefits all Americans, not just our veterans.

AAGP also has concerns about the future incidence of Post-traumatic Stress Disorder (PTSD) in the aging veteran population. Aging veterans are exposed to various catastrophic events and traumas of late life that can lead to new-onset PTSD or may trigger reactivation of pre-existing PTSD. Reactivation of PTSD has been seen more frequently in recent years among World War II, Korean conflict and Viet Nam era veterans. As the cohort of Viet Nam era veterans develop common infirmities of aging, with extensive co-morbidity and disability from interacting medical, psychiatric, substance use disorders, and cognitive decline and dementia, they become especially vulnerable to PTSD. AAGP therefore urges that funding for research and services related to PTSD be directed to the care of veterans across the entire lifespan.

A vitally important VA program for coordinating mental health research with education and clinical care are the Mental Illness Research, Education, and Clinical Centers (MIRECCs). Since 1996, Congress has authorized the VA to establish ten of these centers dedicated to mental illness research, education and clinical activities. AAGP believes the MIRECCs have successfully demonstrated that coordinated research and education projects can achieve rapid translation of new scientific knowledge into improved models for clinical services for veterans with mental illness. The investment Congress has made in MIRECC research has paid substantial dividends, increasing the quantity and quality of tools available for VA health care professionals to treat patients with mental health disorders. MIRECCs focus on problems highly relevant to veterans with schizophrenia, PTSD, and other serious mental illnesses, including those whose treatment is complicated by homelessness, substance abuse, or alcoholism. AAGP wishes to emphasize the value of those MIRECCs that focus on issues
related to aging, including dementia, and psychiatric disorders in older veterans with concurrent medical illness and/or substance use disorders. AAGP urges Congress to continue funding of the MIRECCs.

In addition, AAGP strongly supports the work of Geriatric Research, Education and Clinical Centers (GRECCs). The GRECCs are centers of geriatric excellence designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology. Mental health has played a central role in the entire GRECC program since its inception in the mid-1970’s. GRECCs focus on quality of life and care for the aging veteran and are at the forefront of innovative research and education. Research results have influenced therapies for diseases affecting older veterans and have also been exported outside the veteran community, and AAGP urges continuation and strengthening of these most important research centers.

- **Support and encourage participation of seniors in clinical trials**

Federal approval for most new drugs is based on research demonstrating safety and efficacy in young and middle-aged adults. These studies typically exclude people who are old, who have more than one health problem, or who take multiple medications. As the population ages, that is the very profile of many people who seek treatment. As a result of these exclusions, there is little available scientific information on the safety of drugs approved by the Food and Drug Administration (FDA) in substantial numbers of older adults who are likely to take those drugs. Just as the FDA has begun to require inclusion of children in appropriate studies, the agency should work closely with the geriatric research community, health care consumers, pharmaceutical manufacturers, and other stakeholders to develop innovative, fair mechanisms to require the inclusion of older adults in clinical trials. Clinical research must also include elders from diverse ethnic and cultural groups, who comprise rapidly expanding portions of our population.

With prescription drug coverage now available to Medicare beneficiaries, it is important to ensure that beneficiaries are receiving drug treatments that are efficacious, sufficiently safe, and tolerable. Given the advanced age of most Medicare beneficiaries, comorbidity from concurrent medical conditions and use of multiple concomitant medications are common, making these patients more vulnerable to disease-drug and drug-drug interactions. Unfortunately, the scientific knowledge base regarding safe and effective drug treatment of older adults is inadequate to guide geriatric practice. Furthermore, the lack of data on geriatric treatment response, safety, and tolerability makes it difficult to determine what treatments are most appropriate and cost-efficient for treatment of elderly patients, the largest group of Medicare beneficiaries. Therefore, AAGP urges that federally funded clinical trials be required to involve older adults, when appropriate. These trials are necessary to determine what constitutes appropriate, cost-efficient treatment; and this scientific knowledge is required both to inform clinical practice, and to guide the development of sensible regulations and responsible policies for administering any prescription drug benefit for seniors.

“The Retooling the Health Care Workforce for an Aging America Act,” (S. 245, in the 111th Congress) would have required the Government Accountability Office (GAO) to conduct a study to examine NIH spending on conditions and illnesses that disproportionately affect the health of older adults. The study would examine the number of older adults

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included in clinical trials supported by NIH institutes. AAGP strongly supports this important step in addressing the critical issue of NIH funding in aging and health.

In addition, as little emphasis has been placed on the development of new treatments for geriatric mental disorders, AAGP would encourage the NIH to promote the development of new medications specifically targeted at mental disorders of the elderly.

- **Development of New Investigators**

Investments in the development of new investigators who initiate peer-reviewed research ensure that federal taxpayers’ dollars support the growth and progress of basic and clinical neuroscience. Without the entry of new investigators, the progress of our scientific enterprise is threatened. Federal support of programs that provide incentives for young scientists to pursue careers has significantly eroded in the past decade. Funding for K awards and R01 grants has declined to the point where medical and graduate students are actively discouraged from pursuing academic research careers. To recruit and maintain a highly talented scientific investigator workforce, the Federal government must take the lead in providing incentives and support.

- **Clarify ethical and legal standards for proxy consent for participation in research**

The ethics of research involving adults with impaired decision-making capacity will continue to grow in importance as more research is conducted to address the problems of people suffering from cognitive disorders, especially elderly patients with dementia. Despite a wave of initiatives in the late 1990’s to clarify policy, surrogate consent for research continues to be a murky legal area, and there are many unclear aspects of regulatory protection for incapacitated subjects. The lack of clarity in existing standards threatens to compromise not only patient protections but also the viability of scientific research so desperately needed to benefit future generations of geriatric patients. AAGP urges coordinated efforts between the scientific community, patients and their advocates, and policymakers to develop and assist in implementing a widely acceptable model of proxy consent, and to define clearer standards for research participation of adults with impaired decision-making capacity. Such efforts are necessary to ensure the protection of human subjects while avoiding unnecessary barriers to research participation.

**EDUCATION AND TRAINING/WORKFORCE ISSUES**

There are vastly inadequate numbers of specialists in geriatric mental health care, including geriatric psychiatry, and when this is combined with the dramatic growth of the population over age 65, estimated to rise to 20 percent of the U.S. population in 2030, it foretells a crisis in health care that has already begun to impact older adults and their families nationwide. Unless substantial changes are made immediately, older Americans will face long waits, decreased choice, and suboptimal care. Consequently, AAGP urges Congress, the regulatory agencies, and leaders in health care policy to act upon the IOM’s report to make the necessary changes to recruit and retain a skilled workforce in geriatrics and geriatric mental health care and to adopt an efficient and effective organization of geriatric medical and mental health care services.

In April 2008, the Institute of Medicine issued a report entitled, *Retooling for an Aging America: Building the Health Care Workforce*, which concludes that, without changes at the national level, older Americans will lack access to affordable, quality health care—including mental health care. AAGP has long been concerned about the workforce in the area of late-life mental health care, particularly the declining numbers of doctors entering the field of geriatric psychiatry—those pursuing a research career, becoming clinician-educators, or entering clinical practice. The diminishing workforce in these areas will inevitably lead to inadequate access to quality mental health care for the aging Baby Boomers generation. There is a need for a critical mass of trained
subspecialists to carry out research, to teach and train others in graduate medical education and institutional and community based continuing education efforts, and to serve as clinical resources for consultation, community education, and tertiary care in communities. These needs require a robust pipeline of geriatric psychiatry fellows who will pursue a variety of career paths in geriatric psychiatry and systematic efforts to assure that they are willing and able to continue their work in the field.

The Institute of Medicine is currently undertaking a follow-up study of the current and projected mental and behavioral health care needs of the American people, particularly for aging and growing ethnic populations. This study, authorized by Congress in 2009, will complement the 2008 IOM study by providing in-depth consideration of the mental health needs of geriatric and ethnic minority populations that were precluded by the broad scope of the earlier one.

Specific workforce issues that AAGP believes should be addressed in the 112th Congress include:

- **Title VII Geriatric Health Professions Education Programs**

The Bureau of Health Professions in the HHS Health Resources and Services Administration (HRSA) administers programs aimed to help to assure adequate numbers of health care practitioners for the nation’s geriatric population, especially in underserved areas.

Despite growing evidence of the need for more geriatric specialists to care for the nation’s elderly population, a critical shortage persists. In 2001, there were about 2,600 geriatric psychiatrists. In 2005, that number had been reduced to 2,100, less than half of the 5,000 that are needed to provide adequate care for the current population of older adults. The numbers are similar for geriatricians, with fewer than 7,000 certified, far short of the 20,000 needed to meet current needs.

The Affordable Care Act authorized expansions of these programs, which are under Titles VII and VIII of the Public Health Service Act. AAGP strongly supported these expansions, but increased funding will be necessary if they are to meet the growing demand.

The geriatric health professions program supports these important initiatives:

- The Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions supports training additional faculty in medicine, dentistry, and behavioral and mental health so that they have the expertise, skills and knowledge to teach geriatrics and gerontology to the next generation of health professionals in their disciplines.

- The Geriatric Academic Career Award program encourages newly trained geriatric specialists to move into academic medicine. Under ACA, the program has been expanded to include specialists in other disciplines.

- The Geriatric Education Center (GEC) program provides grants to support collaborative arrangements that provide training in the diagnosis, treatment, and prevention of disease. The shortage of geriatric specialists will soon become a major public crisis if it is not addressed. Under ACA, Congress approved a supplemental grant award program that will train additional faculty through a mini-fellowship program and requires that those faculty provide training to family caregivers and direct care workers. The law also requires grantees to incorporate mental health and dementia “best practices” training into their courses where appropriate.
The Geriatric Career Incentive Awards program, newly authorized under ACA, provides for grants to foster great interest among a variety of health professionals entering the field of geriatrics, long-term care, and chronic care management.

**Geriatricians Loan Forgiveness**

The complex problems associated with aging require a supply of physicians with special training in geriatrics. Although geriatric psychiatry is a relatively small medical specialty, it is one for which demand is growing rapidly as the population ages and the “baby boom” generation nears retirement. Currently, issues of aging, including geriatric mental health, are inadequately emphasized at the medical school, internship and residency levels. It is critical that action be taken now to alleviate the serious shortage of physicians and psychiatrists trained to meet the special needs of older people. Such legislation would provide important incentives for medical graduates to enter geriatric specialties.

AAGP strongly supports legislation to provide loan forgiveness for health care professionals who enter geriatric specialties. AAGP supports the Caring for an Aging America Act, S. 750 in the 111th Congress, which would create a new program for loan repayment for specialists across disciplines who enter geriatric specialties. AAGP also supports, the Geriatricians Loan Forgiveness Act, H. R. 2568 in the 111th Congress, which would allow fellows in geriatric medicine and geriatric psychiatry to include fellowship training as part of their obligated service under the National Health Service Corps Loan Repayment Program.

**REIMBURSEMENT**

**Medicare Physician Fee Schedule**

Unrealistic levels of physician reimbursement will severely affect Medicare patients’ access to mental health care, a problem that became clear early in 2003 when physicians who treat Medicare patients faced the prospect of a 4.4 percent across-the-board reduction in 2003 fees below 2002 levels, which were themselves reduced 5.4 percent below 2001 levels. These reductions stemmed from problems with a formula for calculating annual Medicare spending targets for physicians’ services that was enacted as a part of the Balanced Budget Act of 1997 (BBA). AAGP is concerned that any further decline in availability of psychiatric services for older adults will have disastrous consequences for the many older adults with mental health problems, whose access to mental health care is already seriously limited.

Legislation annually enacted since 2003 has staved off further cuts under this formula. However, these changes are only a temporary reprieve. The prospect of additional fee cuts in future years due to a flawed formula demands that the entire system be reworked to provide a more realistic proxy for changes in the volume and intensity of services provided to Medicare beneficiaries. AAGP strongly supports efforts to enact a long-term correction of the Medicare physician payment formula.

**Reimbursement for Geriatric Services**

Congress and CMS should act to address aspects of the Medicare payment system that both discourage entry into geriatric mental health specialties and discourage continuation of practice in this area, including the unacceptably low reimbursement rates for psychiatric services combined with inadequate reimbursement for geriatric specialists who generally treat the frailest of Medicare patients. AAGP urges consideration of bonus payments under Medicare to clinicians in geriatric specialties, a recommendation included in the 2008 IOM study on the geriatric workforce.
In addition, innovative funding mechanisms need to be examined that encourage not only the education and training of geriatric psychiatrists, but also geriatric mental health researchers, as both clinicians and researchers are needed to ensure the delivery of quality mental health services to the growing elderly population. AAGP encourages Congress to examine the limitations placed on fellowships and traineeships for medical professionals within the current graduate medical education funding mechanism, and consider models that would promote growth in these shortage areas.

Primary care providers often do not have adequate training in treating frail elderly patients, and both they and their patients benefit from consultations with geriatric specialists. Payment systems for Medicare, in particular, and also for other health systems must facilitate such consultations by ensuring that all professionals involved are appropriately compensated for services that allow for more integrated, community based models of care, such as providing adequate reimbursement for home and other residential facility visits, family education, and liaison with the medical team.

**Medicare Regulatory Fairness**

The majority of psychiatrists in private practice are in solo practice or in a small group practice. With Medicare CPT billing codes for most psychiatric services clearly defined by the amount of time spent with patients, time spent working through Medicare’s mountain of paperwork is literally time that is taken away from vital patient care.

Psychiatrists are also subjected to widespread and contradictory variations in Medicare carrier coverage rules, increasing demands for documentation of claims, and presumptions by Medicare that innocent billing errors are evidence of intent to defraud the system. In addition to general billing problems, psychiatrists face growing problems specific to psychiatric practice, including:

- Routine denials of any psychotherapy services for patients diagnosed with Alzheimer’s disease including during the early stages of the disease, when the patient’s cognitive impairment is minimal or mild; and even when the chosen psychotherapy modality is appropriate for moderate to severe dementia, as in the provision of behavior therapy, rather than insight-oriented therapies;

- Denials of the right of psychiatrists to bill for evaluation and management services as physicians, an arbitrary practice by many carriers that must be ended by Medicare through aggressive nationwide action;

- Widespread variation in carrier coverage of psychiatric pharmacologic management; and

- Targeted intensive carrier reviews of claims for outpatient psychotherapy (e.g., above a *de minimus* threshold number of visits) despite the fact that Medicare does not impose any visit limit on such treatment.
Appendix A:
Key Federal Government Phone Numbers and Listings

**THE WHITE HOUSE**
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500
Phone: 202-456-1414
www.whitehouse.gov

**Office of the President**
Barack Obama
202-456-1414

**Office of the Vice President**
Joseph R. Biden, Jr.
202-456-9000

**Office of the First Lady**
Michelle R. Obama
202-456-7064

**THE CABINET**

**Secretary Thomas J. Vilsack**
Department of Agriculture
1400 Independence Avenue, SW
Washington, D.C. 20250
202-720-3631
www.usda.gov

**Secretary Gary F. Locke**
Department of Commerce
1401 Constitution Avenue, NW
Washington, D.C. 20230
202-482-2112
www.commerce.gov

**Secretary Robert M. Gates**
Department of Defense
The Pentagon, 1000 Defense
Washington, D.C. 20301-1000
703-692-7100
www.defenselink.mil

**Secretary Arne Duncan**
Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202
202-401-3000
www.ed.gov

**Secretary Steven Chu**
Department of Energy
1000 Independence Avenue, SW
Washington, D.C. 20585
202-586-6210
www.energy.gov

**Secretary Kathleen Sebelius**
Department of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
202-690-7000
www.hhs.gov

**Secretary Janet A. Napolitano**
Department of Homeland Security
Nebraska Avenue Center, NW
Washington, D.C. 20528
202-282-8000
www.dhs.gov

**Secretary Shaun L. S. Donovan**
Department of Housing & Urban Development
451 7th Street, SW
Washington, D.C. 20410
202-708-0417
www.hud.gov

**Secretary Kenneth L. Salazar**
Department of Interior
1849 C Street, NW
Washington, D.C. 20240
202-208-7351
www.doi.gov

**Attorney General Eric Holder, Jr.**
Department of Justice
950 Pennsylvania Avenue, NW
Washington, D.C. 20530
202-514-2001
www.usdoj.gov

**Secretary Hilda L. Solis**
Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210
202-693-6000
www.dol.gov
Secretary Hillary Rodham Clinton  
Department of State  
2201 C Street, NW  
Washington, D.C. 20520  
202-647-4000  
www.state.gov

Secretary Raymond A. LaHood  
Department of Transportation  
400 7th Street, SW  
Washington, D.C. 20590  
202-366-1111  
www.dot.gov

Secretary Timothy F. Geithner  
Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, D.C. 20220  
202-622-1100  
www.treasury.gov

Secretary Eric K. Shinseki  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, D.C. 20420  
202-273-4800  
www.va.gov

U.S. CONGRESS  
Area code is 202 for all numbers.  
To obtain telephone numbers for  
Senate offices: 224-3121  
To obtain telephone numbers for  
House offices: 225-3121  
Senate Republican Cloakroom: Tape of floor  
action & scheduling information: 224-8601  
Senate Democratic Cloakroom: Tape of floor  
action & scheduling information: 224-8541  
House Republican Cloakroom: Tape of floor  
action & scheduling information: 225-7430  
House Democratic Cloakroom: Tape of floor  
action & scheduling information: 225-7400  
House and Senate Legislative Information  
(LEGIS) Status of bills: 225-1772

SENATE LEADERSHIP  
Area code is 202 for all numbers.  
Addresses are: United States Senate,  
Washington, D.C. 20510

President of the Senate  
Joseph R. Biden, Jr.  
Vice President of the United States  
Office: S-212  
Phone: 224-2424

HOUSE LEADERSHIP  
Area code is 202 for all numbers.  
Addresses are: U.S. House of Representatives,  
Washington, D.C. 20515

Speaker  
John A. Boehner (R-8th OH)  
Office: H-232 The Capitol  
Phone: 225-0600

Majority Leader  
Eric I. Cantor (R-7th VA)  
Office: H-329 The Capitol  
Phone: 225-4000

Majority Whip  
Kevin McCarthy (R-22nd CA)  
Office: H-326 The Capitol  
Phone: 226-3210

Republican Conference Chairman  
Jeb Hensarling (R-5th TX)  
Office: 1420 LHOB  
Phone: 225-5107

Minority Leader  
Nancy Pelosi (D-8th CA)  
Office: H-204, The Capitol  
Phone: 225-0100
Minority Whip
Steny Hoyer (D-5th MD)
Office: 1705 LHOB
Phone: 225-4131

Democratic Caucus Chairman
John B. Larson (D-1st CT)
Office: 1501 LHOB
Phone: 225-2265

THE SUPREME COURT
United States Supreme Court Building
1 First Street, NE
Washington, D.C. 20543
Phone: 202-479-3000
www.supremecourtus.gov

Chief Justice
John G. Roberts

Associate Justices
Antonin Scalia
Anthony M. Kennedy
Clarence Thomas
Ruth Bader Ginsburg
Stephen G. Breyer
Samuel A. Alito
Sonia Sotomayor
Elena Kagan

SELECTED GOVERNMENT AGENCIES
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244
410-786-3000
www.cms.gov

Consumer Product Safety Commission
4330 East West Highway
Bethesda, Maryland 20814
301-504-7923
www.cpsc.gov

Drug Enforcement Administration
Lincoln Place West
700 Army Navy Drive
Alexandria, Virginia 22202
202-307-1000
www.dea.gov

Equal Employment Opportunity Commission
1801 L Street, NW
Washington, D.C. 20507
202-663-4900
www.eeoc.gov

Federal Elections Commission
999 E Street, NW
Washington, D.C. 20463
202-694-1000
www.fec.gov

Food and Drug Administration
5600 Fishers Lane, Room 15A-07
Rockville, Maryland 20857
301-8272410
www.fda.gov

Government Printing Office
732 North Capitol Street, NW
Washington, D.C. 20401
202-512-0000
www.gpo.gov

Internal Revenue Service
1111 Constitution Avenue, NW
Washington, D.C. 20224
202-662-5000
www.irs.gov

National Institutes of Health
9000 Rockville Pike, #344 Bldg. 1
Bethesda, Maryland 20892
301-496-4000
www.nih.gov

National Institute of Mental Health
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, Maryland 20892
301-443-4513
www.nimh.nih.gov

National Institute on Aging
Building 31, Room 5C27
31 Center Drive, MSC 2292
Bethesda, Maryland 20892
301-496-1752
www.nia.nih.gov

National Institute on Alcohol Abuse and Alcoholism
6000 Executive Boulevard
Wilco Building
Bethesda, Maryland 20892
301-443-3885
www.niaaa.nih.gov

National Science Foundation
4201 Wilson Boulevard, #1245
Arlington, Virginia 22230
703-292-5111
www.nsf.gov
Occupational Safety and Health Administration  
200 Constitution Avenue, NW  
Washington, D.C. 20210  
202-693-2000  
www.osha.gov  

Office of Personnel Management  
1900 E Street, NW  
Washington, D.C. 20415  
202-606-1800  
www.opm.gov  

Small Business Administration  
409 Third Street, SW  
Washington, D.C. 20416  
202-205-6600  
www.sba.gov  

Social Security Administration  
6401 Security Boulevard  
Baltimore, Maryland 21235  
410-965-3120  
www.ssa.gov  

Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Rockville, MD 20857  
240-276-2000  
www.samhsa.gov  

Surgeon General  
Parklawn Building  
5600 Fishers Lane, Room 18-67  
Rockville, Maryland 20857  
301-443-4000  
www.surgeongeneral.gov
Appendix B: How to Obtain Federal Government Documents

ON-LINE INFORMATION

Using the Internet is often the fastest way to get information from the government. Virtually all government agencies have web sites. You often can download or print out documents, including everything from government regulations to job applications and tax forms, from various web pages.

The U.S. Congress maintains several sites. The main site for legislative information is “Thomas” maintained by the Library of Congress at http://thomas.loc.gov. Thomas has information about the status of legislation, the legislative process, and the legislative schedule. You can download or print copies of House and Senate bills. In addition, the House and Senate each have their own web sites. The House site is at www.house.gov and the Senate site is at www.senate.gov. The House and Senate sites have information about how to contact individual Senators and Representatives as well as committee schedules and other information. You also can send e-mail messages to members of the House or Senate on these web pages. In addition, the Clerk of the House maintains a site at www.clerkweb.house.gov that contains legislative information.

The White House has a web site at www.whitehouse.gov that includes the President’s speeches and a great deal of other information. You also can use this web page to send e-mails to the President or Vice President.

The Government Printing Office (GPO) maintains an extensive web site called GPO ACCESS at www.access.gpo.gov (with a mirror site at www.gpo.gov). You can access or search many government documents using this site, including the U.S. Code, the Code of Federal Regulations, bills pending in Congress, and much more.

You also can obtain information from the sites of individual government agencies. It is usually easy to find the web page for a given agency. Some of the agency sites are better than others, but most agencies are putting more and more information on their web pages so it’s worth checking back from time to time.

INFORMATION ON CD-ROM

Computer diskettes and compact disks with read-only-memory (CD-ROMs) that contain the text of Federal regulations and other Federal data are available in most public libraries. Some diskettes and CD-ROMs are produced by commercial enterprises. Others are produced under contract or license from the Federal Government and are made available at no or low cost.

The U.S. Code is available on CD-ROM from the GPO. Federal acquisition regulations and Federal information on resources management regulations also are available on CD-ROM. HCFA laws, regulations, and manuals also are available in CD-ROM format, as are OSHA regulations, documents, and technical information.
The Senate document room provides copies of publications generated by the Senate, including bills and resolutions; legislative and executive reports, including conference reports; documents; and committee assignment lists. The document room also supplies copies of public laws and treaties. Bills, resolutions, and committee rosters are available for the current Congress only. All other items are held 10 years or more.

You can request documents in person, in writing at B-04 Hart Senate Office Building, Washington, DC 20510; via e-mail at orders@sec.senate.gov; or via fax at 202-228-2815. Please use document numbers, and not bill titles or descriptions, in your request.

A limited quantity of House documents is available for public distribution through the House Legislative Resource Center at B106 Cannon House Office Building. The public may also order documents by phone at (202) 226-5200 for delivery via postal mail.

The Congress also makes many congressional documents available through the Federal Depository Library Program and its 1,400 affiliated libraries.
## Appendix C:
Abbreviations and Acronyms in the Washington, D.C. Health Care Arena

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAGP</td>
<td>American Association for Geriatric Psychiatry</td>
</tr>
<tr>
<td>AAHSA</td>
<td>American Association of Homes and Services for the Aging</td>
</tr>
<tr>
<td>AARP</td>
<td>American Association of Retired Persons</td>
</tr>
<tr>
<td>ACHE</td>
<td>American College of Healthcare Executives</td>
</tr>
<tr>
<td>ACLA</td>
<td>American Clinical Laboratory Association</td>
</tr>
<tr>
<td>ACHCA</td>
<td>American College of Health Care Administrators</td>
</tr>
<tr>
<td>ADA</td>
<td>American Dental Association</td>
</tr>
<tr>
<td>AFGE</td>
<td>American Federation of Government Employees</td>
</tr>
<tr>
<td>AFSCME</td>
<td>American Federation of State, County, and Municipal Employees</td>
</tr>
<tr>
<td>AFL-CIO</td>
<td>American Federation of Labor-Congress of Industrial Organizations</td>
</tr>
<tr>
<td>AHA</td>
<td>American Hospital Association</td>
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<tr>
<td>AHCA</td>
<td>American Health Care Association</td>
</tr>
<tr>
<td>AHIP</td>
<td>America’s Health Insurance Plans</td>
</tr>
<tr>
<td>AHRQ</td>
<td>Agency for Health Care Research and Quality</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>AMC</td>
<td>Academic Medical Center</td>
</tr>
<tr>
<td>ANA</td>
<td>American Nurses Association</td>
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<tr>
<td>APA</td>
<td>American Psychiatric Association</td>
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<tr>
<td>APA</td>
<td>American Psychological Association</td>
</tr>
<tr>
<td>APHA</td>
<td>American Public Health Association</td>
</tr>
<tr>
<td>ARRA</td>
<td>American Recovery and Reinvestment Act of 2009</td>
</tr>
<tr>
<td>ASC</td>
<td>Ambulatory Surgical Center</td>
</tr>
<tr>
<td>ASHP</td>
<td>American Society of Health-System Pharmacists</td>
</tr>
<tr>
<td>BATF</td>
<td>Bureau of Alcohol, Tobacco and Firearms</td>
</tr>
<tr>
<td>BBA</td>
<td>Balanced Budget Act of 1997</td>
</tr>
<tr>
<td>BBRA</td>
<td>Balanced Budget Refinement Act of 1999</td>
</tr>
<tr>
<td>BLS</td>
<td>Bureau of Labor Statistics</td>
</tr>
<tr>
<td>CBO</td>
<td>Congressional Budget Office</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
</tr>
<tr>
<td>CHAMPUS</td>
<td>Civilian Health and Medicaid Programs of the United States</td>
</tr>
<tr>
<td>CMHS</td>
<td>Center for Mental Health Services</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services (formerly HCFA)</td>
</tr>
<tr>
<td>COBRA</td>
<td>Consolidated Omnibus Budget Reconciliation Act</td>
</tr>
<tr>
<td>COGME</td>
<td>Council on Graduate Medical Education</td>
</tr>
<tr>
<td>COP</td>
<td>Conditions of Participation</td>
</tr>
<tr>
<td>CRS</td>
<td>Congressional Research Service (Library of Congress)</td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
</tr>
<tr>
<td>DNC</td>
<td>Democratic National Committee</td>
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<tr>
<td>DOD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>DOJ</td>
<td>Department of Justice</td>
</tr>
<tr>
<td>DOL</td>
<td>Department of Labor</td>
</tr>
<tr>
<td>DRG</td>
<td>Diagnosis Related Group</td>
</tr>
<tr>
<td>DSH</td>
<td>Disproportionate Share Hospital</td>
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<tr>
<td>DVA</td>
<td>Department of Veterans’ Affairs</td>
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<tr>
<td>ERISA</td>
<td>Employee Retirement Income Security Act</td>
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<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
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<tr>
<td>FEC</td>
<td>Federal Election Commission</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>FEHB P</td>
<td>Federal Employees Health Benefits Program</td>
</tr>
<tr>
<td>FFS</td>
<td>Fee For Service</td>
</tr>
<tr>
<td>FTC</td>
<td>Federal Trade Commission</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>GAO</td>
<td>General Accounting Office</td>
</tr>
<tr>
<td>GME</td>
<td>Graduate Medical Education</td>
</tr>
<tr>
<td>GPO</td>
<td>Government Printing Office</td>
</tr>
<tr>
<td>HCP CS</td>
<td>Healthcare Common Procedure Coding System</td>
</tr>
<tr>
<td>HEDIS</td>
<td>Health Plan Employer Data and Information Set</td>
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<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act of 1996</td>
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<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
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<tr>
<td>IHS</td>
<td>Indian Health Service</td>
</tr>
<tr>
<td>IME</td>
<td>Indirect Costs of Medical Education</td>
</tr>
<tr>
<td>IOM</td>
<td>Institute of Medicine</td>
</tr>
<tr>
<td>IRS</td>
<td>Internal Revenue Service</td>
</tr>
<tr>
<td>JCAHO</td>
<td>The Joint Commission</td>
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<tr>
<td>MA</td>
<td>Medicare Advantage</td>
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<tr>
<td>MedPAC</td>
<td>Medicare Payment Advisory Commission</td>
</tr>
<tr>
<td>MMA</td>
<td>Medicare Prescription Drug Improvement and Modernization Act of 2003</td>
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<tr>
<td>NAIC</td>
<td>National Association of Insurance Commissioners</td>
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<tr>
<td>NAM</td>
<td>National Association of Manufacturers</td>
</tr>
<tr>
<td>NAPH</td>
<td>National Association of Public Hospitals</td>
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<tr>
<td>NASW</td>
<td>National Association of Social Workers</td>
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<td>NIA</td>
<td>National Institute on Aging</td>
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<tr>
<td>NIA AA</td>
<td>National Institute on Alcohol Abuse and Alcoholism</td>
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<td>NIDA</td>
<td>National Institute on Drug Abuse</td>
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<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
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<td>NIMH</td>
<td>National Institute of Mental Health</td>
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<td>NINDS</td>
<td>National Institute of Neurological Disorders and Stroke</td>
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<tr>
<td>NINDS</td>
<td>National Institute of Neurological Disorders and Stroke</td>
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<tr>
<td>NIOSH</td>
<td>National Institute of Occupational Safety and Health</td>
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<tr>
<td>NLRA</td>
<td>National Labor Relations Act</td>
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<td>NLRB</td>
<td>National Labor Relations Board</td>
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<td>OBRA</td>
<td>Omnibus Budget Reconciliation Act</td>
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<td>OIG</td>
<td>Office of Inspector General</td>
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<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
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<td>OPM</td>
<td>Office of Personnel Management</td>
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<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
</tr>
<tr>
<td>PAC</td>
<td>Political Action Committee</td>
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<tr>
<td>PACE</td>
<td>Program of All-Inclusive Care for the Elderly</td>
</tr>
<tr>
<td>PAC NET</td>
<td>Pharmaceutical Assistance for the Elderly Needs Enhancement Test</td>
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<tr>
<td>PASSR</td>
<td>Pre-admission Screening and Resident Review</td>
</tr>
<tr>
<td>PhRMA</td>
<td>Pharmaceutical Research and Manufacturers of America</td>
</tr>
<tr>
<td>PHS</td>
<td>Public Health Service (HHS)</td>
</tr>
<tr>
<td>PPO</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>PPS</td>
<td>Prospective Payment System</td>
</tr>
<tr>
<td>PROS</td>
<td>Peer Review Organizations</td>
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<tr>
<td>PSRO</td>
<td>Professional Standards Review Organization</td>
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<tr>
<td>RBRVS</td>
<td>Resource Based Relative Value Scale</td>
</tr>
<tr>
<td>RNC</td>
<td>Republican National Committee</td>
</tr>
<tr>
<td>RUC</td>
<td>AMA/Specialty Society Relative Value Scale Update Committee</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<tr>
<td>SEIU</td>
<td>Service Employees International Union</td>
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<tr>
<td>SNF</td>
<td>Skilled Nursing Facility</td>
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<td>USCIS</td>
<td>United States Citizenship and Immigration Services</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Appendix D:
The Legislative Process

The following outlines in narrative and diagrammatic form the process by which a bill becomes a law. There are several stages in the legislative process where grassroots advocacy efforts can impact the outcome. AAGP will notify you by fax, phone, e-mail or mail when grassroots action is needed at a particular stage of the legislative process.

**Bill Introduction/Sponsorship:** Anyone may draft a bill. However, only members of the House of Representatives and Senate may introduce legislation, and by doing so become the sponsor of the bill. Legislators can be encouraged to introduce a bill or to co-sponsor a bill introduced by another Senator or Representative. Obtaining a large number of co-sponsors on a bill is one strategy for gaining attention and credibility on an issue.

There are four basic types of legislation:

- bills
- joint resolutions
- concurrent resolutions
- simple resolutions

The official legislative process begins when a bill or resolution is numbered (H.R. signifies a House bill and S. signifies a Senate bill), referred to a committee, and printed by the Government Printing Office.

**Referral To Committee:** With few exceptions, bills are referred to standing committees in the House or Senate according to carefully delineated rules of procedure.

**Subcommittee Review:** Often, bills are referred to a subcommittee for study and hearings. Hearings provide the opportunity to put on the record the views of the Executive Branch, experts, other public officials, supporters, and opponents of the legislation. Testimony can be given in person or submitted as a written statement.

The most important time for constituent involvement is at the subcommittee stage, when legislators are not yet committed to a specific bill or legislative language. Grassroots advocates can communicate their positions on the issue and suggest specific provisions or language. Action by the constituents of subcommittee members can be very effective at this point.

**Subcommittee Mark Up:** When the hearings are completed, the subcommittee may meet to “mark up” the bill (i.e., to make changes and amendments prior to recommending the bill to the full committee for consideration). If a subcommittee votes not to report legislation to the full committee, the bill dies.

**Committee Action:** After receiving a subcommittee’s report on a bill, the full committee can conduct further study and hearings, or it can vote on the subcommittee’s recommendations and any proposed amendments. The full committee then votes on its recommendation to the House or Senate. This procedure is called “ordering a bill reported.”
Grassroots advocacy at the committee stage is also very important. Communications may focus on supporting or opposing specific language developed by the subcommittee; encouraging legislators to sponsor amendments; and asking the committee member to vote for or against the bill. Again, action by constituents at this stage of the legislative process can be very effective.

**Publication of a Written Report:** After a committee votes to have a bill reported, the committee chairman instructs staff to prepare a written report on the bill. This report describes the intent and scope of the legislation, impact on existing laws and programs position of the Executive Branch, and views of dissenting members of the committee.

**Scheduling Floor Action:** After a bill is reported back to the chamber where it originated, it is placed in chronological order on the calendar. In the House, there are several different legislative calendars, and the Speaker and Majority Leader determine if, when, and in what order bills are considered. In the Senate, there is only one legislative calendar.

**Floor Action:** When a bill reaches the floor of the House or Senate, there are rules and procedures governing the debate on legislation. These rules determine the conditions of debate as well as the amount of time allocated for general debate. After the debate and approval of any amendments, the bill is passed or defeated by the members voting.

Constituent communications with all Senators and Representatives is important when the entire House or Senate considers a bill. Grassroots efforts at this stage generally focus on encouraging a legislator to vote either for or against a bill; to sponsor a floor amendment; or to vote for or against a floor amendment offered by another legislator.

**Referral To Other Chamber:** After the House or Senate passes a bill, it is referred to the other chamber where it generally follows the same legislative path. This chamber may approve the bill as received, reject it, ignore it, or amend it.

**Conference Committee Action:** If only minor changes are made to a bill by the other chamber, it is common for the bill to go back to the first chamber for concurrence. However, when the House and Senate versions of a piece of legislation differ significantly, the bill is then sent to a conference committee where the differences are ironed out. If the conferees are unable to reach agreement, the legislation dies. If agreement is reached, a conference report, which describes the compromise version of the legislation, is prepared. Both the House and Senate must approve the conference report.

Although opportunities for grassroots impact are more limited during the conference committee stage of the legislative process, constituent communications, particularly to members of the conference committee, may influence whether the House or Senate provision/language is accepted in the final compromise bill. Once a conference committee has worked out the differences between the House and Senate versions of a bill, floor passage is generally routine and not impacted greatly by further constituent communication.
**Presidential Action:** The U.S. Constitution provides that once a bill is passed by both houses of Congress and delivered to the White House, the President has ten days (excluding Sundays) to act. The President has the following options:

1. *approve the legislation*—the bill becomes law the day it is signed, unless otherwise specified in the act.

2. *approve the legislation by doing nothing*—when Congress is in session, the bill becomes law if the President takes no action within ten days. This occurs when he or she believes it is unnecessary or politically unwise to sign the bill, or if he or she is uncertain about the bill’s constitutionality.

3. *pocket veto*—the bill dies when the President fails to sign it and does not register his or her objections. This can occur only when legislation is passed near or at the end of a session of Congress and adjournment occurs before the President has had the ten-day period in which to return the bill to Congress for further consideration. In this instance, the bill will not automatically become law. Therefore, if the President objects to a measure passed at or near the close of a Congress, he or she may “pocket” the bill until after adjournment, thus allowing it to die.

4. *veto*—when—prior to the expiration of the ten-day period—the President does not want a bill to become law, he or she can return it to the chamber of Congress in which it originated, without his or her signature and with a message stating his or her objections. Then, Congress can attempt to override the President’s veto and enact the bill. If the veto is overridden by separate two-thirds (of each body’s membership) votes in the House and in the Senate, the legislation becomes law. Otherwise, it is dead.

When bills are passed and signed, or passed over a veto, they are assigned a public law number. Public law numbers run in sequence starting at the beginning of each Congress. For example, Public Law 109-6 would be the sixth public law enacted in the 109th Congress and Public Law 109-124 would be the 124th public law enacted in the 109th Congress.
THE LEGISLATIVE PROCESS

House of Representatives

Introduction
Bill introduced in House

- Committee Consideration
  - Referred
  - Hearings held
  - Marked-up
  - Reported out
- Rules Committee
  - Consideration
- Floor Debate
  - Debated
  - Passed

Senate

Introduction
Bill introduced in Senate

- Committee Consideration
  - Referred
  - Hearings held
  - Marked-up
  - Reported out
- Floor Debate
  - Debated
  - Passed

Conference Committee

- Negotiates differences
- Adopts conference bill and report
- Reports conference bill to House and Senate

Return to Floor
House Adopts Conference Bill

Return to Floor
Senate Adopts Conference Bill

WHITE HOUSE

President Signs Bill OR President Vetoes Bill

BILL BECOMES LAW

Return to House/Senate Floor for Override Vote

House or Senate Sustains Veto
BILL DIES

House and Senate Override Veto
BILL BECOMES LAW
Appendix E: Congressional Staff

On Capitol Hill, one of the most significant changes in the last four decades has been the growth in the number and the influence of Congressional staff. In 1930, approximately 1,400 people worked for Representatives and Senators as well as Congressional committees; in 1947, there were approximately 2,400 Congressional staff. That number increased to 6,000 in 1960. Today, more than 22,000 individuals work for the United States Congress. This includes Representatives’ and Senators’ personal and committee staffs, a police force, and a maintenance force, along with the staff who work for the Congressional support agencies—the Congressional Research Service (CRS), a division of the Library of Congress; the Congressional Budget Office (CBO); and the General Accounting Office (GAO).

While there is no question that close ties to a Senator or Representative—whether through personal friendship, campaign fundraising or being a constituent—are an essential component of any legislative lobbying campaign, those ties can be greatly enhanced if a staff relationship also exists.

Personal Staff

There is a basic staff structure in all Congressional offices, although it can vary among offices. To be most effective in communicating with Congress, it is helpful to know the titles and principal functions of key staff.

Chief of Staff or Administrative Assistant (AA)

The Chief of Staff or Administrative Assistant reports directly to the Member of Congress and is in charge of overall office operations, including the assignment of work and the supervision of key staff. He or she usually is the Member’s political alter ego and is involved in all key political and policy decisions. The Chief of Staff/AA evaluates the political ramifications of legislative proposals and constituent requests and keeps the Member apprised of district and Capitol Hill political developments.

Legislative Assistant (LA)

The Legislative Assistant (LA) focuses on specific policy issues, such as health, education, or taxes. Duties include keeping the Member abreast of developments on a specific legislative issue; serving as liaison with the committee staff handling that topic (particularly if the Member is on that committee); handling constituent mail concerning the issue; meeting with constituents and lobbyists as the Member’s personal representative; and monitoring legislation and making recommendations to the Member regarding the pros and cons of specific legislative proposals.

LAs often write the Member’s speeches and position papers. In many offices, LAs are supervised by a Legislative Director, who is usually the senior legislative assistant. Legislative Correspondents handle the office’s responses to routine constituent mail.

In Senate offices, where there are more staffers, a team of LAs in an office often will divide up and specialize in various issues, while in the House of Representatives, one or two LAs may handle all the legislation.
Caseworker

Caseworkers resolve problems and answer inquiries from constituents regarding the Federal Government. A knowledge of Federal agencies and departments is essential for this job, since the caseworker’s responsibilities often include helping to resolve constituents’ problems in relation to Federal agencies (e.g., Medicare and Social Security issues, Veterans benefits, passports, etc.). In recent years, many caseworkers have begun to work out of district (instead of Washington, D.C.) offices where they can deal more directly and personally with constituents.

Communications Director/Press Secretary

The press secretary serves as the Member’s chief spokesperson to the media. This staff member composes press releases dealing with legislative issues and other matters; writes newsletters; organizes press conferences, and decides the best medium through which to promote the Member’s views on specific issues.

Personal Secretary/Appointments Secretary/Scheduler

The Personal Secretary/Appointments Secretary/Scheduler is usually responsible for allocating a Member’s time among the many demands that arise from Congressional responsibilities, staff requirements, and constituent requests. Because this individual schedules appointments and travel, he or she can be the most important person in gaining access to a Senator or Representative either by phone or through a face-to-face meeting.

Office Manager

The office manager serves as the second-level manager in a Congressional office and oversees many personnel, clerical and computer system functions.

Receptionist

The receptionist serves as the first point of contact in a Congressional office, answering the telephone, greeting visitors, arranging tours of the Capitol, White House, and FBI for constituents, and providing Washington, D.C. tourist information.

District Office Staff

Every Member has at least one office in his or her district or state, which is generally located in a Federal building. These offices work directly with constituents on a daily basis and should be contacted if you wish to invite a Senator or Representative to speak at or participate in a local event. A personal tour of local hospital, nursing home, medical center or university, can be of tremendous value in promoting desired legislation and familiarizing the Member with the work and responsibilities of you and your colleagues. If the Member cannot accept an invitation, a staff member from the district office may attend on his or her behalf.

Committee Staff

Most committees and subcommittees have both a majority and minority staff. They advise Members during hearing and mark-up sessions and assist in the floor debate during consideration of a bill. Committee staff members for the majority play a larger role than their minority party counterparts in setting legislative agendas. Promoting legislation and gaining access to the committee Members is possible through contact with the committee or subcommittee staff.
The basic committee and subcommittee staff structures are as follows:

**Staff Director and General Counsel**

The staff director and general counsel are closely allied with the committee and subcommittee chairman/chairwoman. They work closely with Members and staff of both chambers, interest groups, and agency officials to facilitate or obstruct the passage of the legislation.

**Professional Staff**

The professional staff serves as policy specialists and analysts in a particular legislative/issue area and provides the necessary legislative expertise to Members of the committee.

**Communications Director/Press Secretary**

The press secretary promotes media coverage of the committee’s activities.

**Administrative Staff**

The administrative staff arranges the hearing rooms, organizes the office and committee publications, and oversees the committee’s budget and expenses.

**Legislative Support Agencies**

The staff members of the Congressional Research Service (CRS), the Congressional Budget Office (CBO), and the General Accounting Office (GAO) are additional sources of information for Senators and Representatives and personal and committee staff. They provide expertise in myriad areas—from alternative energy sources to health care reform. Unlike the personal and committee staffs, they are nonpartisan and are hired to give objective advice and information to any Member of Congress who makes a request.

**Government Printing Office**

The Government Printing Office (GPO) was established in 1861 to act as a public printer for the Federal Government (including Congress). Most Federal publications are available from the GPO by mail. Individuals and organizations may establish an account to purchase publications. Information regarding orders may be obtained from:

Superintendent of Documents  
Government Printing Office  
Washington, D.C. 40402  
202-512-1800

**Congressional Staff**

**Personal Staff**  
Administrative Assistant/Chief of Staff  
Legislative Director  
Legislative Assistants  
Legislative Correspondents  
Press Secretary  
Case Workers  
Personal Secretary/Executive Secretary  
Office Manager  
Receptionist

**Committee Staff**  
Staff Director  
Counsel  
Professional Staff/Policy Analysts  
Press Secretary  
Administrative Assistant
Capitol Hill
Appendix F:  
Capitol Hill Basics

Tips On Writing/E-Mailing Your Senator/Representative

The letter (via U.S. Mail, e-mail, or fax) is still the most popular means of communication with a Congressional office. However, heightened security measures have dramatically increased the time it takes for a letter sent by post to reach a congressional office. More and more, citizens are using e-mails and faxes to communicate their concerns and many elected officials’ offices prefer electronic communications for constituent contact. Below are some useful tips that can help you write the most effective letter possible:

1. State the subject of your letter in the first paragraph.
2. If your issue refers to specific legislation, use the bill number or the name if available. For example, House bill H.R. ________; Senate bill S. ________.
3. State your position on the bill or issue; whether you support it or oppose it.
4. Explain the issue fully and factually at a level the Senator or Representative will understand.
5. Whenever possible, use local examples of the impact of the issue to make the legislator care.
6. If you live in the Representative’s district or Senator’s state, be sure to mention it.
7. Identify yourself as a member of AAGP.
8. Thank the Senator/Representative for his/her attention to the issue.
9. Let the Senator/Representative know that you are a resource for more information.
10. Ask for a reply.
11. Limit the length of your letter to no more than two pages, one if possible.
12. Clearly type or print your name and return address on your letter in case your envelope gets separated from your letter.

How To Address Correspondence

TO A SENATOR:
The Honorable (full name)  
United States Senate  
Washington, D.C. 20510  
Dear Senator (last name):

TO A REPRESENTATIVE:
The Honorable (full name)  
United States House of Representatives  
Washington, D.C. 20515  
Dear Representative (last name):

Send a copy of your letter and any response you receive to Marjorie Vanderbilt, AAGP Director of Government Affairs (7910 Woodmont Avenue, Suite 1050, Bethesda, MD 20814; e-mail: mvanderbilt@AAGPonline.org; or fax to: (301) 654-4137), so that AAGP’s Capitol Hill lobbying activities can be coordinated with your grassroots efforts.
Tips on Telephoning Your Senator/Representative

When time is short, a personal phone call to legislators, their chief-of-staff or key legislative aides, may be the most effective method to communicate your views. Making a well-timed call can be particularly important. And, especially when combined with calls from your colleagues on the same issue, may tip the balance in your favor. So, don’t hesitate to call.

1. To locate your Senators’ or Representative’s phone number, call the U.S. Capitol Switchboard at (202) 224-3121 and ask to be connected to your Senators’/Representative’s office.
2. Ask for the Senator or Representative if you know them personally.
3. If you don’t know the Senator or Representative, ask to speak with the legislative assistant who handles your issue. For most issues, that probably will be the legislative assistant who handles health issues.
4. After identifying yourself, tell the aide you would like to leave a brief message, such as: “Please tell Senator/Representative (name) that I support/oppose (S. _____/H.R. ___).” Clearly state the action you wish your Senator/Representative to take on the issue (vote for, vote against, offer an amendment, etc.).
5. State a reason for your support/opposition to the bill.
6. Ask for your Senator’s/Representative’s position on the bill.
7. Keep your call brief—no more than three minutes.
8. Leave your name, address and telephone number. You are more likely to receive a response to your communication, if you are a constituent.
9. If you cannot reach a legislative assistant, leave a concise message. Congressional offices do count the number of calls they receive on an issue (pro and con) and relay that information to the Senator or Representative.
10. Write down the name of the aide to whom you spoke. Next time, you can ask for him or her by name and begin building a relationship. Staffers are more likely to listen to and return phone calls from people they know.

Making an Appointment with Your Member of Congress

• Personal visits with your Senators or Representative are an effective lobbying tool. They often lay the foundation for future contacts. It may take time to arrange a meeting with your Member, so begin early.

• To locate the Washington, D.C. and Congressional district office contact information, visit AAGP’s Advocacy Web site and “Legislative Action Center” located at: www.AAGPonline.org/Advocacy.

• To schedule an appointment, call your Member’s office and ask to speak with the appointment secretary/scheduler. Tell him or her you would like to schedule an appointment with the Member in either the Washington, D.C. office or the District office. Explain that you are a geriatric psychiatrist and would like to discuss mental health and aging issues.

• It is possible that your Member of Congress will not be able to meet with you. If this occurs, ask if it is possible to meet with a member of your Senators’ or Representative’s legislative staff. A legislative staff member can be very helpful in assuring that your message reaches your Member of Congress.
• Scheduling procedures may differ for each Congressional office. If you call the district office, the staff may ask you to schedule your appointment through the Washington, D.C. office. In this case, call the Washington, D.C. office and follow the procedure above. Be sure to reconfirm the appointment as the time nears. Your meeting will probably last between 15 and 30 minutes.

**Tips for an Effective Office Visit**

1. Be on time for your appointment. If you are even five minutes late, the Member may have gone on with his or her next appointment, you will have started with a bad impression, and your opportunity may very well have been lost.

2. Greet your legislator with a firm handshake, introduce yourself, and present your business card. This helps the Member remember your name.

3. Open the meeting with a comment to establish a tie between the legislator and yourself—e.g., a discussion of mutual friends, common interests in the state, a thank you for a recent hearing, vote, or floor speech.

4. If you are going with a group, decide in advance who will lead the discussion and what points you want to make.

5. Keep your meeting short and simple. Say why you’ve come and succinctly outline your position.

6. Present your facts in an orderly fashion. Talk about a specific bill, its status, and action you would like the legislator to take. Use our own background and experience to explain your request.

7. Remember to make your explanation relevant to the home state or district. A Member of Congress wants to know how his actions impact his or her constituents.

8. Use personal anecdotes and statistics when appropriate. Keep to your schedule and do not go off on a tangent, wasting valuable time. Realize that the Member’s staff may interrupt you during the meeting, especially if a vote comes up on the floor and the Member must leave.

9. Because opportunities for personal meetings with the Member are limited, you should always ask for the name of the staff member who handles your issue and indicate that you would like to follow-up with him or her. It is possible that the legislator will ask that staff member to attend the meeting.

10. Be succinct. This may be the most important issue in the world to you, but it is only one of several dozen on your legislator’s plate. If you start to ramble on, you will lose your audience in a very short time.

11. Do not become too technical in the examples and background materials your use to justify your position.

12. Answer any questions asked of you, but if you do not know the answer, don’t bluff. Tell the legislator that you don’t know, but you will get back to him or her promptly with an answer.

13. Leave behind a one- or two-page fact sheet with your Member, summarizing the issue and your position(s), along with the names, telephone number, and e-mail address of contact people.

14. Offer yourself as a resource to the legislator and staff in responding to health care questions.

15. As you conclude the meeting, thank the Member for his or her time. Do not linger, as your Member has other appointments on his or her schedule.
16. Do not be disappointed if you meet with a staff member, rather than the Senator or Representative. Legislators depend on advice from their staff because it is impossible for them to follow all issues themselves. Staff are gatekeepers, and they can sometimes be the real driving force on an issue.

17. Follow up after the meeting with a letter thanking the Member, reiterating your position, and including any information requested during the meeting. If the legislator or staff member should ask for additional materials, respond quickly. By establishing yourself as a reliable source of information, you will improve your access to your Member.
## Appendix G:
U.S. Senate and House of Representatives
Web Site Addresses

### UNITED STATES SENATE

<table>
<thead>
<tr>
<th>STATE</th>
<th>WEB SITE ADDRESS</th>
</tr>
</thead>
</table>
| ALABAMA | Jeff Sessions sessions.senate.gov  
Richard Shelby shelby.senate.gov |
| ALASKA | Mark Begich begich.senate.gov  
Lisa Murkowski murkowski.senate.gov |
| ARIZONA | Jon Kyl kyl.senate.gov  
John McCain mccain.senate.gov |
| ARKANSAS | John Boozman boozman.senate.gov  
Mark Pryor pryor.senate.gov |
| CALIFORNIA | Barbara Boxer boxer.senate.gov  
Dianne Feinstein feinstein.senate.gov |
| COLORADO | Michael Bennet bennet.senate.gov  
Mark Udall markudall.senate.gov |
| CONNECTICUT | JOSEPH LIEBERMAN lieberman.senate.gov  
Richard Blumenthal blumenthal.senate.gov |
| DELAWARE | Thomas Carper carper.senate.gov  
Chris Coons coons.senate.gov |
| FLORIDA | Bill Nelson billnelson.senate.gov  
Marco Rubio rubio.senate.gov |
| GEORGIA | Saxby Chambliss chambliss.senate.gov  
Johnny Isakson isakson.senate.gov |
| HAWAII | Daniel Akaka akaka.senate.gov  
Daniel Inouye inouye.senate.gov |
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<th>State</th>
<th>Senator 1</th>
<th>Senator 2</th>
<th>Website 1</th>
<th>Website 2</th>
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<td>Jim Risch</td>
<td>crapo.senate.gov</td>
<td>risch.senate.gov</td>
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<td>ILLINOIS</td>
<td>Richard Durbin</td>
<td>Mark Steven Kirk</td>
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<td>kirk.senate.gov</td>
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<td>Richard Lugar</td>
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<td>David Vitter</td>
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<td>Olympia Snowe</td>
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<td>MARYLAND</td>
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**SENATE**  Democrats in roman  Republicans in *italic*  Independents in CAPS
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<td>Ben Nelson</td>
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<td>Jeanne Shaheen</td>
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<td>Frank Lautenberg</td>
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<td>Tom Udall</td>
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<td>Charles Schumer</td>
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<td>John Thune</td>
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**SENATE**  Democrats in roman  ■ Republicans in italic  ■ Independents in CAPS
### TENNESSEE

* Lamar Alexander  
  alexander.senate.gov  
* Bob Corker  
  corker.senate.gov

### TEXAS

* John Cornyn  
  cornyn.senate.gov  
* Kay Bailey Hutchison  
  hutchison.senate.gov

### UTAH

* Orrin Hatch  
  hatch.senate.gov  
* Mike Lee  
  lee.senate.gov

### VERMONT

* Patrick Leahy  
  leahy.senate.gov  
* BERNARD SANDERS  
  sanders.senate.gov

### VIRGINIA

* Mark Warner  
  warner.senate.gov  
* Jim Webb  
  webb.senate.gov

### WASHINGTON

* Maria Cantwell  
  cantwell.senate.gov  
* Patty Murray  
  murray.senate.gov

### WEST VIRGINIA

* Joe Manchin III  
  manchin.senate.gov  
* John Rockefeller  
  rockefeller.senate.gov

### WISCONSIN

* Ron Johnson  
  ronjohnson.senate.gov  
* Herb Kohl  
  kohl.senate.gov

### WYOMING

* John Barrasso  
  barrasso.senate.gov  
* Michael Enzi  
  enzi.senate.gov

### HOUSE OF REPRESENTATIVES

**HOUSE**

Republicans in roman (240)  
Democrats in *italic* (192)  
Vacancy in **bold** (3)

**STATE**

**WEB SITE ADDRESS**

### ALABAMA

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### AMERICAN SAMOA

**Delegate**  
* Eni F. H. Faleomavaega  
  www.house.gov/faleomavaega
ARIZONA
01 Paul Gosar  gosar.house.gov
02 Trent Franks  www.house.gov/franks
03 Ben Quayle  quayle.house.gov
04 Ed Pastor  www.pastor.house.gov
05 David Schweikert  schweikert.house.gov
06 Jeff Flake  flake.house.gov
07 Raúl Grijalva  www.grijalva.gov
08 Gabrielle Giffords  giffords.house.gov

ARKANSAS
01 Rick Crawford  crawford.house.gov
02 Tim Griffin  griffin.house.gov
03 Steve Womack  womack.house.gov
04 Mike Ross  ross.house.gov

CALIFORNIA
01 Mike Thompson  mikethompson.house.gov
02 Wally Herger  www.house.gov/herger
03 Dan Lungren  lungren.house.gov
04 Tom McClintock  mclintock.house.gov
05 Doris O. Matsui  www.matsui.house.gov
06 Lynn C. Woolsey  woolsey.house.gov
07 George Miller  georgemiller.house.gov
08 Nancy Pelosi  www.house.gov/pelosi
09 Barbara Lee  lee.house.gov
10 John Garamendi  garamendi.house.gov
11 Jerry McNerney  mcnerney.house.gov
12 Jackie Speier  speier.house.gov
13 Fortney “Pete” Stark  www.house.gov/stark
14 Anna G. Eshoo  eshoo.house.gov
15 Michael M. Honda  honda.house.gov
16 Zoe Lofgren  zoelofgren.house.gov
17 Sam Farr  www.farr.house.gov
18 Dennis A. Cardoza  www.house.gov/cardoza
19 Jeff Denham  denham.house.gov
20 Jim Costa  www.costa.house.gov
21 Devin Nunes  www.nunes.house.gov
22 Kevin McCarthy  kevinmccarthy.house.gov
23 Lois Capps  www.house.gov/capps
24 Elton Gallegly  www.house.gov/gallegly
25 Howard P. “Buck” McKeon  mckeon.house.gov
26 David Dreier  dreier.house.gov
27 Brad Sherman  www.house.gov/sherman
28 Howard L. Berman  www.house.gov/berman
29 Adam B. Schiff  schiff.house.gov
30 Henry A. Waxman  www.house.gov/waxman
31 Xavier Becerra  becerra.house.gov
32 Judy Chu  chu.house.gov
33 Karen Bass  karenbass.house.gov
34 Lucille Roybal-Allard  www.house.gov/roybal-allard
35 Maxine Waters  www.house.gov/waters
36 [Vacancy]
37 Laura Richardson  richardson.house.gov
38 Grace F. Napolitano  www.napolitano.house.gov
40 Edward R. Royce  www.royce.house.gov

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**GUAM**

Delegate: Madeleine Z. Bordallo

Website: www.house.gov/bordallo

**HAWAII**

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**IDAHO**

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**HOUSE**

- Republicans in roman
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<td>peters.house.gov</td>
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<td>Thaddeus G. McCotter</td>
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<td>Hansen Clarke</td>
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<td>John Kline</td>
<td>kline.house.gov</td>
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<td>Erik Paulsen</td>
<td>paulsen.house.gov</td>
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<td>Betty McCollum</td>
<td><a href="http://www.mccollum.house.gov">www.mccollum.house.gov</a></td>
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<td>Keith Ellison</td>
<td>ellison.house.gov</td>
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<td>MN06</td>
<td>Michele Bachmann</td>
<td>bachmann.house.gov</td>
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<td>MN07</td>
<td>Collin C. Peterson</td>
<td>collinpetersen.house.gov</td>
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<td>MN08</td>
<td>Chip Cravaack</td>
<td>cravaack.house.gov</td>
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<tr>
<td>MS01</td>
<td>Alan Nunnelee</td>
<td>nunnelee.house.gov</td>
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<tr>
<td>MS02</td>
<td>Bennie G. Thompson</td>
<td>benniethompson.house.gov</td>
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<tr>
<td>MS03</td>
<td>Greg Harper</td>
<td>harper.house.gov</td>
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<tr>
<td>MS04</td>
<td>Steven Palazzo</td>
<td>palazzo.house.gov</td>
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<tr>
<td>MO01</td>
<td>William Lacy Clay</td>
<td>lacyclay.house.gov</td>
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<td>MO02</td>
<td>W. Todd Akin</td>
<td>akin.house.gov</td>
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<td>MO03</td>
<td>Russ Carnahan</td>
<td>carnahan.house.gov</td>
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<td>MO04</td>
<td>Vicky Hartzler</td>
<td>hartzler.house.gov</td>
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<td>MO05</td>
<td>Emanuel Cleaver, II</td>
<td><a href="http://www.house.gov/cleaver">www.house.gov/cleaver</a></td>
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<td>MO06</td>
<td>Sam Graves</td>
<td><a href="http://www.house.gov/graves">www.house.gov/graves</a></td>
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<tr>
<td>MO07</td>
<td>Billy Long</td>
<td>long.house.gov</td>
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<td>MO08</td>
<td>Jo Ann Emerson</td>
<td><a href="http://www.house.gov/emerson">www.house.gov/emerson</a></td>
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<tr>
<td>MO09</td>
<td>Blaine Luetkemeyer</td>
<td>luetkemeyer.house.gov</td>
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**Notes:**
- **Republicans in roman**
- **Democrats in italic**
- **Independents in CAPS**
MONTANA
AL  Denny Rehberg  www.house.gov/rehberg

NEBRASKA
01  Jeff Fortenberry  fortenberry.house.gov
02  Lee Terry  leeterry.house.gov
03  Adrian Smith  adriansmith.house.gov

NEVADA
01  Shelley Berkley  berkley.house.gov
02  [Vacancy]
03  Joe Heck  heck.house.gov

NEW HAMPSHIRE
01  Frank Guinta  guinta.house.gov
02  Charles Bass  bass.house.gov

NEW JERSEY
01  Robert E. Andrews  www.house.gov/andrews
02  Frank A. LoBiondo  www.house.gov/lobiondo
03  Jon Runyan  runyan.house.gov
04  Christopher H. Smith  chriissmith.house.gov
05  Scott Garrett  www.house.gov/garrett
06  Frank Pallone Jr.  www.house.gov/pallone
07  Leonard Lance  lance.house.gov
08  Bill Pascrell Jr.  pascrell.house.gov
09  Steven R. Rothman  rothman.house.gov
10  Donald M. Payne  www.house.gov/payne
11  Rodney P. Frelinghuysen  frelinghuysen.house.gov
12  Rush D. Holt  holt.house.gov
13  Albio Sires  www.sires.house.gov

NEW MEXICO
01  Martin Heinrich  heinrich.house.gov
02  Steve Pearce  pearce.house.gov
03  Ben Ray Luján  lujan.house.gov

NEW YORK
01  Timothy H. Bishop  timbishop.house.gov
02  Steve Israel  israel.house.gov
03  Peter T. King  peteking.house.gov
04  Carolyn McCarthy  carolynmccarthy.house.gov
05  Gary L. Ackerman  www.house.gov/ackerman
06  Gregory W. Meeks  www.house.gov/meeks
07  Joseph Crowley  crowley.house.gov
08  Jerrold Nadler  www.house.gov/nadler
09  [Vacancy]
10  Edolphus Towns  www.house.gov/towns
11  Yvette D. Clarke  clarke.house.gov
12  Nydia M. Velázquez  www.house.gov/velazquez
13  Michael Grimm  grimm.house.gov
14  Carolyn B. Maloney  maloney.house.gov
15  Charles B. Rangel  rangel.house.gov
16  José E. Serrano  serrano.house.gov
17  Eliot L. Engel  engel.house.gov
18  Nita M. Lowey  lowey.house.gov
19  Nan Hayworth  hayworth.house.gov
20  Chris Gibson  gibson.house.gov

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02  Greg Walden  
   walden.house.gov
03  Earl Blumenauer  
   blumenauer.house.gov
04  Peter A. DeFazio  
   www.defazio.house.gov
05  Kurt Schrader  
   schrader.house.gov

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01  Robert A. Brady  
   www.brady.house.gov
02  Chaka Fattah  
   www.house.gov/fattah
03  Mike Kelly  
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04  Jason Altmire  
   altmire.house.gov
05  Glenn W. "GT" Thompson, Jr.  
   thompson.house.gov
06  Jim Gerlach  
   gerlach.house.gov
07  Pat Meehan  
   meehan.house.gov
08  Michael G. Fitzpatrick  
   fitzpatrick.house.gov
09  Bill Shuster  
   www.house.gov/shuster
10  Tom Marino  
   marino.house.gov
11  Lou Barletta  
   barletta.house.gov
12  Mark Critz  
   critz.house.gov
13  Allyson Schwartz  
   schwartz.house.gov
14  Michael F. Doyle  
   doyle.house.gov
15  Charlie Dent  
   dent.house.gov
16  Joseph R. Pitts  
   www.house.gov/pitts
17  Tim Holden  
   www.holden.house.gov
18  Tim Murphy  
   murphy.house.gov
19  Todd R. Platts  
   www.house.gov/platts

PUERTO RICO
Resident Commissioner
   Pedro R. Pierluisi  
   pierluisi.house.gov

RHODE ISLAND
01  David Cicilline  
   cicilline.house.gov
02  James R. Langevin  
   langevin.house.gov

SOUTH CAROLINA
01  Tim Scott  
   timscott.house.gov
02  Joe Wilson  
   joewilson.house.gov
03  Jeff Duncan  
   jeffduncan.house.gov
04  Trey Gowdy  
   gowdy.house.gov
05  Mick Mulvaney  
   mulvaney.house.gov
06  James E. Clyburn  
   clyburn.house.gov

SOUTH DAKOTA
AL  Kristi Noem  
   noem.house.gov

TENNESSEE
01  Phil Roe  
   roe.house.gov
02  John J. Duncan Jr.  
   www.house.gov/duncan
03  Chuck Fleischmann  
   fleischmann.house.gov
04  Scott DesJarlais  
   desjarlais.house.gov
05  Jim Cooper  
   cooper.house.gov
06  Diane Black  
   black.house.gov
07  Marsha Blackburn  
   blackburn.house.gov
08  Stephen Fincher  
   fincher.house.gov
09  Steve Cohen  
   cohen.house.gov

HOUSE  Republicans in roman  Democrats in italic  Independents in CAPS
TEXAS
01 Louie Gohmert gohmert.house.gov
02 Ted Poe poe.house.gov
03 Sam Johnson samjohnson.house.gov
04 Ralph M. Hall www.house.gov/ralphhall
05 Jeb Hensarling www.house.gov/hensarling
06 Joe Barton jebarton.house.gov
07 John Abney Culberson culberson.house.gov
08 Kevin Brady www.house.gov/brady
09 Al Green www.house.gov/algreen
10 Michael McCaul www.house.gov/mccaul
11 Mike Conaway conaway.house.gov
12 Kay Granger kaygranger.house.gov
13 Mac Thornberry thornberry.house.gov
14 Ron Paul www.house.gov/paul
15 Rubén Hinojosa hinojosa.house.gov
16 Silvestre Reyes www.house.gov/reyes
17 Bill Flores flores.house.gov
18 Sheila Jackson-Lee jacksonlee.house.gov
19 Randy Neugebauer randy.house.gov
20 Charles A. Gonzalez gonzalez.house.gov
21 Lamar S. Smith lamarsmith.house.gov
22 Pete Olson olson.house.gov
23 Francisco “Quico” Conceco conseco.house.gov
24 Kenny Marchant marchant.house.gov
25 Lloyd Doggett www.house.gov/doggett
26 Michael C. Burgess burgess.house.gov
27 Blake Farenthold farenthold.house.gov
28 Henry Cuellar cuellar.house.gov
29 Gene Green www.house.gov/green
30 Eddie Bernice Johnson www.house.gov/ebjohnson
31 John R. Carter carter.house.gov
32 Pete Sessions sessions.house.gov

UTAH
01 Rob Bishop robbishop.house.gov
02 Jim Matheson matheson.house.gov
03 Jason Chaffetz chaffetz.house.gov

VERMONT
AL Peter Welch welch.house.gov

VIRGIN ISLANDS
Delegate Donna M. Christensen www.donnachristensen.house.gov

VIRGINIA
01 Rob Wittman wittman.house.gov
02 Scott Rigell rigell.house.gov
03 Robert C. Scott www.house.gov/scott
04 J. Randy Forbes forbes.house.gov
05 Robert Hurt hurt.house.gov
06 Bob Goodlatte www.house.gov/goodlatte
07 Eric Cantor cantor.house.gov
08 James P. Moran moran.house.gov
09 Morgan Griffith morgangriffith.house.gov
10 Frank R. Wolf wolf.house.gov
11 Gerald E. Connolly connolly.house.gov

HOUSE Republicans in roman  Democrats in italic  Independents in CAPS
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<td>Cynthia Lummis</td>
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*HOUSE* Republicans in roman ■ Democrats in *italic* ■ Independents in CAPS
Appendix H:  
U.S. Senate and House of Representatives Committees and Members

UNITED STATES SENATE

AGRICULTURE, NUTRITION, AND FORESTRY
agriculture.senate.gov

Democrats (12)
Debbie Stabenow (MI) Chair
Patrick J. Leahy (VT)
Tom Harkin (IA)
Kent Conrad (ND)
Max Baucus (MT)
Ben Nelson (NE)
Sherrod Brown (OH)
Robert P. Casey, Jr. (PA)
Amy Klobuchar (MN)

Republicans (10)
Pat Roberts (KS) Ranking Member
Richard G. Lugar (IN)
Saxby Chambliss (GA)
Thad Cochran (MS)
Mitch McConnell (KY)
Mike Johanns (NE)
Charles E. Grassley (IA)
John R. Thune (SD)
John Boozman (AR)

APPROPRIATIONS
appropriations.senate.gov

Democrats (16)
Daniel K. Inouye (HI) Chair
Patrick J. Leahy (VT)
Tom Harkin (IA)
Barbara A. Mikulski (MD)
Herb Kohl (WI)
Patty Murray (WA)
Dianne Feinstein (CA)
Richard J. Durbin (IL)
Tim Johnson (SD)
Mary L. Landrieu (LA)
Jack Reed (RI)
Frank R. Lautenberg (NJ)
Ben Nelson (NE)
Mark Pryor (AR)
Jon Tester (MT)
Sherrod Brown (OH)

Republicans (14)
Thad Cochran (MS) Vice Chair
Mitch McConnell (KY)
Richard C. Shelby (AL)
Kay Bailey Hutchison (TX)
Lamar Alexander (TN)
Susan Collins (ME)
Lisa Murkowski (AK)
Lindsey Graham (SC)
Mark Kirk (IL)
Daniel Coats (IN)
Roy Blunt (MO)
Jerry Moran (KS)
John Hoeven (ND)
Ron Johnson (WI)

ARMED SERVICES
armed-services.senate.gov

Democrats (14)
Carl Levin (MI) Chair
Joseph I. Lieberman (CT) – Independent
Jack Reed (RI)
Daniel K. Akaka (HI)
Ben Nelson (NE)
Jim Webb (VA)
Claire McCaskill (MO)
Mark Udall (CO)
Kay Hagan (NC)
Mark Begich (AK)
Joe Manchin, III (WV)
Jeanne Shaheen (NH)
Kirsten Gillibrand (NY)
Richard Blumenthal (CT)

Republicans (12)
John McCain (AZ) Ranking Member
James M. Inhofe (OK)
Jeff Sessions (AL)
Saxby Chambliss (GA)
Roger Wicker (MS)
Scott Brown (MA)
Rob Portman (OH)
Kelly Ayotte (NH)
Susan Collins (ME)
Lindsey O. Graham (SC)
John Cornyn (TX)
David Vitter (LA)
BANKING, HOUSING, AND URBAN AFFAIRS
banking.senate.gov

Democrats (12)
Tim Johnson (SD) Chair
Jack Reed (RI)
Charles E. Schumer (NY)
Robert Menendez (NJ)
Daniel K. Akaka (HI)
Sherrod Brown (OH)
Jon Tester (MT)
Herb Kohl (WI)
Mark R. Warner (VA)
Jeff Merkley (OR)
Michael Bennet (CO)
Kay Hagan (NC)

Republicans (10)
Richard C. Shelby (AL) Ranking Member
Mike Crapo (ID)
Bob Corker (TN)
Jim DeMint (SC)
David Vitter (LA)
Mike Johanns (NE)
Pat Toomey (PA)
Mark Kirk (IL)
Jerry Moran (KS)
Roger Wicker (MS)

BUDGET
budget.senate.gov

Democrats (12)
Kent Conrad (D-ND) Chair
Patty Murray (D-WA)
Ron Wyden (OR)
Bill Nelson (FL)
Debbie A. Stabenow (MI)
Benjamin L. Cardin (MD)
Bernard Sanders (VT) – Independent
Sheldon Whitehouse (RI)
Mark Warner (VA)
Jeff Merkley (OR)
Mark Begich (AK)
Christopher Coons (DE)

Republicans (12)
Jeff Sessions (AL) Ranking Member
Charles E. Grassley (IA)
Michael B. Enzi (WY)
Mike Crapo (ID)
John Cornyn (TX)
Lindsey O. Graham (SC)
Lamar Alexander (TN)
John Thune (SD)
Rob Portman (OH)
Pat Toomey (PA)
Ron Johnson (WI)

COMMERCE, SCIENCE, AND TRANSPORTATION
commerce.senate.gov

Democrats (13)
John D. Rockefeller, IV (WV) Chair
Daniel K. Inouye (HI)
John F. Kerry (MA)
Barbara Boxer (CA)
Bill Nelson (FL)
Maria Cantwell (WA)
Frank R. Lautenberg (NJ)
Mark Pryor (AR)
Claire McCaskill (MO)
Amy Klobuchar (MN)
Tom Udall (NM)
Mark Warner (VA)
Mark Begich, (AK)

Republicans (12)
Kay Bailey Hutchison (TX) Ranking Member
Olympia J. Snowe (ME)
Jim DeMint (SC)
John Thune (SD)
Roger Wicker (MS)
Johnny Isakson (GA)
Roy Blunt (MO)
John Boozman (AR)
Pat Toomey (PA)
Marco Rubio (FL)
Kelly Ayotte (NH)

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Democrats (12)
Jeff Bingaman (NM) Chair
Ron Wyden (OR)
Tim Johnson (SD)
Mary L. Landrieu (LA)
Maria Cantwell (WA)
Bernard Sanders (VT) – Independent
Debbie Stabenow (MI)
Mark Udall (CO)
Jeanne Shaheen (NH)
Al Franken (MN)
Joe Manchin, III (WV)
Christopher Coons (DE)

Republicans (10)
Lisa Murkowski (AK) Ranking Member
Richard Burr (NC)
John Barrasso (WY)
Jim Risch (ID)
Mike Lee (UT)
Rand Paul (KY)
Daniel Coats (IN)
Rob Portman (OH)
John Hoeven (ND)
Bob Corker (TN)
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Democrats (10)
Barbara Boxer (CA) Chair
Max Baucus (MT)
Thomas Carper (DE)
Frank R. Lautenberg (NJ)
Benjamin L. Cardin (MD)
Bernard Sanders (VT) – Independent
Sheldon Whitehouse (RI)
Tom Udall (NM)
Jeff Merkley (OR)
Kirsten Gillibrand (NY)

Republicans (8)
James M. Inhofe (OK) Ranking Member
David Vitter (LA)
John Barrasso (WY)
Jeff Sessions (AL)
Mike Crapo (ID)
Lamar Alexander (TN)
Mike Johanns (NE)
John Boozman (AR)

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Jeff Bingaman (NM)
John F. Kerry (MA)
Ron Wyden (OR)
Charles E. Schumer (NY)
Debbie A. Stabenow (MI)
Maria Cantwell (WA)
Bill Nelson (FL)
Robert Menendez (NJ)
Thomas R. Carper (DE)
Ben Cardin (MD)

Republicans (11)
Orrin G. Hatch (UT) Ranking Member
Charles Grassley (IA)
Olympia Snowe (ME)
Jon L. Kyl (AZ)
Mike Crapo (ID)
Pat Roberts (KS)
Michael B. Enzi (WY)
John Cornyn (TX)
Tom Coburn (OK)
John Thune (SD)

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Robert P. Casey, Jr. (PA)
James Webb (VA)
Jeanne Shaheen (NH)
Christopher Coons (DE)
Richard Durbin (IL)
Tom Udall (NM)

Republicans (9)
Richard G. Lugar (IN) Ranking Member
Bob Corker (TN)
Jim Risch (ID)
Marco Rubio (FL)
Jim DeMint (SC)
James Inhofe (OK)
Johnny Isakson (GA)
John Barrasso (WY)
Mike Lee (UT)

HEALTH, EDUCATION,
LABOR AND PENSIONS
help.senate.gov

Democrats (12)
Tom Harkin (IA) Chair
Barbara A. Mikulski (MD)
Jeff Bingaman (NM)
Patty Murray (WA)
Bernard Sanders (VT) – Independent
Robert P. Casey, Jr. (PA)
Kay R. Hagan (NC)
Jeff Merkley (OR)
Al Franken (MN)
Michael Bennet (CO)
Sheldon Whitehouse (RI)
Richard Blumenthal (CT)

Republicans (10)
Michael B. Enzi (WY) Ranking Member
Lamar Alexander (TN)
Richard Burr (NC)
Johnny Isakson (GA)
Rand Paul (KY)
Orrin G. Hatch (UT)
John McCain (AZ)
Pat Roberts (KS)
Lisa Murkowski (AK)
Mark Kirk (IL)
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Democrats (9)
Joseph I. Lieberman (CT) Chair
– Independent
Carl Levin (MI)
Daniel K. Akaka (HI)
Thomas R. Carper (DE)
Mark L. Pryor (AR)
Mary L. Landrieu (LA)
Claire McCaskill (MO)
Jon Tester (MT)

Republicans (8)
Susan M. Collins (ME) Ranking Member
Tom Coburn (OK)
Scott Brown (MA)
John McCain (AZ)
Ron Johnson (WI)
Rob Portman (OH)
Rand Paul (KY)
Mark Begich (AK)

JUDICIARY

Democrats (10)
Patrick J. Leahy (VT) Chair
Herbert H. Kohl (WI)
Dianne Feinstein (CA)
Charles E. Schumer (NY)
Richard J. Durbin (IL)
Sheldon Whitehouse (RI)
Amy Klobuchar (MN)
Al Franken (MN)
Christopher Coons (DE)
Richard Blumenthal (CT)

Republicans (8)
Charles E. Grassley (IA) Ranking Member
Orrin G. Hatch (UT)
Jon L. Kyl (AZ)
Jeff Sessions (AL)
Lindsey Graham (SC)
John Cornyn (TX)
Mike Lee (UT)
Tom Coburn (OK)

RULES AND ADMINISTRATION

Democrats (10)
Charles E. Schumer (NY) Chair
Daniel K. Inouye (HI)
Dianne Feinstein (CA)
Richard J. Durbin (IL)
Ben Nelson (NE)
Patty Murray (WA)
Mark Pryor (AR)
Tom Udall (NM)
Mark Warner (VA)
Patrick Leahy (VT)

Republicans (8)
Lamar Alexander (TN) Ranking Member
Mitch McConnell (KY)
Thad Cochran (MS)
Kay Bailey Hutchison (TX)
Saxby Chambliss (GA)
Pat Roberts (KS)
Richard Shelby (AL)
Roy Blunt (MO)

SMALL BUSINESS AND ENTREPRENEURSHIP

Democrats (10)
Mary Landrieu (LA) Chair
Carl Levin (MI)
Tom Harkin (IA)
Joseph I. Lieberman (CT) – Independent
Maria Cantwell (WA)
Mark Pryor (AR)
Benjamin Cardin (MD)
Jeanne Shaheen (NH)
Kay R. Hagan (NC)

Republicans (9)
Olympia J. Snowe (ME) Ranking Member
David Vitter (LA)
Jim Risch (ID)
Marco Rubio (FL)
Rand Paul (KY)
Kelly Ayotte (NH)
Michael Enzi (WY)
Scott Brown (MA)
Jerry Moran (KS)
VETERANS’ AFFAIRS
veterans.senate.gov

Democrats (8)
Patty Murray (WA) Chair
John Rockefeller (WV)
Daniel K. Akaka (HI)
Bernard Sanders (VT) – Independent
Sherrod Brown (OH)
James Webb (VA)
Jon Tester (MT)
Mark Begich (AK)

Republicans (7)
Richard Burr (ID) Ranking Member
Johnny Isakson (GA)
Roger Wicker (MS)
Mike Johanns (NE)
Scott Brown (MA)
Jerry Moran (KS)
John Boozman (AR)

INDIAN AFFAIRS
indian.senate.gov

Democrats (8)
Daniel Akaka (HI) Chair
Daniel Inouye (HI)
Kent Conrad (ND)
Tim Johnson (SD)
Maria Cantwell (WA)
Jon Tester (MT)
Tom Udall (NM)
Al Franken (MN)

Republicans (6)
John Barrasso (WY) Vice Chair
John McCain (AZ)
Lisa Murkowski (AK)
John Hoeven (ND)
Mike Crapo (ID)
Mike Johanns (NE)

SELECT COMMITTEE ON ETHICS
ethics.senate.gov

Democrats (3)
Barbara Boxer (CA) Chair
Mark Pryor (AR)
Sherrod Brown (OH)

Republicans (3)
Johnny Isakson (GA) Ranking Member
Pat Roberts (KS)
Jim Risch (ID)

SELECT COMMITTEE ON INTELLIGENCE
intelligence.senate.gov

Democrats (8)
Dianne Feinstein (CA) Chair
John D. Rockefeller, IV (WV)
Ron Wyden (OR)
Barbara Mikulski (MD)
Bill Nelson (FL)
Kent Conrad (ND)
Mark Udall (CO)
Mark Warner (VA)

Republicans (7)
Saxby Chambliss (GA) Vice Chair
Olympia Snowe (ME)
Richard Burr (NC)
Jim Risch (ID)
Daniel Coats (IN)
Roy Blunt (MO)
Marco Rubio (FL)

SPECIAL COMMITTEE ON AGING
aging.senate.gov

Democrats (11)
Herbert H. Kohl (WI) Chair
Ron Wyden (OR)
Bill Nelson (FL)
Robert P. Casey, Jr. (PA)
Claire McCaskill (MO)
Sheldon Whitehouse (RI)
Mark Udall (NM)
Michael Bennet (CO)
Kirsten Gillibrand (NY)
Joe Manchin, III, (WV)
Richard Blumenthal (CT)

Republicans (10)
Bob Corker (TN) Ranking Member
Susan Collins (ME)
Orrin G. Hatch (UT)
Mark Kirk (IL)
Jerry Moran (KS)
Ron Johnson (WI)
Kelly Ayotte (NH)
Richard Shelby (AL)
Lindsey Graham (SC)
Saxby Chambliss (GA)
HOUSE OF REPRESENTATIVES

AGRICULTURE
agriculture.house.gov

Republicans (26)
Frank Lucas (OK-3) Chair
Bob Goodlatte (VA-6)
Timothy Johnson (IL-15)
Steve King (IA-5)
Randy Neugebauer (TX-19)
Mike Conaway (TX-11)
Jeff Fortenberry (NE-1)
Jean Schmidt (OH-2)
Glenn W. Thompson, Jr. (PA-5)
Tom Rooney (FL-16)
Marlin Stutzman (IN-3)
Bob Gibbs (OH-18)
Austin Scott (GA-8)
Stephen Fincher (TN-8)
Scott Tipton (CO-3)
Steve Soputherford II (FL-2)
Rick Crawford (AR-1)
Martha Roby (AL-2)
Tim Huelskamp (KS-1)
Scott DesJarlais (TN-4)
Renée Ellmers (NC-2)
Chris Gibson (NY-20)
Randy Hultgren (IL-14)
Reid Ribble (WI-8)

Democrats (20)
Collin Peterson (MN-7) Ranking Member
Tim Holden (PA-17)
Mike McIntyre (NC-7)
Leonard Boswell (IA-3)
Joe Baca (CA-43)
Dennis Cardoza (CA-18)
David Scott (GA-13)
Henry Cuellar (TX-28)
Jim Costa (CA-20)
Brad Ellsworth (IN-8)
Tim Walz (MN-1)
Kurt Schrader (OR-5)
Deborah Halvorson (IL-11)
Larry Kissell (NC-8)
Bill Owens (NY-23)
Chellie Pingree (ME-1)
Joe Courtney (CT-2)
Peter Welch (VT-AL)
Macia L. Fudge (OH-11)
Gregorio Kilili Camacho Sañan (MP-AL)
Terri A. Sewell (AL-7)
Jim McGovern (MA-3)

APPROPRIATIONS
appropriations.house.gov

Republicans (29)
Harold Rogers (KY-5) Chair
C.W. Bill Young (FL-10)
Jerry Lewis (CA-41)
Frank Wolf (VA-10)
Jack Kingston (GA-1)
Rodney Frelinghuysen (NJ-11)
Tom Latham (IA-4)
Robert Aderholt (AL-4)
Jo Ann Emerson (MO-8)
Kay Granger (TX-12)
Mike Simpson (ID-2)
John Culberson (TX-7)
Ander Crenshaw (FL-4)
Dennis Rehberg (MT-AL)
John Carter (TX-31)
Rodney Alexander (LA-5)
Ken Calvert (CA-44)
Jo Bonner (AL-1)
Steven LaTourette (OH-14)
Tom Cole (OK-4)
Jeff Flake (AZ-6)
Mario Díaz-Balart (FL-21)
Charlie Dent (PA-15)
Steve Austria (OH-7)
Cynthia M. Lummis (WY-AL)
Tom Graves (GA-9)
Kevin Yoder (KS-3)
Steve Womack (AR-3)
Alan Nunnelee (MS-1)

Democrats (21)
Norman Dicks (WA-6) Ranking Member
Marcy Kaptur (OH-9)
Peter Visclosky (IN-1)
Nita Lowey (NY-18)
José Serrano (NY-16)
Rosa DeLauro (CT-3)
James Moran (VA-8)
John Olver (MA-1)
Ed Pastor (AZ-4)
David E. Price (NC-4)
Mike Simpson (ID-2)
Maurice D. Hinchey (NY-22)
Lucille Roybal-Allard (CA-34)
Sam Farr (CA-17)
Jesse L. Jackson, Jr. (IL-2)
Chaka Fattah (PA-2)
Steven Rothman (NJ-9)
Sanford Bishop, Jr. (GA-2)
Barbara Lee (CA-9)
Adam Schiff (CA-29)
Michael Honda (CA-15)
Betty McCollum (MN-4)
ARMED SERVICES
armedservices.house.gov

Republicans (35)
Howard McKeon (CA-25) Chair
Roscoe Bartlett (MD-6)
William Thornberry (TX-13)
Walter Jones, Jr. (NC-3)
Todd Akin (MO-2)
Randy Forbes (VA-4)
Jeff Miller (FL-1)
Joe Wilson (SC-2)
Frank LoBiondo (NJ-2)
Michael Turner (OH-3)
John Kline (MN-2)
Michael Rogers (AL-3)
Trent Franks (AZ-2)
Bill Shuster (PA-9)
Mike Conaway (TX-11)
Doug Lamborn (CO-5)
Robert Wittman (VA-1)
Duncan Hunter (CA-52)
John Fleming (LA-4)
Mike Coffman (CO-6)
Tom Rooney (FL-16)
Todd Russell Platts (PA-19)
Scott Rigell (VA-2)
Chris Gibson (NY-20)
Vicky Hartzler (MO-4)
Joe Heck (NV-3)
Bobby Schilling (IL-17)
Jon Runyan (NJ-3)
Austin Scott (GA-8)
Tim Griffin (AR-2)
Steven M. Palazzo (MS-4)
Allen B. West (FL-22)
Martha Roby (AL-2)
Mo Brooks (AL-5)
Todd Young (IN-9)

Democrats (27)
Adam Smith (WA-9) Ranking Member
Silvestre Reyes (TX-16)
Loretta Sanchez (CA-47)
Mike McIntyre (NC-7)
Robert Brady (PA-1)
Robert Andrews (NJ-1)
Susan Davis (CA-53)
James Langevin (RI-2)
Rick Larsen (WA-2)
Jim Cooper (TN-5)
Madeleine Bordallo (GU-AL)
Joe Courtney (CT-2)
David Loeb (IA-2)
Gabrielle Giffords (AZ-8)
Niki Tsongas (MA-5)
Chellie Pingree (ME-1)
Larry Kissell (NC-8)
Martin Heinrich (NM-1)
Bill Owens (NY-23)
John Garamendi (CA-10)
Mark Critz (PA-12)
Tim Ryan (OH-17)
C. A. Ruppersberger (MD-2)
Hank Johnson (GA-4)
Kathy Castor (FL-11)
Betty Sutton (OH-13)
Colleen Hanabusa (HI-1)

BUDGET
budget.house.gov

Republicans (22)
Paul D. Ryan (WI-1) Chair
Scott Garrett (NJ-5)
Mike Simpson (ID-2)
John Campbell (CA-48)
Ken Calvert (CA-44)
Todd Akin (MO-2)
Tom Cole (OK-4)
Tom Price (GA-6)
Tom McClintock (CA-4)
Jason Chaffetz (UT-3)
Marlin Stutzman (IN-3)
James Lankford (OK-5)
Diane Black (TN-6)
Reid Ribble (WI-8)
Bill Flores (TX-17)
Mick Mulvaney (SC-5)
Tim Huelskamp (KS-1)
Todd Young (IN-9)
Justin Amash (MI-3)
Todd Rokita (IN-4)
Frank Guinta (NH-1)
Rob Woodall (GA-7)

Democrats (16)
Chris Van Hollen (MD-8) Ranking Member
Allyson Schwartz (PA-13)
Marcy Kaptur (OH-9)
Lloyd Doggett (TX-25)
Earl Blumenauer (OR-3)
Betty McCollum (MN-4)
John A. Yarmuth (KY-3)
Bill Pascrell, Jr. (NJ-8)
Michael M. Honda (CA-15)
Tim Ryan (OH-17)
Debbie Wasserman Schultz (FL-20)
Gwen Moore (WI-4)
Kathy Castor (FL-11)
Heath Shuler (NC-11)
Paul Tonko (NY-21)
Karen Bass (CA-33)
EDUCATION AND THE WORKFORCE
edlabor.house.gov

Republicans (23)
John Kline (MN-2) Chair
Thomas Petri (WI-6)
Howard McKeon (CA-25)
Judy Biggert (IL-13)
Todd Platts (PA-19)
Joe Wilson (SC-2)
Virginia Foxx (NC-5)
Duncan Hunter (CA-52)
Phil Roe (TN-1)
Glenn W. Thompson (PA-5)
Tim Walberg (MI-7)
Scott DesJarlais (TN-4)
Richard Hanna (NY-24)
Todd Rokita (IN-4)
Larry Buschon (IN-8)
Trey Gowdy (SC-4)
Lou Barletta (PA-11)
Kristi Noem (SD-AL)
Martha Roby (AL-2)
Joe Heck (NV-3)
Dennis A. Ross (FL-12)
Mike Kelly (PA-3)
Vacancy

Democrats (17)
George Miller (CA-7) Ranking Member
Dale Kildee (MI-5)
Donald Payne (NJ-10)
Robert Andrews (NJ-1)
Bobby Scott (VA-3)
Lynn Woolsey (CA-6)
Ruben Hinojosa (TX-15)
Carolyn McCarthy (NY-4)
John Tierney (MA-6)
Dennis Kucinich (OH-10)
David Wu (OR-1)
Rush Holt (NJ-12)
Susan Davis (CA-53)
Raúl Grijalva (AZ-7)
Tim Bishop (NY-1)
David Loebsack (IA-2)
Mazie Hirono (HI-2)

ENERGY AND COMMERCE
energycommerce.house.gov

Republicans (31)
Fred Upton (MI-6) Chair
Joe Barton (TX-6)
Cliff Stearns (FL-6)
Edward Whitfield (KY-1)
John Shimkus (IL-19)
Joseph Pitts (PA-16)
Mary Bono Mack (CA-45)
Greg Walden (OR-2)
Lee Terry (NE-2)
Michael Rogers (MI-8)
Sue Myrick (NC-9)
John Sullivan (OK-1)
Tim Murphy (PA-18)
Michael Burgess (TX-26)
Marsha Blackburn (TN-7)
Brian Bilbray (CA-50)
Charles Bass (NH-2)
Phil Gingrey (GA-11)
Steve Scalise (LA-1)
Bob Latta (OH-5)
Cathy McMorris Rodgers (WA-5)
Gregg Harper (MS-3)
Leonard Lance (NJ-7)
Bill Cassidy (LA-6)
Brett Guthrie (KY-2)
Pete Olson (TX-22)
David B. McKinley (WV-1)
Cory Gardner (CO-4)
Mike Pompeo (KS-4)
Adam Kinzinger (IL-11)
Morgan Griffith (VA-9)

Democrats (23)
Henry Waxman (CA-30) Ranking Member
John D. Dingell (MI-15)
Edward Markey (MA-7)
Edolphus Towns (NY-10)
Frank Pallone (NJ-6)
Bobby Rush (IL-1)
Anna Eshoo (CA-14)
Eliot Engel (NY-17)
Gene Green (TX-29)
Diana DeGette (CO-1)
Lois Capps (CA-23)
Mike Doyle (PA-14)
Janice Schakowsky (IL-9)
Charles Gonzalez (TX-20)
Jay Inslee (WA-1)
Tammy Baldwin (WI-2)
Mike Ross (AR-4)
Jim Matheson (UT-2)
G.K. Butterfield (NC-1)
John Barrow (GA-12)
Doris O. Matsui (CA-5)
Donna Christensen (VI)
Vacancy
ETHICS
ethics.house.gov

Republicans (5)
Jo Bonner (AL-1) Chair
Michael McCaul (TX-10)
Mike Conaway (TX-11)
Charles W. Dent (PA-15)
Gregg Harper (MS-3)

Democrats (5)
Linda Sanchez (CA-39) Ranking Member
Mazie K. Hirono (HI-2)
John Yarmuth (KY-3)
Donna Edwards (MD-4)
Pedro R. Pierluisi (PR)

FINANCIAL SERVICES
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Republicans (34)
Spencer Bachus (AL-6) Chair
Peter King (NY-3)
Ed Royce (CA-40)
Frank Lucas (OK-3)
Ron Paul (TX-14)
Donald Manzullo (IL-16)
Walter Jones, Jr. (NC-3)
Judy Biggert (IL-13)
Gary Miller (CA-42)
Shelley Moore Capito (WV-2)
Jeb Hensarling (TX-5)
Scott Garrett (NJ-5)
J. Gresham Barrett (SC-3)
Jim Gerlach (PA-6)
Randy Neugebauer (TX-19)
Patrick McHenry (NC-10)
John Campbell (CA-48)
Michele Bachmann (MN-6)
Kenny Marchant (TX-24)
Thaddeus McCotter (MI-11)
Kevin McCarthy (CA-22)
Steve Pearce (NM-2)
Bill Posey (FL-15)
Michael Fitzpatrick (PA-8)
Lynn Westmoreland (GA-3)
Blaine Luetkemeyer (MO-9)
Bill Huizenga (MI-2)
Sean Duffy (WI-7)
Nan Hayworth (NY-19)
James B. Renacci (OH-16)
Robert Hurt (VA-5)
Robert Dold (IL-10)
David Schweikert (AZ-5)
Michael G. Grimm (NY-13)
Francisco Conesco (TX-23)
Steve Stivers (OH-15)

Democrats (27)
Barney Frank (MA-4) Ranking Member
Maxine Waters (CA-35)
Carolyn Maloney (NY-14)
Luis Gutierrez (IL-4)
Nydia Velázquez (NY-12)
Melvin Watt (NC-12)
Gary Ackerman (NY-5)
Brad Sherman (CA-27)
Gregory Meeks (NY-6)
Michael Capuano (MA-8)
Rubén Hinojosa (TX-15)
William Lacy Clay (MO-1)
Carolyn McCarthy (NY-4)
Joe Baca (CA-43)
Stephen Lynch (MA-9)
Brad Miller (NC-13)
David Scott (GA-13)
Al Green (TX-9)
Emanuel Cleaver (MO-5)
Gwen Moore (WI-4)
Keith Ellison (MN-5)
Ed Perlmutter (CO-7)
Joe Donnelly (IN-2)
André Carson (IN-7)
Jim Himes (CT-4)
Gary Peters (MI-9)
John Carney (DE-AL)
FOREIGN AFFAIRS
foreignaffairs.house.gov

Republicans (26)
Ileana Ros-Lehtinen (FL-18) Chair
Christopher Smith (NJ-4)
Dan Burton (IN-5)
Elton Gallegly (CA-24)
Dana Rohrabacher (CA-46)
Donald Manzullo (IL-16)
Ed Royce (CA-40)
Steve Chabot (OH-1)
Ron Paul (TX-14)
Jeff Flake (AZ-6)
Mike Pence (IN-6)
Joe Wilson (SC-2)
Connie Mack IV (FL-14)
Jeff Fortenberry (NE-1)
Michael McCaul (TX-10)
Ted Poe (TX-2)
Gus Bilirakis (FL-9)
Jean Schmidt (OH-2)
Bill Johnson (OH-6)
David Rivera (FL-25)
Mike Kelly (PA-3)
Tim Griffin (AR-2)
Tom Marino (PA-10)
Jeff Duncan (SC-3)
Ann Marie Buerkle (NY-25)
Renee Ellmers (NC-2)
Vacancy

Democrats (20)
Howard Berman (CA-28) Ranking Member
Gary Ackerman (NY-5)
Eni Faleomavaega (AS-AL)
Donald Payne (NJ-10)
Brad Sherman (CA-27)
Eliot Engel (NY-17)
Gregory Meeks (NY-6)
Russ Carnahan (MO-3)
Albio Sires (NJ-13)
Gerry Connolly (VA-11)
Ted Deutch (FL-19)
Dennis Cardoza (CA-18)
Ben Chandler (KY-6)
Brian Higgins (NY-27)
Allyson Y. Schwartz (PA-13)
Christopher S. Murphy (CT-5)
Frederica S. Wilson (FL-17)
Karen Bass (CA-33)
William Keating (MA-10)
David Cicilline (RI-1)

HOMELAND SECURITY
homeland.house.gov

Republicans (19)
Peter King (NY-3) Chair
Lamar Smith (TX-21)
Dan Lungren (CA-3)
Michael Rogers (AL-3)
Michael McCaul (TX-10)
Gus Bilirakis (FL-9)
Paul Broun (GA-10)
Candice Miller (MI-10)
Tim Walberg (MI-7)
Chip Cravaack (MN-8)
Joe Walsh (IL-8)
Patrick Meehan (PA-7)
Ben Quayle (AZ-3)
Scott Rigell (VA-2)
Billy Long (MO-7)
Jeff Duncan (SC-3)
Tom Marino (PA-10)
Blake Farenthold (TX-27)
Mo Brooks (AL-5)

Democrats (14)
Bennie G. Thompson (MS-2) Ranking Member
Loretta Sanchez (CA-47)
Sheila Jackson Lee (TX-18)
Henry Cuellar (TX-28)
Yvette Clarke (NY-11)
Donna M.C. Christensen (VI)
Danny K. Davis (IL-7)
Brian Higgins (NY-27)
Jackie Speier (CA-12)
Cedric L. Richmond (LA-2)
Hansen Clarke (MI-13)
William Keating (MA-10)
Vacancy

HOUSE ADMINISTRATION
cha.house.gov

Republicans (6)
Dan Lungren (CA-3) Chair
Gregg Harper (MS-3)
Phil Gingrey (GA-11)
Aaron Schock (IL-18)
Todd Rokita (IN-4)
Rich Nugent (FL-5)

Democrats (3)
Robert Brady (PA-1) Ranking Member
Zoe Lofgren (CA-16)
Charles Gonzalez (TX-20)
<table>
<thead>
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<th>JUDICIARY</th>
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<tr>
<td>judiciary.house.gov</td>
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<tr>
<td><strong>Republicans</strong> (23)</td>
</tr>
<tr>
<td>Lamar S. Smith (TX-21) <em>Chair</em></td>
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<tr>
<td>F. James Sensenbrenner (WI-5)</td>
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<td>Howard Coble (NC-6)</td>
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<tr>
<td><strong>Democrats</strong> (16)</td>
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<tr>
<td>John Conyers, Jr. (MI-14) <em>Ranking Member</em></td>
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<tr>
<td>Howard Berman (CA-28)</td>
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<td>Jerrold Nadler (NY-8)</td>
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<td>Judy Chu (CA-34)</td>
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<th>NATURAL RESOURCES</th>
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<td>resourcescommittee.house.gov</td>
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<td><strong>Republicans</strong> (27)</td>
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<tr>
<td>Doc Hastings (WA-4) <em>Chair</em></td>
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<td>Don Young (AK-AL)</td>
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<td><strong>Democrats</strong> (21)</td>
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<tr>
<td>Edward J. Markey (MA-7) <em>Ranking Member</em></td>
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<td>Dale Kildee (MI-5)</td>
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<td>Peter A. DeFazio (OR-4)</td>
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<td>Pedro R. Pierluisi (PR-AL)</td>
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<td>John Garamendi (CA-10)</td>
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<td>Colleen Hanabusa (HI-1)</td>
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OVERSIGHT AND GOVERNMENT REFORM
overight.house.gov

Republicans (23)
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Connie Mack (FL-14)
Tim Walberg (MI-7)
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Justin Amash (MI-3)
Ann Marie Buerkle (NY-25)
Paul Gosar (AZ-1)
Paul R. Labrador (ID-1)
Patrick Meehan (PA-7)
Scott DesJarlais (TN-4)
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Stephen Lynch (MA-9)
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Bruce Braley (IA-1)
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Christopher S. Murphy (CT-5)
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RULES
www.rules.house.gov

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Ranking Member
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Jared Polis (CO-2)

SCIENCE AND TECHNOLOGY
science.house.gov

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Dan Benishek (MI-1)
Vacancy

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www.house.gov/smbiz

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Lou Barletta (PA-11)
Vacancy

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Jason Altmire (PA-4)
Yvette Clarke (NY-11)
Judy Chu (CA-32)
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Gary Peters (MI-9)
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TRANSPORTATION AND INFRASTRUCTURE
transportation.house.gov

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Timothy Johnson (IL-15)
Sam Graves (MO-6)
Bill Shuster (PA-9)
John Boozman (AR-3)
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Jean Schmidt (OH-2)
Candice Miller (MI-10)
Duncan Hunter (CA-52)
Tom Reed (NY-29)
Andy Harris (MD-1)
Rick Crawford (AR-1)
Jaime Herrera Beutler (WA-3)
Frank Guinta (NH-1)
Randy Hultgren (IL-14)
Lou Barletta (PA-11)
Chip Cravaack (MN-8)
Blake Farenthold (TX-27)
Larry Bucshon (IN-8)
Billy Long (MO-7)
Bob Gibbs (OH-18)
Patrick Meehan (PA-7)
Richard Hanna (NY-24)
Stephen Fincher (TN-8)
Jeff Landry (LA-3)
Steve Southerland II (FL-2)
Jeff Denham (CA-19)
James Lankford (OK-5)

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Jerry Costello (IL-12)
Eleanor Holmes Norton (DC-AL)
Jerrold Nadler (NY-8)
Corrynne Brown (FL-3)
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veterans.house.gov

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Gus Bilirakis (FL-9)
Phil Roe (TN-1)
Marlin Stutzman (IN-3)
Bill Flores (TX-17)
Bill Johnson (OH-6)
Jeff Denham (CA-19)
Jon Runyan (NJ-3)
Dan Benishek (MI-1)
Ann Marie Buerkle (NY-25)
Tim Huelskamp (KS-1)
Vacancy
Vacancy

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Bob Filner (CA-51) Ranking Member
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Silvestre Reyes (TX-16)
Michael Michaud (ME-2)
Linda Sanchez (CA-39)
Bruce Braley (IA-1)
Jerry McNerney (CA-11)
Joe Donnelly (IN-2)
Tim Walz (MN-1)
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Russ Carnahan (MO-3)

WAYS AND MEANS
waysandmeans.house.gov

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Geoff Davis (KY-4)
Dave Reichert (WA-8)
Charles Boustany (LA-7)
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Jim Gerlach (PA-6)
Tom Price (GA-6)
Vern Buchanan (FL-13)
Adrian Smith (NE-3)
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Erik Paulsen (MN-3)
Rick Berg (ND-AL)
Diane Black (TN-6)
Vacancy

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Fortney Pete Stark (CA-13)
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Lloyd Doggett (TX-25)
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John Larson (CT-1)
Earl Blumenauer (OR-3)
Ron Kind (WI-3)
Bill Pascrell (NJ-8)
Shelley Berkley (NV-1)
Joseph Crowley (NY-7)

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intelligence.house.gov

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Mike Conaway (TX-11)
Peter T. King (NY-3)
Frank LoBiondo (NJ-2)
Devin Nunes (CA-21)
Lynn Westmoreland (GA-3)
Michele Bachmann (MN-6)
Tom Rooney (FL-16)
Joe Heck (NV-3)

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Janice Schakowsky (IL-9)
James Langevin (RI-2)
Adam Schiff (CA-29)
Dan Boren (OK-2)
Luis Gutierrez (IL-4)
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