

Money, Message, and Political Advocacy

Washington is not a town with belching smokestacks or bustling factories. Washington is a city of information and influence. (The locals call it a “rhetoric factory.”) Information flows in and out of the city on a busy 2-way street. Exiting Washington is a constant stream of data: network news, newspapers, cable television, the Drudge Report, magazines, blogs, rumors, and so on.

Coming in is news from outside the Beltway—polls, letters from constituents, questions in town hall meetings—all channeled to politicians for that most important input of all: votes. The inbound lane is also about access to politicians, entrées that are increasingly controlled by lobbyists.

The influence industry modulates the traffic of this highway, spinning the outgoing news with the help of polling, marketing, and research associates while regulating the inputs, especially meetings with politicians, through a combination of personal contacts, financial contributions, and for-hire expertise. Influencing political behavior, or lobbying, has been around since the Magna Carta but has always had two determinants of success: money and message.

MONEY

In the absence of a transcendent social issue, money is essential to get into the influence game. And despite constant talk about finance reform, money continues to pour into political campaigns each year (see Table 1). As a large, complex, and regulated industry, health care contributes its share of the pie, estimated to be 15% of the total contributions (perhaps not coincidentally the same percentage of the

gross national product spent on health care) [1].

The health care industry is far from homogeneous. Its component organizations come in many sizes and shapes, and many have diverse if not conflicting goals. The industry includes insurance companies, health maintenance organizations, hospitals, nursing homes, professional societies, pharmaceutical manufacturers, medical device companies, medical schools and universities, and the disease lobbies.

As far as most physicians are concerned, the professional organizations (e.g., the American Medical Association, the ACR) and the disease lobbies (i.e., breast cancer, heart, and vascular disease) represent their principal areas of involvement (Table 2). Most person-to-person lobbying and financial contributions by physicians are funneled through these avenues. Of course, physicians are not the only health professionals to play the influence game. For example, from 1998 to 2004, the political action committee of the American Association of Nurse Anesthetists contributed more money to federal candidates than any group of physician specialists except anesthesiologists and ophthalmologists (Table 3) [2].

But, as the Beatles noted, money can't buy you love. And when the sides square off in a political fight, the one with the most money doesn't always prevail. Again, witness the anesthesia battle, in which between 1998 and 2004, anesthesiologists outspent nurse anesthetists \$3,144,258 to \$1,817,035 and still lost the tiff over Medicare coverage of independent nurse practice (Table 2) [3].

Political action committees' contributions rise and fall depending on the issue of the day, and a sudden increase can be the first sign of political troubles. Why in the world are optometrists and ophthalmologists making such enormous political contributions? Could it be the squabble, now confined to Oklahoma, over who is qualified to perform refractive surgery [4]?

MESSAGE

No one has to tell radiologists about the power of message, especially a sharply focused one. When the National Institute of Biomedical Imaging and Bioengineering was proposed in the mid-1990s, most experts in Washington gave the legislation little chance of passage. To be sure, financial contributions were invaluable, but the key to success was relentless, one-on-one, finger-in-the-chest pressure by radiologists.

Another example of staying on message is recounted in *The Lobbyists*, the classic book about political advocacy by Jeffrey Birnbaum [5]. He described the tale of Fred Graefe, the lobbyist for the Society of Interventional Radiology, sneaking onto the grounds of Andrews Air Force Base in 1993 during a “secret” congressional budget sum-

Table 1. Annual contributions to Democratic and Republican parties, 1991–2002

Years	Amount
1991–1992	\$629 million
1993–1994	\$592 million
1995–1996	\$901 million
1997–1998	\$670 million
1999–2000	\$1236 million
2001–2002	\$1155 million

Source: Center for Responsive Politics (<http://www.opensecrets.org>).

Table 2. Largest contributions to federal candidates by professional society political action committees, 2004 election cycle (as of April 26, 2004)

Organization	Amount
American Dental Association	\$751,207
American Medical Association	\$582,404
American Society of Anesthesiologists	\$431,500
American Physical Therapy Association	\$376,677
American Association of Nurse Anesthetists	\$347,035
American Academy of Ophthalmology	\$311,000
American Association of Oral and Maxillofacial Surgery	\$310,120
American College of Radiology	\$291,500
American Optometric Association	\$307,050
American Podiatry Association	\$276,000

Source: Federal Election Commission report, April 26, 2004, Center for Responsive Politics (<http://www.opensecrets.org>).

mit. Undisturbed by competing lobbyists, Graefe was able to corner these representatives and protect his client's interest in the upcoming Medicare legislation. As Birnbaum recounted,

The savings to the radiologists amounted to a few hundred million dollars over five years, which Graefe said was not much compared to the \$100-billion-a-year Medicare program. But then again, he had saved his clients hundreds of times more than they paid him to do his lobbying work.

Financial survival certainly draws one's attention, and in no case is this better demonstrated than in medical oncology. With their professional fees so low, oncologists are compelled to survive on the margin generated by administering chemotherapeutic agents in their offices. Every few years or so, Medicare makes a run at this practice, threatening to dramatically cut the reimbursement for these drugs.

Oncologists predictably mount a ferocious defense, always centered on ensuring patient access, and the proposal is squelched.

Just like money, a sharp focus doesn't always guarantee success. Witness the disease lobby, particularly the advocates of research into stem cells as a treatment for Parkinson's disease, juvenile diabetes, and other conditions. What could be more powerful than the groups of patients, families, physicians, and scientists descending on Washington? How could they be denied? Pretty easily, in fact. They meet an equally resolute and, at least for the time, more powerful political, conservative voice. Status quo preserved.

The issue of physician lobbying has actually been studied critically. Landers and Sehgal [6] surveyed congressional staffers and found that fewer than half (44%–46%)

viewed physicians as effective lobbyists. Perhaps more troublesome, the staffers believed physicians to be preoccupied with topics of self-interest, such as Medicare reimbursement and managed care reform, rather than the uninsured, tobacco use, and violence prevention.

MONEY AND MESSAGE

Sometimes, the stars are aligned and a segment of the health care industry has both money and a powerful message. There is no better example than the Pharmaceutical Research and Manufacturers of America (PhRMA) and the recent passage of the Medicare prescription benefit legislation. The PhRMA, sometimes referred to as Big Pharma, scored a trifecta, convincing Congress to (1) subsidize drug coverage of seniors and hence

Table 3. Cumulative contributions to federal candidates by professional society political action committees, 1998-2004

Organization	Amount
American Medical Association	\$7,297,693
American Optometric Association	\$2,157,505
American Academy of Ophthalmology	\$2,078,493
American Society of Anesthesiologists	\$3,144,258
American Association of Nurse Anesthetists	\$1,817,035

Center for Responsive Politics (<http://www.opensecrets.org>).

their industry, (2) forbid the reimportation of drugs from Canada, and (3) prevent the government from using its buying power to bargain for lower prices.

How was the PhRMA so lucky? Well, \$27 million spent on lobbying in 2002 alone didn't hurt [2]. But that's not the whole story. Just as important was the tightly focused message. Corporate giants—Pfizer, Merck, Lilly, Novartis, and others—who compete fiercely in the day-to-day business world joined ranks like family in lobbying for Medicare prescription drug coverage.

Heady with this success, the PhRMA tried to play one more card. Although other industries and associations chortle when they snare top congressional staffers as

their lobbyists, the pharmaceutical industry decided that this wasn't enough. They wanted to recruit a real congressman, and not just any legislator but the chair of the House Energy and Commerce Committee, the body that crafted the prescription benefit legislation. Although he was tempted, the ensuing storm of publicity prompted Representative Billy Tauzin (a Republican of Louisiana) to think better of the idea and decline the position [7].

The pharmaceutical industry has many friends and a fair number of enemies in American politics. Nonetheless, when it comes to lobbying, other segments of the health care industry, physicians included, could take a political lesson from them about determination, finan-

cial investment, and, most important, unity.

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