Lobbying in US Health Care—Lessons from the Field of Oncology

Olivier J. Wouters, PhD[1]

[1] Department of Health Policy, London School of Economics and Political Science, London, UK

Olivier J Wouters, PhD
Assistant Professor of Health Policy
London School of Economics and Political Science
Houghton Street
London WC2A 2AE
O.J.Wouters@lse.ac.uk
+44 207 852 3570
*Corresponding author

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When asked to explain the woes of the US health-care system, many commentators point to the role lobbying plays in influencing health policy.[1] It's not hard to see why: in 2023, the health-care sector spent $745 million lobbying Congress and federal agencies in the US, more than any other sector in the US economy.[2] For comparison, the next biggest spender was the finance, insurance, and real estate sector, with $597 million in spending.[2]

Despite the high stakes, empirical research on lobbying expenditures and campaign contributions by health-care organizations is lacking. In this issue of *JNCCN*, Choradia and colleagues analyzed lobbying expenditures by US health-care organizations from 2014 to 2022, with a focus on oncology-related groups.[3] The authors categorized oncology-related organizations according to function: physician professional organizations (e.g., American Society of Clinical Oncology), cancer hospitals that are exempt from the Medicare prospective payment system (e.g., Dana-Farber Cancer Institute), patient advocacy organizations (e.g., American Cancer Society), and provider networks (e.g., US Oncology Network). The authors focused on hospitals that are exempt from the Medicare prospective payment system because most of them disclosed spending on oncology-related lobbying, unlike other hospitals which only reported aggregated amounts.[3]

Among cancer-related groups, Choradia and colleagues reported an uptick in lobbying expenditures by both physician professional organizations ($0.8 million in 2014 vs. $2.3 million in 2022) and cancer hospitals that are exempt from the Medicare prospective payment system ($2.4 million in 2014 vs. $3.9 million in 2022). Spending by patient advocacy organizations ($8.3 million in 2014 vs. $8.4 million in 2022) remained fairly

constant over time.[3] (All sums reported in their study were inflation adjusted to 2023 dollars.)

The authors also reviewed lobbying trends across the broader health-care sector. Spending rose among pharmaceutical and health-product companies ($294 million in 2014 vs. $377 million in 2022), health services and health maintenance organizations ($107 million in 2014 vs. $123 million in 2022), and hospitals and nursing homes ($118 million in 2014 vs. $126 million in 2022).[3] Spending flatlined among organizations representing health professionals ($96 million in 2014 vs. $96 million in 2022).[3]

These observations are troubling, and if anything, the authors underestimated the amount spent by organizations with an interest in shaping cancer care in the US. Choradia and colleagues adopted a narrow definition of cancer-related organizations, which excluded any group with an indirect interest in oncology. For instance, the American Medical Association, one of the largest lobbying groups in the US,[2] was not counted since it represents the interests of the wider medical profession, and not only oncologists. The American Medical Association spent $21 million on lobbying in 2023, the sixth highest of any organization in the US.[2]

The study by Choradia and colleagues is a useful new entry in the literature around lobbying in the health sector. Previous analyses have reported the amounts spent by health-care organizations on lobbying and campaign contributions at the federal and state levels in earlier years.[4–6] One study found that, from 1999 to 2018, drug companies targeted key legislators with their campaign contributions: companies showered legislators who sat on committees overseeing health-care matters—such as the House

Energy and Commerce Committee and the Senate Finance Committee—with campaign cash.[4] Choradia and colleagues add to this literature by providing an updated set of spending figures and identifying expenditures by cancer-related groups specifically.

It is worth paying attention to interest-group activity in a US presidential election year, particularly at a time when myriad health-care issues are under scrutiny in the US, including abortion rights, expansion of Medicaid, and negotiation of drug prices by the federal government.[7] As one would expect, studies have observed spikes in campaign contributions during election years,[4,6] while increases in lobbying expenditures by health-care organizations tend to coincide with debate in Congress over major health-care bills.[4] Choradia and colleagues noted that the Inflation Reduction Act, which directs Medicare to negotiate lower prices for top-selling prescription drugs, was the most lobbied congressional bill in 2022.[3]

While the media often focuses on the federal level, health-care organizations have poured even more money in at the state level,[4,8] where lawmakers are increasingly taking aim at high drug prices and spiraling health-care expenditures.[9] Drug companies, for example, spent more than twice as much on state-level campaign contributions ($1.1 billion) as on federal-level contributions ($502 million) from 1999 to 2018 (figures are again inflation adjusted to 2023 dollars).[4] The bulk of the state-level contributions went to so-called ballot-measure committees working to support or oppose ballot measures.[4] Predictably, contributions spiked in states in years that referenda affecting the drug industry were on the ballot. In Ohio, for example, contributions jumped from around $1 million in 2016 to nearly $74 million in 2017, when the people of Ohio were voting on a ballot initiative to cap drug prices in Ohio at the prices paid by the US Department of

Veterans Affairs.[4] It is difficult to say how much industry expenditures influenced the outcome, but a majority of Ohio voters rejected the initiative.

Another potential barrier to effective health policymaking is Washington's 'revolving door'—the transition between serving in the US federal government and working for private companies (or vice versa).[10–12] Former public officials have political knowledge and connections that can be used by well-resourced companies to gain preferential access to policy discussions.[13] The revolving door may also influence sitting public officials, whose decisions affect the interests of organizations that often become the future employers of those same officials.[12,13] One recent study found that 1 in 3 (32%) people appointed to the US Department of Health and Human Services from 2004 to 2020 exited to private industry, including more than half of those employed at the Centers for Medicare and Medicaid Services.[10] What's more, 15% of the appointees were working in industry immediately before assuming their government roles.[10]

What can be done to temper the influence of the health-care lobby? One way might be for Congress to stipulate that officials on health-related committees disclose online, in a user-friendly format, records of their interactions with lobbyists, something the European Parliament already requires.[14] Another could be for federal and state governments to implement reforms to campaign finance regulation, such as limits on contributions to ballot-measure committees.

State and federal policymaking should reflect the concerns of all segments of society, not just those with deep pockets. An important first step to understanding the impact that money is having on US politics is to document investments in lobbying and

campaign contributions by health-care organizations, like Choradia and colleagues have done for oncology-related groups. Researchers should now turn their attention towards the question of what effect this might have on legislative and regulatory activities.

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