

Manpower Challenges and Trends

How did we get here? Where are we headed?



Moderator: Susan Cheek, CPA, CASC, CHCC
Administrator, Dallas Endoscopy Center
CEO, Creative Empowering Solutions, LLC (ADEO)

Maggie Jeffries, MD FASA
President, TASCS & The Ophthalmic Anesthesia Society
Owner, Avanti Anesthesia
Houston, TX
maggie.jeffries@gmail.com

Randy Robbins, MD
President, Valiant Anesthesia Associates PLLC
Southlake, TX
robbins@valiantanesthesia.com

Ryan Vaughn, Director of Awesome
ASC Operations/ Anesthesia Staffing Consultant
rgvaughn1@gmail.com



Texas Population and Population Growth

Overall Growth: Texas gained **562,941** new residents between 2023 and 2024, reaching a total population of **31,290,831**.

International Migration: A major driver of this surge was **net international migration**, with **319,569** new arrivals from abroad.

Policy Considerations: Future international growth in Texas may be tempered by Executive and State policies emphasizing stricter border security and reduced illegal immigration.

Texas' population rose nearly 4 million between 2012 and 2022, by far the most of any state and surpassing second-place Florida by 1 million. Texas' 15.1 percent increase in population during this period was more than double the U.S. growth of 6.2 percent. Eleven of Texas' 12 economic regions experienced net population growth, led by the Capital (30.9 percent), Metroplex (19.3 percent), Gulf Coast (18.4 percent), Alamo (16.8 percent) and Central Texas (13.2 percent) regions.

Vgzcu'Ego r vtqngt'qh'Rwdile'Ceeqwpwu0*4246.'Lwpg-0Vgzcu'uj qy u'eqpvwpwgf'geqpqo le.'t qr wvvpq"
i tqy vj 2J k j ki j w'qh'Ego r vtqngt'u'pgy "uvcvg'tgi kqpcrtgr qtw0Tgvtlgxgf'Lwn'44.'4246.'tqo "
[j wr u4leqo r vtqngt0gzcu0 qxlgeqpqo {lhuecnpqyulgeqpqo leu14246ltgi kq/tcevu](https://data.census.gov/profile/Texas?g=040XX00US48)

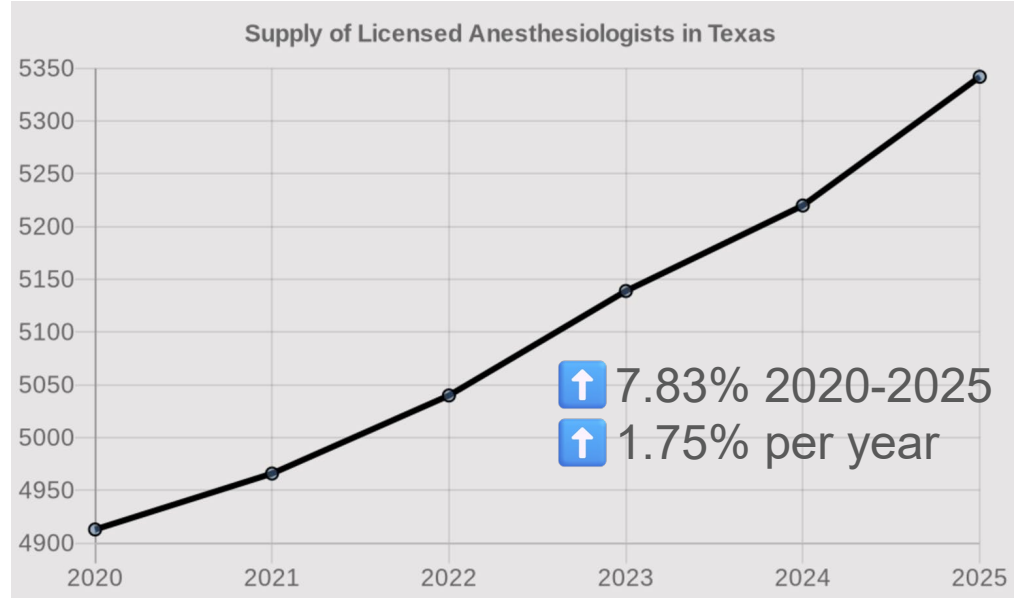
U.S. Census Bureau. Texas profile. Census.gov. Retrieved July 22, 2024, from
<https://data.census.gov/profile/Texas?g=040XX00US48>

Texas Tribune. (2024, December 19). *Texas' population surpasses 31 million as state adds more than half a million residents, census estimates show.* Retrieved from
<https://www.texastribune.org/2024/12/19/texas-population-31-million/>

Supply of Licensed Anesthesiologist in Texas

Number of Anesthesiologists Licensed in Texas:

- May 2020: 4913
- May 2021: 4966
- May 2022: 5040
- May 2023: 5129
- May 2024: 5288
- Jan 2025: 5342

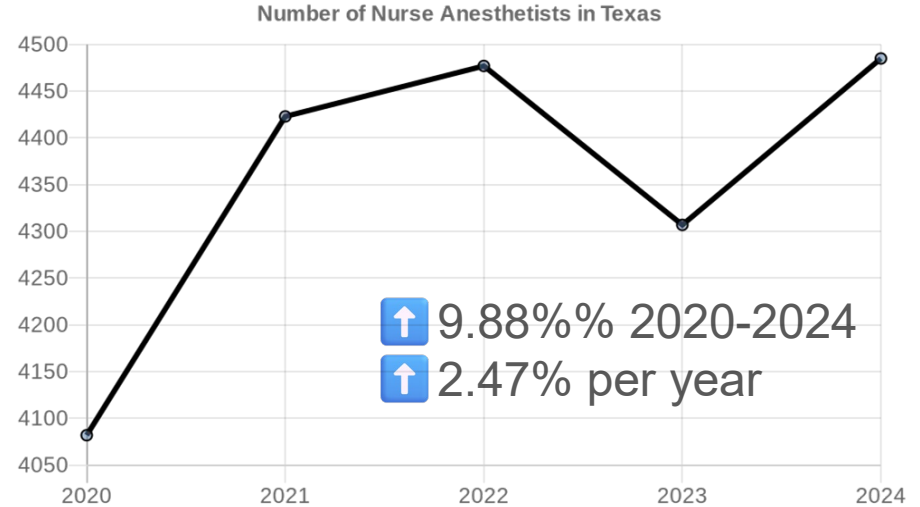


Texas Medical Board. (2024). Physician Statistics. Retrieved July 10, 2024, from <https://www.tmb.state.tx.us/dl/CDE6AAD5-E53C-CE8F-6869-B5DA00B41872>

Supply of Nurse Anesthetists in Texas

Number of CRNAs Licensed in Texas

2020: 4,485
2021: 4,423
2022: 4,477
2023: 4,307
2024: 4,485



Texas Board of Nursing. "Advanced Practice Registered Nurses by County, 2020." Texas Board of Nursing, June 15, 2020. Accessed July 16, 2024.
https://www.bon.texas.gov/pdfs/statistics_pdfs/2020TexasStatistics/APRN-County-%202020-06-15.pdf

Texas Department of State Health Services. "Certified Registered Nurse Anesthetists, 2024." Texas Health Data, 2024. Accessed Feb. 17, 2025.
<https://www.dshs.texas.gov/center-health-statistics/health-professions-resource-center-hprc/supply-distribution-tables-state-licensed-health-professions-texas/certified-registered-nurse-anesthetists/certified-registered-nurse-anesthetists-2023>

Physician Workforce Age and Gender Trends

Physicians by Age

May 2024

AGE GROUP	MALE	FEMALE	UNKNOWN	TOTAL
0 - 30	760	901	0	1661
31 - 35	5141	4657	0	9798
36 - 40	7814	6513	2	14329
41 - 45	7989	6362	1	14352
46 - 50	8003	5334	4	13341
51 - 55	7536	4359	9	11904
56 - 60	6814	3096	9	9919
61 - 65	6127	2252	3	8382
66 - 70	5056	1361	3	6420
71 - 75	3155	627	0	3782
76 - 120	2608	282	0	2890
TOTAL	61003	35744	31	96778


AGE GROUP	IN STATE	OUT OF STATE	TOTAL
0 - 30	1476	185	1661
31 - 35	8243	1555	9798
36 - 40	11184	3145	14329
41 - 45	10726	3626	14352
46 - 50	9872	3469	13341
51 - 55	8729	3175	11904
56 - 60	7343	2576	9919
61 - 65	6221	2161	8382
66 - 70	4862	1558	6420
71 - 75	2996	786	3782
76 - 120	2419	471	2890
TOTAL	74071	22707	96778

Youngest Physicians (0-30): Predominantly female: 54% (901 out of 1,661) A higher proportion of female physicians in the younger age group (0-30). The gender gap widens significantly with age, with a higher percentage of males in older age groups. Younger generation values work life balance.

23,841/74,071

32% of the In State Licensed Physicians are 56 and above.

Future Estimated Supply of Anesthesiologists in Texas

Program Name	Avg. Class Size	Estimated Total Residents
UT Southwestern Medical Center Program	20	80
San Antonio Uniformed Services Health Education Consortium Program	12	48
Baylor All Saints Medical Center Fort Worth Program	4	16
University of Texas Medical Branch Hospitals Program	20	80
Baylor College of Medicine Program	22	88
UT Health Science Center at Houston (McGovern) Program	30	120
Methodist Hospital (Houston) Program	12	48
Texas Tech University Health Sciences Center at Lubbock Program	4	16
University of Texas Health Science Center at San Antonio Joe and Teresa Lozano Long School of Medicine Program	18	72
Texas A&M College of Medicine-Scott and White Medical Center (Temple) Program	12	48
University of Texas Health Science Center at Tyler Program	6	24
Total New Residents/Year (Approx )	156	-

11 Anesthesiology Programs in Texas

Maximum Graduates/Year in Texas Assuming the Entire Class Finishes is 156.

Future Estimated Supply of CRNA's in Texas

Program	Current Annual Class Size
Baylor College of Medicine	28
University of Texas Health Science Center at Houston	25
US Army Graduate Program in Anesthesia Nursing (USAGPAN)	31
UT Health San Antonio	New program, size not specified
Texas Wesleyan University	105
Texas Christian University	68
University of Texas Medical Branch at Galveston	20

So accounting for attrition 250 + CRNA's graduating annually.

Future Estimated Supply of Anesthesiology Assistants in Texas

Program Name	Location	Average Number of Students per Class
Case Western Reserve University Master of Science in Anesthesia Program	Houston, TX	25
Case Western Reserve University Master of Science in Anesthesia Program	Austin, TX	28
University of Texas Health Science Center at Houston - Master of Science in Anesthesia Program	Houston, TX	28

So 81 AA's entering the workforce yearly

National Supply of Anesthesiologists, Nurse Anesthetists, Anesthesiology Assistants

Nationally:

According to the National Downloadable File, the Center for Anesthesia Workforce Studies estimates that the clinically active professions are made up of

43,500 anesthesiologists

50,000 nurse anesthetists

3,200 anesthesiologist assistants.

5,200 anesthesia professionals entered the workforce from training programs in 2023:

1,900 anesthesiologists,

3,000 nurse anesthetists,

300 anesthesiologist assistants.

Compared to 4,800 anesthesia professionals in 2022.

But are the numbers
accurate?

97,000 professionals billed
Medicare in the past year
but there are 138,000
active NPIs

Predicting the Long Term Anesthesia Workforce Supply and Demand
Can be Difficult



Poor Predictions of Workforce Can Require Decades to Correct

- Emergency Medicine suffered from an oversupply of ER physicians in the last few years culminating in over 500 positions going unmatched in 2023 and over 100 positions unmatched in 2024.
- Workforce Estimate supply and demand data may not be accurate and the specialty of anesthesiology paid the price for this miscalculation in the 1990's with a well meaning but poorly forecasted oversupply that deterred medical students from entering the specialty leading to a severe shortage that lasted over a decade.
- Federal Policy change can dramatically impact workforce for both Supply and Demand.

Kiemeny, M., Fisher, J., Calaway, N., & Dark, C. (2024, March 11). Emergency Medicine Shows Rebound in 2024 Residency Match. *ACEP Now*. Retrieved from <https://www.acepnow.com/article/2024-match-week/>

Schubert, A., Eckhout, G., Cooperider, T., & Kuhel, A. (2001). Evidence of a Current and Lasting National Anesthesia Personnel Shortfall: Scope and Implications. *Mayo Clinic Proceedings*, 76(10), 995-1011. <https://doi.org/10.4065/76.10.995>

Workforce Overview



Fig. 1. Imbalance in anesthesia workforce supply and demand is multifactorial. Since the COVID pandemic, the imbalance has accelerated as the increase in demand, especially in non–operating room anesthetizing sites, has outpaced supply.

Workforce Overview

- Currently a demand/supply imbalance for the anesthesia workforce
- Before COVID, 35% of facilities reported anesthesia staffing shortages, after COVID 78% report shortages
- Unique circumstance of increased procedures due to aging population, with 58 million Americans 65 or older which is expected to become 90 million by 2050.
- An aging anesthesia workforce
- Changes in new generation of anesthesia clinician, different expectations



Workforce Overview

- In normal consumer markets, price and supply can adjust quickly to make a market equilibrium.
- Highly skilled labor is different and requires longer lead time to fill empty spots.
- Large employers limiting wage adjustments.
- Long-term employment contracts favor static wages.
- Payments to clinicians are fixed based on govt. price setting or 3-year insurance contracts.
- Workforce issues topped the list at American College of Healthcare Executives 2023 annual survey for second year in a row.



National Workforce numbers

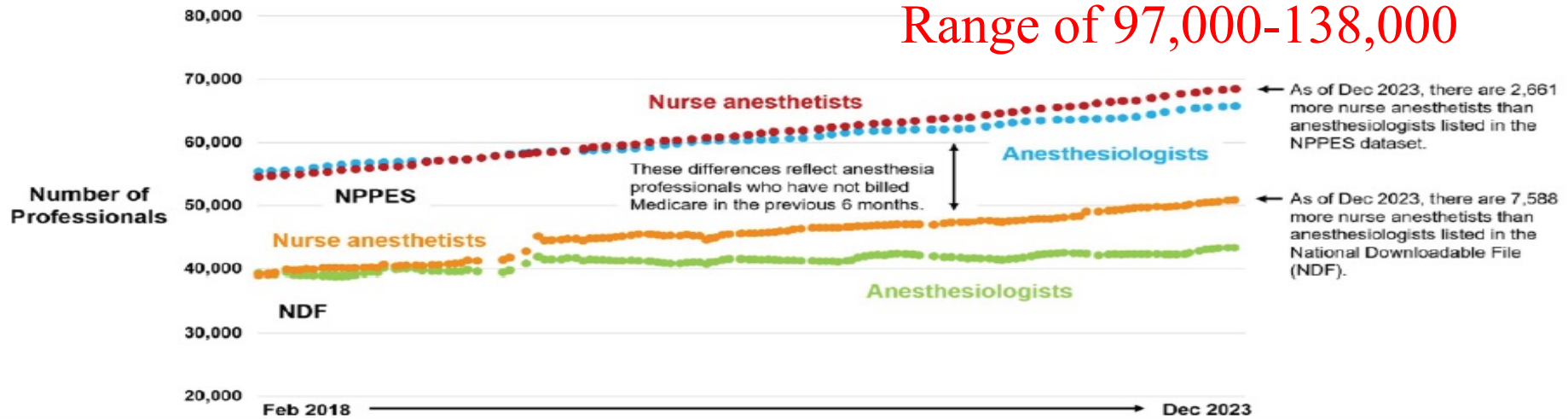


Fig. 2. Number of anesthesiologists and nurse anesthetists: 2018 to 2023. According to the National Plan and Provider Enumeration System (NPPES) (https://download.cms.gov/nppes/NPI_Files.html), in December 2023 there were an estimated 138,000 anesthesia clinicians in the United States. The Center for Anesthesia Workforce Studies estimates that 5,400 anesthesia professionals entered the workforce from training programs in 2023, comprising roughly 2,100 anesthesiologists, 3,000 nurse anesthetists, and 300 anesthesiologist assistants. The ratio of types of clinicians will continue to change. Although there is a net increase in workforce supply, demand for the number of procedures, increasing medical complexity, and inefficiencies in scheduling will continue to strain resources (National Downloadable File, <https://data.cms.gov/provider-data/dataset/mj5m-pzi6>). Reprinted with permission from https://www.asahq.org/-/media/sites/asahq/files/public/research/caaws_anesthesia_workforce_trends.pdf (accessed February 20, 2024).

National Anesthesia Workforce Trends

- Some speculating a shortage of 12,500 anesthesiologists in 2033
- Over 17% of anesthesiologists nearing retirement
- 56% of anesthesiologists are older than 55

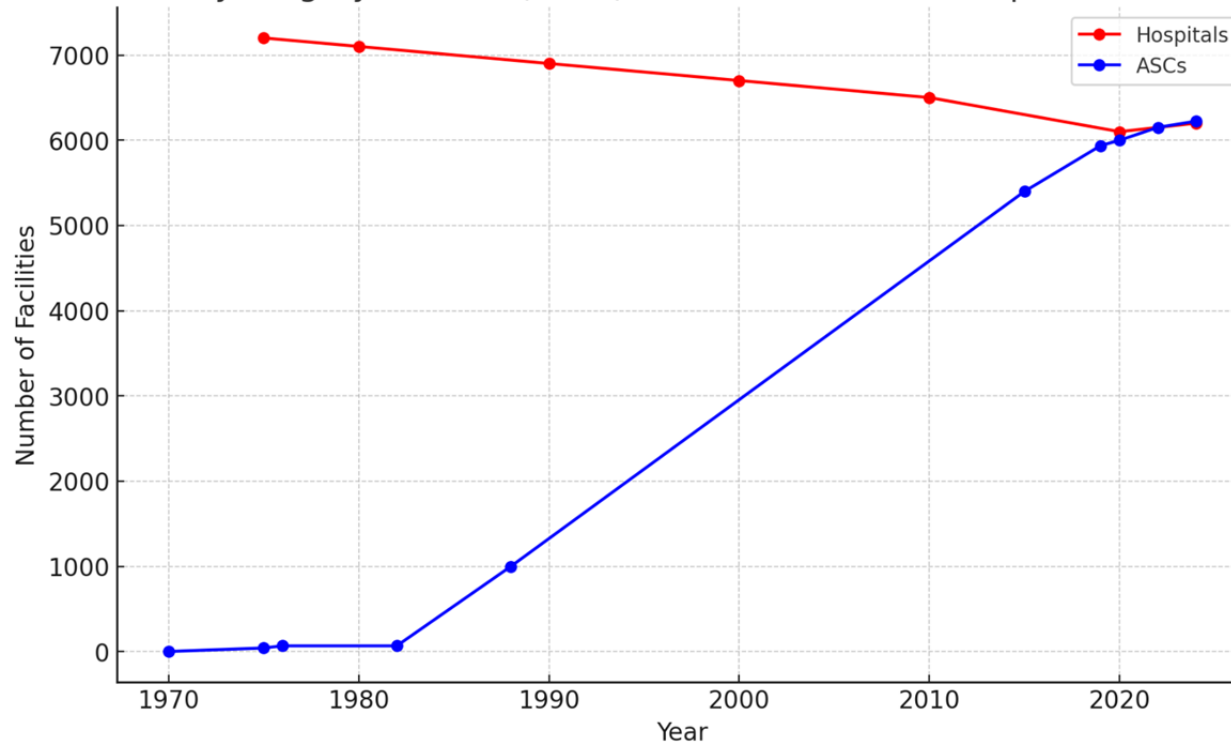


Becker's ASC Review. (2024). *Anesthesia reimbursements decline: 10 notes*. Retrieved from <https://www.beckersasc.com/anesthesia/anesthesia-reimbursements-declines-10-notes.html>

Site of Service Impact on Anesthesia Workforce Demand

Contraction of Hospitals and Expansion of ASC's

Growth of Ambulatory Surgery Centers (ASCs) and Contraction of Hospitals in the U.S. (1970-2024)



Federation of American Hospitals. "Infographics." FAH, www.fah.org/pressroom/infographics/.

Statista. (2024). *Number of all hospitals in the U.S. from 1975 to 2022*. Statista. <https://www.statista.com/statistics/185843/number-of-all-hospitals-in-the-us/>.

Fortune Business Insights. "U.S. Ambulatory Surgical Centers Market Size, Share & COVID-19 Impact Analysis, 2023-2030." Fortune Business Insights, 12 Aug. 2024, www.fortunebusinessinsights.com/u-s-ambulatory-surgical-centers-market-106323.

Ambulatory Surgery Center Association. "Number of ASCs per State." ASCA, June 2024, www.ascassociation.org/asca/medicare/asc-map/ascs-per-state.

Demand

Estimated Growth of Office Based Surgery

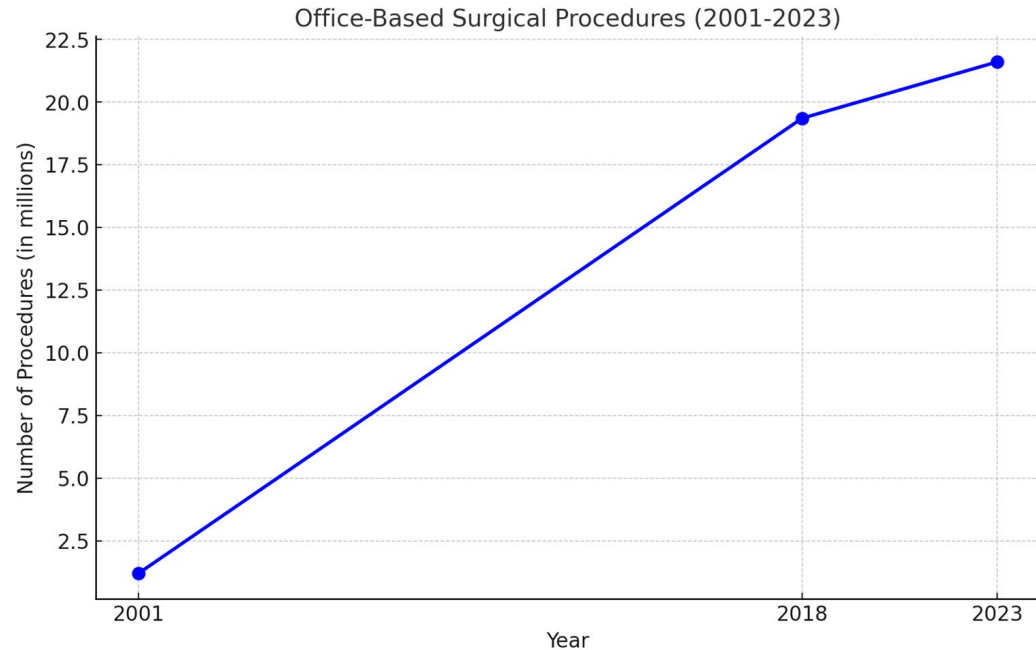
1989-1990 Broad Adoption of OBS

2001-Estimated 1.2 million OBS
procedures per year

2001-1.2 million

2018-19.35 million

2023-21.6 million



Rohrich, Rod J. M.D.; White, Paul F. Ph.D., M.D.. Safety of Outpatient Surgery: Is Mandatory Accreditation of Outpatient Surgery Centers Enough?. Plastic and Reconstructive Surgery 107(1):p 189-192, January 2001.

Shapiro, Fred E., and Brian M. Osman. "Office-Based Anesthesia." UpToDate,
www.uptodate.com/contents/office-based-anesthesia.

Problems with Money

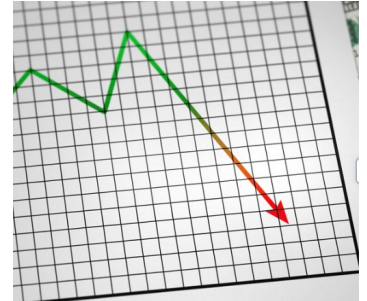
CMS is a problem: Part B Medicare funding covers physician services and has NOT had cost of living adjustment for inflation and has instead DECREASED OVER THE LAST 3 YEARS. CMS conversion factors continue to be 30% of commercial.

- Compounding financial strain on anesthesia groups as the U.S Population ages.
- Potential harm to seniors' access to surgical care.
- Disproportionate impact on anesthesiologists, critical care, and pain medicine physicians.

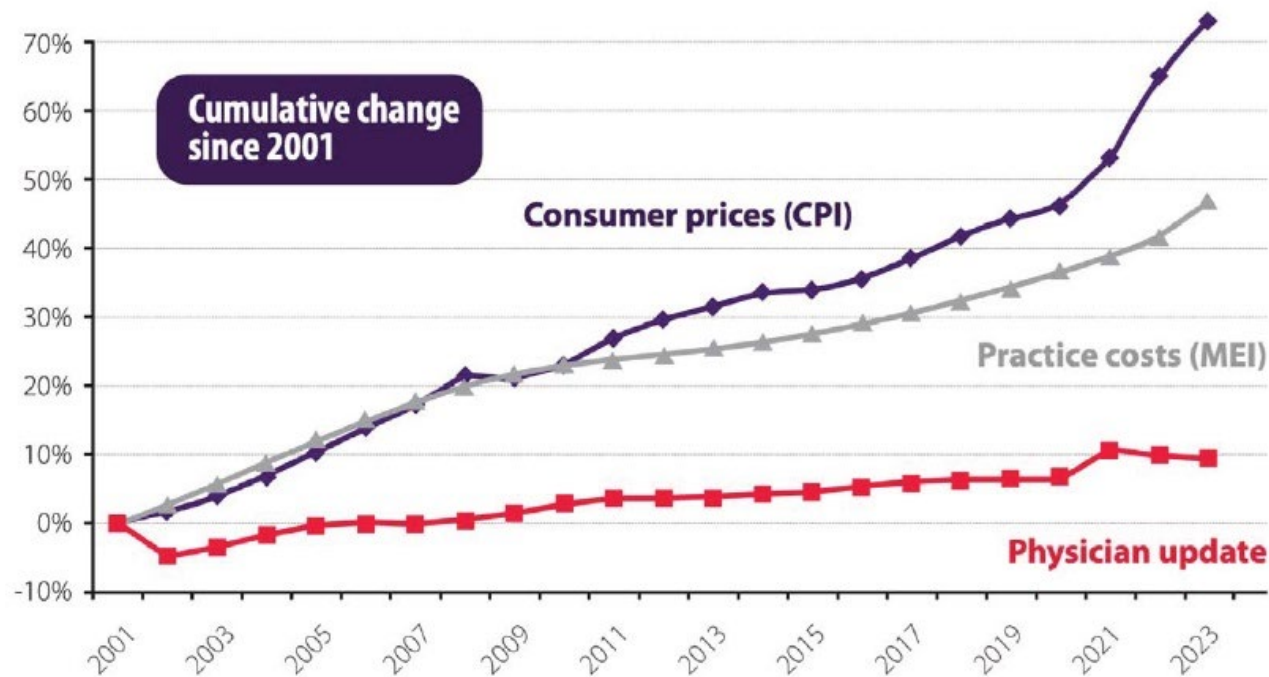
-Increased Reliance on Facility Financial Support.

Staffing models are based on sites and hours rather than an equation of revenue versus costs

None of the work outside of the OR is billable / reimbursable



The Medicare physician payment system needs annual inflation updates



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

Fig. 3. Medicare updates compared to inflation (2001 to 2023). Because Medicare payments for anesthesia services, as well as other physician services, have not kept up with inflation and practice expenses, anesthesia groups have become more reliant on facilities to cover staffing costs. Medicare physician pay has increased just greater than 9% since 2001, whereas the consumer price index has increased almost 73%. If adjusted for inflation, Medicare physician pay has declined by 26% since 2001. Reprinted with permission from <https://www.ama-assn.org/system/files/ama-medicare-gaps-chart-grassroots-insert.pdf> (accessed February 20, 2024). CPI, Consumer Price Index; MEI, Medicare Economic Index.

The 2025 PFS Proposed Rule: Another Disappointment for Anesthesia

- The anesthesia conversion factor CMS proposes for 2025, has been set at \$20.3340 a decrease of 2.1 percent from the 2024
- 8.2% decline in CMS anesthesia reimbursements from 2019 to 2024
- Consistently lower than private insurance rates for nearly 40 years, Less 33% of commercial in network rates.
- Can result in hourly rates as low as \$80/hr, this creates a loss regardless of staffing model.

The ASA response:

- *ASA opposes these additional Medicare payment cuts included in the CY 2025 PFS proposed rule. The proposed rule underscores how the Medicare payment system is broken, especially during a time when anesthesia groups are faced with continued inflation pressures...*

American Society of Anesthesiologists. (2024, July). *CMS proposes reduced physician payments in 2025, maintains anesthesiology quality payment program features*. Retrieved from <https://www.asahq.org/advocacy-and-asapac/fda-and-washington-alerts/washington-alerts/2024/07/cms-proposes-reduced-physician-payments-in-2025-maintains-anesthesiology-quality-payment-program-features>

CMS HHS. (2024). *Medicare and Medicaid Programs: 2025 Physician Fee Schedule*. Federal Register. Retrieved from <https://public-inspection.federalregister.gov/2024-14828.pdf>

No Surprises Act Impact

Physicians support removing patients from payment disputes and shielding patients from surprise medical bills.

- Health Plans terminating contracts and using IDR or threat of IDR to reduce payment.
- Health Plans refusal to go in-network with anesthesia providers.
- Health Plans No/Low/Late Paying after they lose in NSA IDR.
- Physician groups reporting a 39% reduction in out of network payments from Health Plans in 2024
- Only 33% of eligible OON claims were submitted. The remaining 67% of eligible claims did not enter the IDR process due to various practice limitations.
- Delays - Only 7.6% of filed disputes have been resolved. The average takes 211 days (about 7 months). These delays significantly hamper resources and cash flow.



2024 Cuts by BCBS and Aetna to ASA Physical Status Modifiers



Reimbursement of Anesthesia Physical Status Modifiers

This update applies to our commercial members.

Effective July 15, 2024, Aetna® will no longer reimburse additional unit value(s) for Anesthesia Physical Status Modifiers, which is in accordance with the Centers for Medicare & Medicaid Services (CMS) guidelines.

Note to Washington State providers: Your effective date for changes described in this article will be communicated following regulatory review.

Note to Texas providers: Changes described in this article will be implemented for fully insured plans written in the state of Texas in accordance with regulatory requirements. Changes for all other plans will be as outlined in this article.



BlueCross BlueShield
of Texas



Network
Participation

Claims and
Eligibility

Education and
Reference Center

Clinical
Resources

Pharmacy
Program

Standards and
Requirements

Update: Our Revised Clinical Payment and Coding Policy for Billing Anesthesia Services Now Effective Aug. 14, 2024

Posted February 29, 2024 Updated May 30, 2024

What's changing?

Now effective Aug. 14, 2024, Blue Cross and Blue Shield of Texas is updating the Clinical Payment and Coding Policy, [CPCP010 - Anesthesia Information](#).

The Details

Under this revised policy BCBSTX will no longer offer additional reimbursement for services based on the use of physical status modifier, P3, P4 and P5, when appended to anesthesia services.

What do I need to do?

Review in detail the revised policy – [Anesthesia Information CPCP010](#).

Be sure to check eligibility and benefits before rendering service(s) to make sure a procedure is a covered benefit for the member. Refer to [Clinical Payment and Coding Policies](#) under **Standards and Requirements** on the [provider website](#) to review the current CPCPs.

If you have any questions or if you need additional information, please contact your BCBSTX [Network Management Representative](#).

Clinical payment and coding policies are based on using healthcare professionals and industry standard guidelines. The clinical payment and coding guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.

Advocacy Matters.....It is NOT red or blue

- Because of Advocacy by various Medical Organizations – many negative policies have been reversed. For example, anesthesia coverage for colonoscopies and an effort to cut off anesthesia payment in a particular time frame.
- Get involved at the State and National level.
- <https://www.boston.com/news/health/2024/01/17/general-anesthesia-not-medically-necessary-for-a-colonoscopy-says-one-of-states-biggest-insurers/>

Anthem Blue Cross Blue Shield halts anesthesia payment policy after backlash

The health insurer planned to cap the length of time anesthesia can be covered during medical procedures in three states, prompting outrage.

New Congressional Bill Would Prohibit Time Limit for Anesthesia Services." *American Society of Anesthesiologists*, 11 Dec. 2024, <https://www.asahq.org/advocacy-and-asapac/fda-and-washington-alerts/washington-alerts/2024/12/new-congressional-bill-would-prohibit-time-limit-for-anesthesia-services>. Accessed 22 Feb. 2025.

Anthem Blue Cross Blue Shield Set Time Limits on Anesthesia, Surgery." *NBC News*, n.d., <https://www.nbcnews.com/health/health-care/anthem-blue-cross-blue-shield-time-limits-anesthesia-surgery-rcna183035> Accessed 22 Feb. 2025.

What can we do together?

- OR Efficiency
- Flip Rooms Mentality
- Non-Anesthesia Team work assistance
- Income Guarantees/Stipends
- Facility/Provider Reimbursement Mismatches



At the State/National level:

- Lobby!!! Get involved and contribute \$\$ to PACs

What can we do together?

- Self Pay and Potential pre-collections
- Alternative Payment Models/Cash Pay/OON
- Staffing Ratios/QZ utilization
- Daily Huddles
- Use known entities, establish leadership/team



At the State/National level:

- Lobby!!! Get involved and contribute \$\$ to PACs

References Future Supply of Anesthesiologists in Texas

UTHealth Houston (McGovern):

- <https://med.uth.edu/anesthesiology/education/residency/>

Methodist Hospital (Houston):

- <https://www.houstonmethodist.org/anesthesiology-residency/>

Texas Tech University HSC Lubbock:

- <https://www.ttuhsc.edu/medicine/anesthesiology/residency/default.aspx>

UT Health Science Center San Antonio:

- <https://lsom.uthscsa.edu/anesthesiology/education/residency/>

Texas A&M Scott and White Medical Center:

- <http://wwwp.bswhealth.med/education/Pages/gme/temple/anesthesiology-residency.aspx>

References for Future Supply of Anesthesiology Assistants

Case Western Reserve University. Austin and Houston, Master of Science in Anesthesia Program.
Retrieved from <https://case.edu/medicine/msa-program/>

University of Texas Health Science Center at Houston. Master of Science in Anesthesia Program.
Retrieved from <https://med.uth.edu/msa/>

Commission on Accreditation of Allied Health Education Programs. Retrieved from
<https://www.caahep.org/students/find-an-accredited-program>

References Future Supply of Anesthesiologists in Texas

UT Southwestern:

- <https://www.utsouthwestern.edu/departments/anesthesiology/education/residency/our-residents/>

San Antonio Uniformed Services Health Education Consortium:

- <https://health.mil/Military-Health-Topics/DHA-GME/Institutions/SAUSHEC/Programs/anes>

Baylor All Saints Medical Center Fort Worth:

- <http://www.bswhealth.med/education/Pages/gme/fort-worth/anesthesiology-residency-program.aspx>

UT Medical Branch Hospitals:

- <https://www.utmb.edu/anesthesia/resident-applicants>

Baylor College of Medicine:

- <https://www.bcm.edu/departments/anesthesiology>

UT Health Science Center Tyler:

- <https://www.uttyler.edu/academics/colleges-schools/medicine/departments/graduate-medical-education/anesthesiology-residency/>

References for Future Supply of CRNA's in Texas

Baylor College of Medicine. "Doctor of Nursing Practice Program-Nurse Anesthesia." Baylor College of Medicine. Accessed July 16, 2024. <https://www.bcm.edu/education/school-of-health-professions/dnp-program-nurse-anesthesia>

University of Texas Health Science Center at Houston. "BSN-DNP Nurse Anesthesia Program." University of Texas Health Science Center at Houston. Accessed July 16, 2024. <https://nursing.uth.edu/programs/dnp/nurse-anesthesia/admission-requirements>

US Army Graduate Program in Anesthesia Nursing (USAGPAN). "USAGPAN Program." Baylor University. Accessed July 16, 2024. <https://armydnf.nursing.baylor.edu/usagpan-program>

UT Health San Antonio. "BSN to DNP - Nurse Anesthesia Program." UT Health San Antonio. Accessed July 16, 2024. <https://uthscsa.edu/nursing/programs/graduate/bsn-to-dnp-nurse-anesthesia>

Texas Wesleyan University. "Nurse Anesthesia Program Statistics." Texas Wesleyan University. Accessed July 16, 2024. <https://txwes.edu/academics/health-professions/graduate-programs/nurse-anesthesia/program-statistics/>

Texas Christian University. "School of Nurse Anesthesia." Texas Christian University. Accessed July 16, 2024. <https://harriscollege.tcu.edu/nurse-anesthesia/>

University of Texas Medical Branch at Galveston. "BSN-NA Program." University of Texas Medical Branch at Galveston. Accessed July 16, 2024. <https://nursing.utmb.edu/BSN-NA>

Council on Accreditation of Nurse Anesthesia Educational Programs. "CRNA School Search." Council on Accreditation of Nurse Anesthesia Educational Programs. Accessed July 16, 2024. <https://www.coacrna.org/programs-fellowships/crna-school-search/>

What can we do together?

- Increase OR efficiency by working to vertically stack your cases, enforce block utilization policies; involve anesthesia in scheduling.
- Change how flip rooms work. Find a way to utilize the same anesthesia professional or subsidize an additional person. Teams can't afford to have ANY anesthesia professional not billing hours.
- Encourage facility team members (e.g. PCTs) to transport to/from OR, act as an anesthesia tech, etc = anesthesia can staff more rooms and run lean.
- Pursue income guarantees with facilities when volume/payments are low, a stipend may be an option - be transparent with each other!!
- Work through reimbursement mismatches: e.g. PNE lead where the center might make 20k and anesthesia gets \$100. May need to profit share to get a team for 1 case.
- Work with your facilities to collect from self-pay patients and encourage them to collect for insurance cases in advance.
- Support your group going cash only for out of network care
- Play with staffing ratios
- Have a daily "huddle" where schedule and staffing is discussed between center and anesthesia team
- Use a local group with an established director and a consistent team



DOCTORS UNITE FOR SUCCESS

At the State/National level:

- Lobby!!! Get involved and contribute \$\$ to PACs