



# A Mathematical Model for Political Influence in Healthcare Reform



'Round and 'round it goes...and where it stops, nobody knows. Feeling dazed and confused by the dizzying display of legislative slight of hand? Now you see it, now you don't! Compromise, in theory, sounds like the right thing to do when trying to balance interests. Compromise often leads to parity and equity between competing interests. However, when competing interests have unequal power, compromise tends to favor those with the most influence.

I propose a simple mathematical formula to calculate a value for an interest group's ability to influence. It looks like this:

lobbying money x votes = influence

Our legislators depend on votes to keep their jobs, and in my model, lobbying applies a factor of influence for each one of the votes represented by an interest group. So, any interest that represents either a large number of votes or wads of lobbying cash has the power to influence disproportionately. All said, this makes legislative compromise look more like a transaction than a compromise.

Data from the Senate Office of Public Records and the Center for Responsive Politics may help put this in perspective. As of December 07, 2009:

- The top two industry spenders for lobbying in 2009 were Pharmaceuticals/Health Products and Insurance (\$199 million and \$122 million, respectively), a trend unchanged for much of the last decade.
- The U.S. Chamber of Commerce, which staunchly opposes healthcare reform, was the single largest individual spender in 2009 at a whopping \$65 million.
- AARP came in eighth for individual group spending (\$15 million).
- The AMA came in 12<sup>th</sup> (\$12.6 million).
- The combination of the American Beverage Association, Coca-Cola, and PepsiCo spent \$18.55 million in 2009—more than four times the \$4.62 million they spent in 2008. Coincidence? I think not (more on this later).

Okay, so the money trail tells the first part of the story, what about votes?

Take retirees, for example: As a group they have the highest voter turnout on a percentage basis in both congressional and presidential elections. AARP has 40 million members. According to my formula, \$15 million x 40 million = \$600 million in influence for this group.

The U.S. Chamber of Commerce represents 3 million small businesses. According to the formula, \$65 million x 3 million = \$195 million worth of influence for small businesses.

The beverage interests spent \$18.55 million representing every man, woman, and child's right to chug 13 teaspoons of sugar in every bottle! I won't even do the math, but it should be abundantly clear to you why the so-called "soda tax" disappeared.

It's hard to peg a "votes factor" to the Pharmaceutical and Health Insurance industries, but by lobbying alone, they get a combined \$321 million worth of influence.

Finally, let's look at the American Medical Association. They have approximately 200,000 members, so \$12.6 million x 200,000 = \$2.52 million worth of influence. Even if you include every single physician in the country (approximately 1 million), the influence factor is only \$12.6 million.

The bottom line is clear: Influence on Capitol Hill is dominated by interests outside of the physician community; therefore, our influence on healthcare reform is, and forever will be, marginal. The scales have been tipped in this way for some time now, and this should not be expected to change. In the end, decisions about healthcare resources, how to pay for them, and who should get them are being made by politicians, vis-à-vis the influence of money and votes.

It is sad to see, once again, the physician voice being muted on decisions that impact the care they deliver. ■

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*JUCM, The Journal of Urgent Care Medicine*