

House Calls: Physicians in the US Congress, 2005–2015

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Objectives: Physicians occupy a prominent position in the US healthcare system, and physicians who serve in Congress may bring a particular perspective, expertise, and influence to health-related legislation. The purpose of this study was to describe physician membership in the US Congress between 2005 and 2015.

Methods: Congressional biographical records were searched to identify physicians who served in the US Congress from 2005 to 2015. Political and demographic characteristics of physician-members were compared with those of nonphysician-members of Congress and of all US physicians. The numbers of physicians in recent Congresses also were compared with those in each Congress since 1945.

Results: A total of 27 physicians representing 17 states have served in Congress since 2005. There has been a significant increase in physician representation since 1987, reaching a high of 20 members (3.7%) in the Congresses immediately following passage of the Patient Protection and Affordable Care Act. Physician-members were mostly men (93%) and more likely than their Congressional colleagues to be Republican (78% vs 53% of all members, $P = 0.007$) and from the South (63% vs 35% of all members, $P = 0.003$). Compared with physicians in general, physicians in Congress were more likely to be men (93% vs 70%, $P = 0.009$) and surgeons (26% vs 11%, $P = 0.01$).

Conclusions: Physician representation in Congress has increased substantially since 2000, potentially reflecting the greater political prominence of healthcare issues, as well as increased interest by and recruitment of physician-candidates. Physicians in Congress differ from their colleagues and from physicians in general in various demographic and political characteristics.

Key Words: health policy, Congress, politics, physicians

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Access to and financing of health care are highly important economic, social, and political issues in the United States. Healthcare expenditures comprise a nearly one-fifth share of the US gross domestic product, including a substantial piece of the federal budget.¹ In an attempt to improve access to care and rein in escalating healthcare costs, the Obama administration led the effort to pass the Patient Protection and Affordable Care Act (PPACA, PL 111–148) in March 2010. The law, whose provisions have been gradually implemented in the last few years, remains controversial and continues to be the subject of efforts to amend and/or repeal it both in the courts and in Congress.²

The US Congress is the federal government body primarily responsible for health legislation and budget appropriations. Much of the health policy debate during the last several years has focused on elements of the PPACA, but other health-related legislative issues, including Medicare policies and funding, confirmation of a surgeon general,³ funding of health research,⁴ medical use of marijuana,⁵ medical malpractice/tort reform,⁶ reproductive rights,⁷ infectious disease/outbreak (eg, Ebola) response,⁸ and the regulation of pharmaceutical and medical device industries⁹ also are within the purview of federal legislators.

Physicians bring a particular perspective to healthcare issues and have unique cultural capital in our society.¹⁰ Physicians are trusted not only to render sound medical advice to their patients¹¹ but also are believed by the public to best offer solutions for healthcare reform when compared with academics, hospitals, politicians, or insurance companies.¹²

Physicians have historically become involved in politics in a variety of ways, including as political advisors or appointed officials or via advocacy efforts led by professional physician organizations, personal lobbying of elected officials, financial contributions to candidates, media advocacy, and involvement in physician-led political organizations. Direct physician participation in elected office has been more limited, especially

Key Points

- There has been a significant increase in the number of physician-members in Congress during the last several decades.
- Physician-members are more likely than their congressional colleagues to be men, from the South, and Republican.
- Physician-members are more likely than their fellow physicians to be men and surgeons or surgical subspecialists.

when compared with that of other professions, including attorneys or bankers.¹³

Physicians have served as national political leaders since the beginnings of the United States. More than 8% of the members of the Continental Congress, more than 10% of the signers of the Declaration of Independence, and approximately 5% of the authors of the US Constitution were physicians.¹⁴ During its first century, the US Congress had 250 physician-members, but that number declined to just 60 during the next 9 decades; part of that decline may have been the result of the development of more rigorous standards to qualify as a physician. A study by Kraus and Suarez examined the number of physicians who served in Congress since World War II and found that only 25 members (1.1% of all members of Congress) had been physicians. The authors noted that the 108th Congress (2003–2005) had eight physician members and concluded that physician membership in Congress appeared to be increasing.¹³

The purpose of the present study was to determine whether and to what extent there has been an increase in physician membership in Congress during the last decade and to describe the demographic and political characteristics of physician-members during that period.

Methods

The author searched the biographical records of all members of Congress between January 1945 and January 2015 in a well-respected, nonpartisan Congressional biographical database.¹⁵ All members whose pre-congressional occupation was physician were identified (physicians were defined as those with a Doctor of Medicine [MD] or a Doctor of Osteopathic Medicine [DO] degree). For all members serving from January 2005 to January 2015, additional information was obtained, including sex, party affiliation, state represented, years of service, chamber(s) of Congress, prior elected office (if any), and PPACA vote (where applicable). For physician-members, degree (MD or DO), and medical specialty also were recorded. To obtain and/or confirm some information not immediately available in the biographical database, the author consulted other authorized biographies of members, primarily on the members' official government Web sites. Because the data collected used publicly available sources on elected officials, institutional review board approval was not necessary. Only voting members of Congress (representatives and senators but not territorial delegates) were included in the data analysis.

US Census Bureau categories were used to define geographic regions for purposes of comparison and data analysis.¹⁶ Sex and specialty distributions of all US physicians were gathered from Association of American Medical Colleges data.¹⁷ Surgeons and surgical subspecialists were defined as those physicians whose listed specialty was general surgery, neurologic surgery, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urological surgery, or vascular surgery.

Bivariate comparisons of characteristics of physician-members versus both nonphysician-members and versus all

physicians were examined using χ^2 analysis. To determine trends in physician membership in Congress, a graphical assessment of the overall number of physician-members since 1945 was undertaken, revealing a distinct nodal point in 1987. Two simple ordinary least squares regressions were performed: the first examining the change in the number of physician-members until 1987 and the second from 1987 to 2015.

Results

Since 1945, there have been two seemingly distinct trends in physician representation in Congress. The Fig. illustrates the overall number of physicians serving in both the US House of Representatives and the US Senate in each 2-year Congress. In 1945, there were seven physicians serving in Congress, but that number declined slowly to a nadir of one member between 1983 and 1987 (coefficient 95% confidence interval -0.16 [-0.19 to -0.13]). Since 1987, there has been a relatively sharp, statistically significant increase in the number of physician-members (0.62 [0.54 – 0.70]), reaching a high of 20 physician-members in both the 112th and 113th Congresses (2011–2015).

From 2005 through the start of the 114th Congress in January 2015, a total of 894 individuals have served as US Representatives or Senators, 27 of whom (3.0%) have been physicians (one physician also has served as a nonvoting delegate from the US Virgin Islands). The Table lists the characteristics of the physician-members since 2005. The large majority of physician-members have been men (25, 92.6%), although the proportion of female physician-members did not differ significantly from that of nonphysician-members (7.4% vs 16.9%, respectively, $P = 0.19$), perhaps because of small sample size. Most physician-members were Republicans (22, 81.5%) and they were more likely to be Republicans than nonphysician-members (81.5% vs 53.3%, $P = 0.004$). A majority of physician-members represented southern states (17, 63%), significantly greater than the South's proportion of overall Congressional seats (63% vs 35.2%, $P = 0.003$). Twelve (44.4%) physician-members had held other political offices before being elected to Congress.

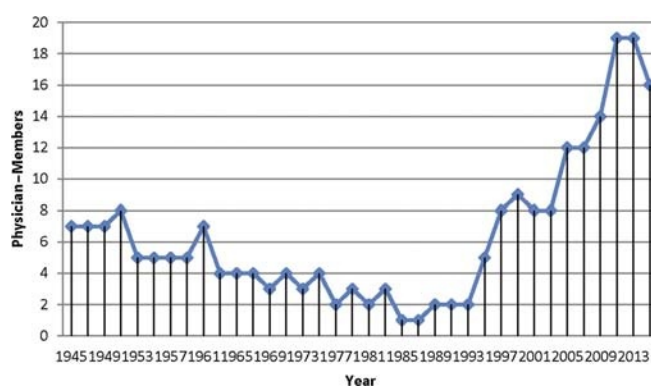


Fig. The number of voting physician-members in the US Congress by year.

Table. Characteristics of physician-members of Congress, 2005–2015

State	Sex	House of Congress	Party	Years of service	Voted for PPACA	Medical specialty	Prior elected office before Congress
114th Congress (currently in office, n = 16)							
Washington	M	House of Representatives	Democrat	1989–present	Yes	Psychiatry	State senate
Texas	M	House of Representatives	Republican	2003–present	No	Obstetrics/gynecology	None
Georgia	M	House of Representatives	Republican	2005–present	No	Orthopedics	State senate
Louisiana	M	House of Representatives	Republican	2005–present	No	Cardiothoracic surgery	None
Wyoming	M	Senate	Republican	2007–present	No	Orthopaedics	State Senate
Louisiana	M	House of Representatives	Republican	2009–present	No	Family medicine	Coroner
Louisiana	M	House of Representatives/ Senate	Republican	2009–present ^a	No	Internal medicine/hepatology	State senate
Tennessee	M	House of Representatives	Republican	2009–present	No	Obstetrics/gynecology	Mayor
Indiana	M	House of Representatives	Republican	2011–present		Cardiothoracic surgery	None
Kentucky	M	Senate	Republican	2011–present		Ophthalmology	None
Maryland	M	House of Representatives	Republican	2011–present		Anesthesiology	State senate
Michigan	M	House of Representatives	Republican	2011–present		General surgery	None
Nevada ^d	M	House of Representatives	Republican	2011–present		Emergency medicine	State senate
Tennessee	M	House of Representatives	Republican	2011–present		General practice	None
California	M	House of Representatives	Democrat	2013–present		Internal medicine	None
California	M	House of Representatives	Democrat	2013–present		Emergency medicine	None
Served since 2005 (no longer in office, n = 11, plus 1 nonvoting delegate)							
Florida	M	House of Representatives	Republican	1995–2009		Internal medicine	None
Oklahoma	M	Senate	Republican	2005–2015 ^b	No	Family medicine	None
Tennessee	M	Senate	Republican	1995–2007		Cardiothoracic surgery	None
Arkansas	M	House of Representatives	Democrat	1997–2001	Yes	Family medicine	State legislature
Texas	M	House of Representatives	Republican	1997–2013 ^c	No	Obstetrics/gynecology	None
Georgia	M	House of Representatives	Republican	2003–2015	No	Obstetrics/gynecology	State senate, school board
Michigan	M	House of Representatives	Republican	2005–2007		Otolaryngology	Mayor, state Senate
Texas	F	House of Representatives	Republican	2006–2007		Dermatology	City council
Georgia	M	House of Representatives	Republican	2007–2015	No	General practice	None
Wisconsin	M	House of Representatives	Democrat	2007–2011	Yes	Internal medicine/allergy	None
New York	F	House of Representatives	Republican	2011–2013		Ophthalmology	None
Virgin Islands	F	House of Representatives (delegate) ^e	Democrat	1997–2015	n/a	Family Medicine	Territory board of education

PPACA, Patient Protection and Affordable Care Act.

^aServed in the US House of Representatives 2009–2015, US Senate 2015–present.

^bAlso served in the US House of Representatives 1995–2001.

^cAlso served in US House of Representatives 1976–1977, 1975–1979.

^dDoctor of Osteopathic Medicine, all other members Doctors of Medicine.

^eNonvoting delegate, not included in analysis.

Physicians who have served in Congress are more likely to be men compared with all active US physicians (92.6% vs 69.6%, $P < 0.001$). Twenty-six of the 27 physician-members have an MD degree, whereas just one has a DO degree, a proportion not statistically different from the relative number of osteopathic physicians in the country (3.7% vs 6.9%, $P = 0.51$). Physician-members have practiced in a wide range of medical disciplines, including family medicine/general practice (5, 18.5%); internal medicine, including subspecialties (4, 14.8%); obstetrics and gynecology (4, 14.8%); emergency medicine (2, 7.4%); ophthalmology (2, 7.4%); anesthesiology (1, 3.7%); dermatology (1, 3.7%); and psychiatry (1, 3.7%). Surgeons—general

surgeons (1, 3.7%) and surgical subspecialists such as orthopedists (2, 7.4%), otolaryngologists (1, 3.7%), thoracic surgeons (3, 11.1%)—comprised a higher proportion of physician-members than of all physicians (26% vs 11%, $P = 0.01$).

All 14 physician-members (11 Republicans, 3 Democrats) in the 111th Congress voted with their parties' majorities on the PPACA, with Democrats supporting the measure and Republicans in opposition.¹⁵

Discussion

The increase in physician congressional membership during the last decade is remarkable. After several decades of relatively

sparse direct physician participation in Congress after World War II, the last several congresses have contained as many as 20 physicians among their ranks. In the last decade there also has been an increase in the prominence of healthcare policy as a political issue, suggesting a positive relation between the physician membership and healthcare politics. The number of physicians in Congress reached its modern-day peak in the two Congresses (2011–2015) immediately following the passage of the PPACA.

During periods when health care is a particularly key issue, physicians—because of their perceived expertise on the subject—may be particularly popular candidates. Sensing and trying to foster this appeal, political parties and other organizations may be recruiting more physicians to run for office. During the last 30 years, the American Medical Association's political arm, the American Medical Political Action Committee, has offered political training to more than 1500 potential physician-candidates and their spouses.¹⁸

That more physicians have been elected to Congress may indicate that there are more doctors running for office than in prior years, although more data are needed to confirm that hypothesis.¹⁹ Increased physician interest in serving in office may be related to heightened concern within the profession about the direction of the healthcare system.^{19,20} It also may be that because more physicians are employed by hospitals or clinics rather than self-employed,²¹ their stepping away from clinical work to run for and/or serve in office is less disruptive to overall practice continuity and/or a less financially risky venture. Choosing an alternative career path to clinical care has become popular among some physicians,²² and serving in public office may be part of that trend.

Physicians who have served in Congress are largely not representative of physicians as a whole. Despite data suggesting that physicians are becoming more Democratic in their politics,^{23–25} the overwhelming majority of physicians in Congress during the last decade have been Republicans. It may be that Republican physicians are more inclined to run because of particular concerns about changes in the healthcare system. The Republican Party may have been particularly interested in recruiting physician-candidates to respond to Democratic health policies. Physician-members are more likely to be Southern, older, and men than the average physician, demographics that traditionally trend more Republican. The preponderance of male physician-members may reflect gender differences in candidate interest, resources, and electability.²⁶ It is unclear why such a high proportion of physician-members are from the South, but perhaps Southern physicians occupy a relatively high social status and/or state parties in the region have made specific efforts to recruit physician-candidates.

Surgeons including subspecialists have been overrepresented among physicians in Congress. It may be that differences in personality traits between surgeons and other physicians²⁷ may contribute. Surgeons may be more inclined to seek office because of a concern that changes in health care may negatively

affect their specialties in particular. Surgeons also may have more financial resources than nonsurgeons, making a successful run for office more plausible and/or less financially risky.²⁸ Surgeons also are more likely to be Republicans, which may contribute to the aforementioned high proportion of Republican physician-members.²³

Whether and to what extent physician-members have a particular influence on health-related legislation/policy are fundamental, outstanding questions. That all physician-members voted along party lines on the PPACA suggests that they may be just as partisan as their nonphysician colleagues and that there may still be a paucity of independent medical leadership on health legislation. Additional research focusing on the individual legislative activities of physician-members is necessary to determine each member's specific influence on health policy.²⁹ The relatively junior status of many elected physician-members may limit their ability to sponsor and advance specific policy priorities. Surveying physician-members may be helpful in further elucidating their political beliefs, motivations for seeking office, and policy goals. Physicians who have sought and/or served in elected office at other levels of government, including governors and state legislators, also warrant further study, particularly because much health policy is determined at the state level.

Conclusions

Physicians have increased their representation in Congress dramatically since 2000. With the continued prominence of health care as a political issue, it seems likely that the ranks of physician-legislators will continue to grow in number and be influential in shaping the future of American healthcare policy.

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