



Money in Politics Research Action Project

917 SW Oak St. #402, Portland, OR 97205 • (503) 283-1922 • Fax (503) 283-1877
miprap@oregonfollowthemoney.org • www.oregonfollowthemoney.org

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Contact: Sarah Wetherson or Janice Thompson
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Oregon Legislators not Immune to Influence of Money on Health Policy Report Highlights Role of Political Money in Federal Healthcare Debate

Pharmaceutical companies invested more than \$150,000 in the 2002 campaigns of Oregon legislators who watered down or blocked bills designed to save consumers money in the 2003 session.

The top five recipients—or 10 percent of the 50 legislators who received money from the pharmaceutical industry in 2002—received nearly half of the industry’s contributions.

That money was dwarfed by the \$615,490 pharmaceutical interests spent to lobby legislators in 2003. In 2002, the pharmaceutical industry contributed nearly five times more money to legislators’ campaigns than it had in 1998 and more than doubled lobby spending in Oregon since 1997.

Chart 1: 1998 to 2002 Campaign Contributions to Winning Oregon Legislative Candidates from the Pharmaceutical Industry

1998	2000	2002
\$30,625	\$71,665	\$150,104
	57.3% increase over 1998	52.3% increase over 2000

Chart 2: Top Five Recipients of 2002 Campaign Contributions from the Pharmaceutical Industry

Legislator	Contribution Totals	Percentage of Industry Investment
House Speaker Karen Minnis - R	\$23,250	15.5%
Senator Jackie Winters – R	\$21,977	14.6%
Senator Kurt Schrader - D	\$12,750	8.5%
Representative Jeff Kruse – R	\$8,000	5.3%
Representative Dan Doyle - R	\$7,750	5.2%
Subtotal to Top 5 Recipients	\$73,727	49.1%
Subtotal to Remaining 45 Recipients	\$76,377	50.9%
Total	\$150,104	

Chart 3: 1997 to 2003 Lobbying Expenditures in Oregon from the Pharmaceutical Industry

1997*	1998	1999*	2000	2001*	2002	2003*
\$252,848	\$285,221	\$454,509	\$398,557	\$557,411	\$599,569	\$615,490
		44.4% increase over 1997		18.5% increase over 1999		9.4% increase over 2001

* Designates years when the Oregon Legislature met in regular session.

While the 2003 legislature voted to create a prescription drug purchasing pool to negotiate discounted prices from drug companies for state agencies, local governments, school districts and people without drug coverage, the final bill was scaled down in the face of opposition from PhRMA, a pharmaceutical industry lobbying group. The original bill would have allowed the state-run purchasing pool to negotiate on behalf of many more people, including private employers. In the end, the Oregon AFL-CIO, one of the bill’s original proponents, opposed the bill.

In the meanwhile, as the bill moved through the legislature and gained momentum, it also gained sponsorship from legislators who had received money from pharmaceutical interests. The original sponsors received only \$250, or 0.2 percent of pharmaceutical industry contributions to legislators. Sponsors of the final bill received \$36,227 or 24.1 percent of the industry's contributions. The bill passed both houses unanimously.

"It's as if as the bill became more palatable to pharmaceutical companies, it became easier for legislators to swallow, as well," said Sarah Wetherson, research and outreach associate for the Money in Politics Research Action Project.

At the same time, a bipartisan bill that would have made pharmaceutical companies disclose the gifts they give to doctors and other medical professionals languished and died in committee. The 21 co-sponsors received only \$7450, or 5 percent, of the total contributions from pharmaceutical interests.

This analysis comes at the same time that a recent report reveals similar trends on the national stage. Health care related interests have poured more than \$163 million into federal political campaigns and party coffers since 1999 and have reaped huge policy paybacks that are harmful to ordinary people's health, according to a new investigative report by Public Campaign, **[PAYBACKS: How the White House and Congress are Neglecting Our Health Care Because of Their Corporate Contributors](#)**.

[The 47-page report](#) provides the most comprehensive examination to date of how campaign contributors are skewing federal public policy on a wide range of health care issues, including health insurance coverage, availability and affordability of prescription drugs, safety of the food supply, and tobacco use. Relying on detailed analyses of federal campaign finance data, the report shows how health care interests have strategically directed contributions to the Bush Administration and the Members of Congress who have the most power over health care issues; as well as pushing for industry-friendly appointments in key agency positions.

"The bottom line is that, thanks to our pay-to-play political system, people are getting hurt. They're getting sick more often, paying higher prices for prescription drugs, eating unsafe food, and are dying earlier than they otherwise would," said Nancy Watzman, author of the report and Research and Investigative Projects Director for Public Campaign.

Each case study includes several examples of how these industries get what they want out of Washington, from higher prices for prescription drugs to lax regulation of the meat processing industry in the face of mad cow disease. There are pullouts on the connections between Bush Administration fundraisers and personnel; charts showing contributions to Members of Congress and actions they have taken on behalf of industry; and charts showing the correlation of campaign contributions with votes in Congress.

"In contrast, in Maine and Arizona, where Clean Money, Clean Elections systems have given candidates the opportunity to win office without the largesse of private donors, we are seeing signs of health," said Nick Nyhart, Executive Director of Public Campaign. "Lawmakers in both states have approved reforms that are increasing the availability of low-cost prescription drugs."

A detailed breakdown of contributions to 2003 legislators from pharmaceutical interests is at www.oregonfollowthemoney.org. The full 54-page national report can be found at http://www.publiccampaign.org/healthcarepaybacks/healthcare_paybacks_report.pdf.

Public Campaign Contacts: Rick Bielke, 202.293.0222 or Nancy Watzman, 303.329.8563.

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