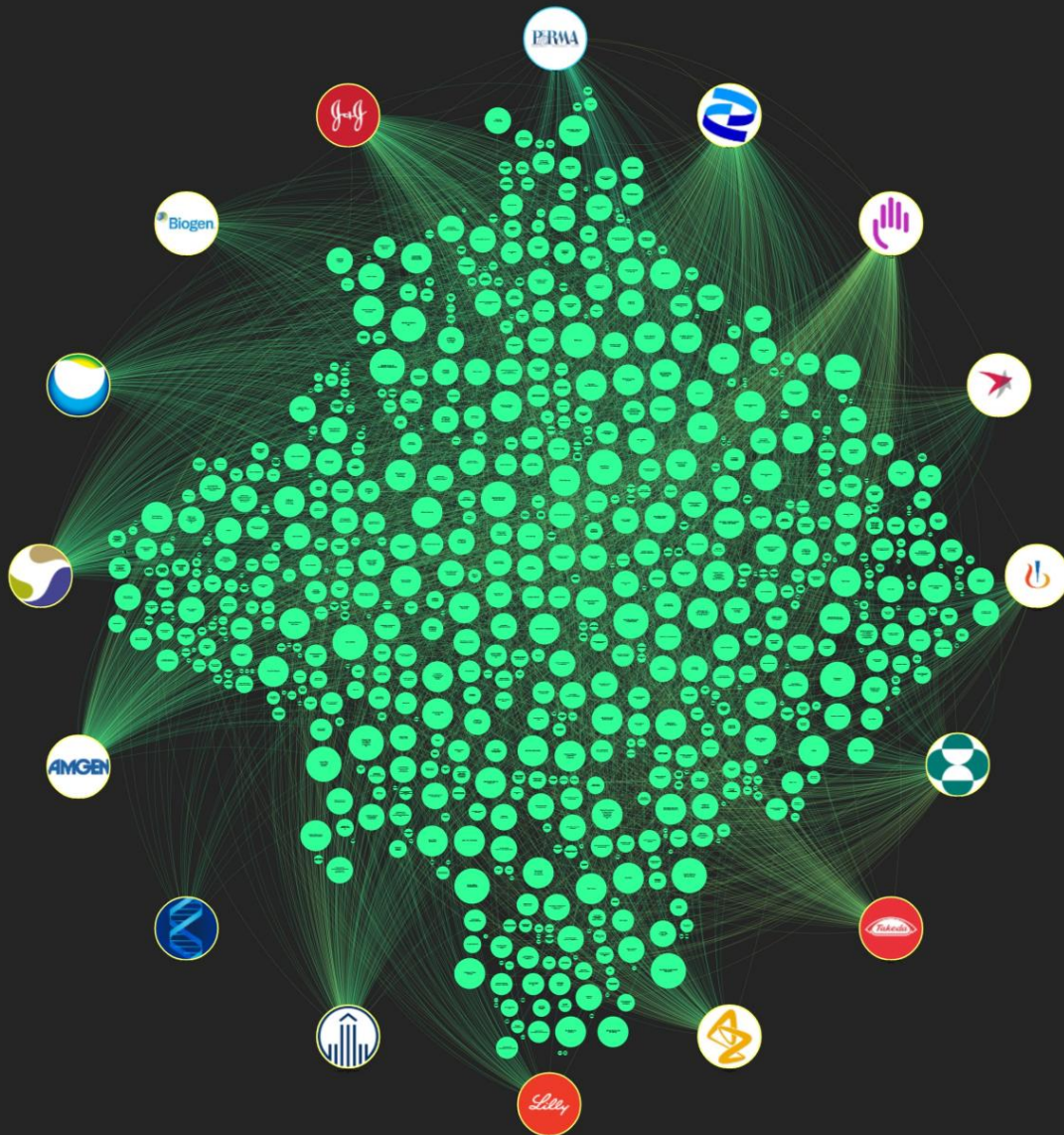


MAPPING THE PHARMA GRANT UNIVERSE



An analysis of the \$6 billion in grants distributed by PhRMA and its member companies.



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Executive Summary and Key Findings

The pharmaceutical industry is one of the most powerful industries in the nation. And until recently, with the passage of the Inflation Reduction Act (IRA), the industry had managed to fight off virtually all attempts to rein in outrageous drug prices. The industry's lobbying, campaign contributions, and paid media campaigns are no doubt a major reason they were able to stave off reform for so long. This report delves into another, less scrutinized reason: the billions in grants the industry has given out to the most powerful advocacy organizations in the country.

We focus on grants from a subset of the pharmaceutical industry – the Pharmaceutical Research and Manufacturers of America (PhRMA), the nation's most powerful pharmaceutical company trade group, and its member companies. Together, we refer to this group as the PhRMA Network.

Public Citizen gathered and analyzed hundreds of publicly available documents from the PhRMA Network and built a dataset including corporate and foundation grants given out by the PhRMA Network from 2010 through 2022. Our data represents a large sample size of grants, not the entire universe. We found, among other things:

- \$6 billion in total grants dispersed by the PhRMA Network to more than 20,000 different recipients from 2010 through 2022. The total amounts to three and a half times more than the total lobbying spending, and seventy times more than the campaign contributions, dispersed by the PhRMA Network over that time.
- More than \$720 million in grants given out in a single year – 2021. And close to \$600 million in grants given out on average each year from 2018 through 2022.
- More than 460 organizations received money from five or more PhRMA Network entities. More than 70 organizations received money from 10 or more PhRMA Network entities.
- 13 of the nation's largest and most powerful patient advocacy organizations received more than \$10 million from the PhRMA Network. In total, the 13 received \$266 million.

The money received by these organizations presents numerous conflicts of interest. When a patient advocacy organization stays silent on a debate on drug prices, publishes an op-ed supportive of a PhRMA Network position, or endorses a questionable drug, it is reasonable to wonder if the money they received from the PhRMA Network – sometimes totaling in the tens of millions of dollars – played any role in their decision making. Public Citizen found, among other things:

- Two patient advocacy organizations that reportedly stayed on the sidelines on the negotiations around drug price reform provisions in the IRA, the American Heart

Association and the American Cancer Society, received \$64 million and \$23 million from the PhRMA Network, respectively. The American Heart Association donors include Pfizer (\$8.3 million), the manufacturer of the most expensive cardiovascular drug ever launched in the United States. It also received \$29 million from AstraZeneca, the manufacturer of an expensive drug used to treat heart failure, named as one of the first 10 drugs for which the Biden Administration will negotiate a price for under its new IRA authority, and \$17 million from Sanofi. The American Cancer Society received \$6 million from AstraZeneca, \$4.7 million from Merck, and \$3.4 million from Pfizer, all manufacturers of expensive cancer drugs.

- The American Diabetes Association received more than \$11 million in grants from Sanofi and more than \$7 million from Eli Lilly. Along with Novo Nordisk, the companies control 90% of the insulin market globally.
- One of the nation’s most prominent spinal muscular atrophy (SMA) organizations, Cure SMA, received more than \$5.8 million from Novartis, the manufacturer of the SMA gene therapy that costs a stunning \$2.25 million per dose.
- UsAgainstAlzheimer’s applauded the FDA’s controversial approval of the Alzheimer’s drug Aducanumab, a drug almost unanimously opposed by the FDA’s advisory committee. The group received \$300,000 from Biogen in 2022, and at least \$200,000 each from Biogen and Eisai, the drug’s two manufacturers, in 2021 and 2020. Both companies are in the organization’s highest tier of donor category, according to annual filings.
- Public Citizen found many op-eds that were published by PhRMA Network grant recipients criticizing government efforts to rein in drug prices. Many of the op-eds used PhRMA Network talking points. In some cases, the author and grant recipient received a grant around the time of the op-ed’s publication for “advocacy.”

Public Citizen analyzed lobbying records from 2018 through 2022 for both the PhRMA Network and its grant recipients. It revealed that the lobbying efforts of many grant recipients were intertwined with the PhRMA Network:

- A total of 740 lobbyists were hired by both grant recipients and members of the PhRMA Network. These grant recipients received \$577 million from the PhRMA Network.
 - 392 lobbyists were hired by a grant recipient and at least one of their specific PhRMA Network donors.
 - 128 lobbyists were hired by a grant recipient and by at least one of their PhRMA Network donors to lobby on the same bills. For example, in the first quarter of 2020, lobbying firm Tarplin, Downs and Young lobbied Congress on behalf of the Juvenile Diabetes Research Foundation (JDRF)

on 10 different bills including H.R. 3 and other drug pricing bills. In the same quarter, Tarplin lobbyists lobbied on nine of the same 10 bills for JDRF donors PhRMA and/or insulin manufacturers Eli Lilly and Sanofi.

The PhRMA Network companies are not mission-driven charities. They are some of the largest and most profitable companies in the world, hyper-focused on returning value to shareholders. It's impossible to know how much the money affects the decision-making process of the grant recipients. But it is hard to believe \$6 billion had no effect.

Introduction

In August 2022, Democratic majorities in Congress passed H.R. 5376 – the Inflation Reduction Act of 2022 (IRA).¹ Among other things, the bill included provisions that empower Medicare to negotiate drug prices on a limited number of older drugs, with the first set of negotiated prices available to patients beginning in 2026. While the reforms included in the IRA were moderate, they will bring much-needed financial relief to many Americans.

After decades of fighting off any major reform aimed at curbing outrageous drug prices, the pharmaceutical industry had lost. And it left the largest pharmaceutical trade group in the country – the Pharmaceutical Research and Manufacturers of America (PhRMA) – fuming.

Steve Ubl, the president of PhRMA, made an explicit threat to the Democrats supporting the bill: “Regardless of the outcome in the coming weeks, this fight isn’t over.” Ubl told *Politico*.² Ubl promised that members of Congress voting for the IRA would not get a “free pass” and that his organization would hold them “accountable.”³

PhRMA is one of the most powerful trade groups in the country. The group regularly exerts its influence over public policy by lobbying, making campaign contributions, running ad campaigns, and filing lawsuits.

This analysis explores one additional way PhRMA’s exerts its influence: billions in grants to patient advocacy organizations, educational institutions, professional organizations, and other organizations.

We included grant data from PhRMA itself, as well as the 31 pharmaceutical member companies that made up PhRMA’s membership as of March of this year.⁴ PhRMA’s membership changes over time, with companies joining and leaving the trade group. Long-time PhRMA member AstraZeneca for example, recently left the trade group, but it is included in this analysis.⁵ We refer to this group – including both PhRMA the trade group and its’ member companies – as the PhRMA Network.

¹ Actions, *H.R.5376 - Inflation Reduction Act of 2022*, CONGRESS.GOV, <https://bit.ly/3gUZrbN>.

² Megan R. Wilson, *Pharma Group Leader Says Dems who Vote for Reconciliation Bill ‘Won’t Get a Free Pass’*, POLITICO (Aug. 4, 2022), <https://bit.ly/3tQwbti>.

³ *Id.*

⁴ Our Mission, PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA, <https://phrma.org/About>. Recently, PhRMA’s membership has dropped to 30 – with AstraZeneca leaving. March 2023 membership: <https://bit.ly/46TbECZ>.

⁵ Zoey Becker, *AstraZeneca Follows AbbVie, Teva in Surprising Departure from Lobbying Group PhRMA*, FIERCE PHARMA (May 16, 2023), <https://bit.ly/49mZZhI>.

Our analysis included gathering and analyzing hundreds of documents, data files and IRS filings, to compile a dataset consisting of \$6 billion in grants from the PhRMA Network from 2010 through 2022. The dataset includes grants made to more than 20,000 different recipients.

It includes grants that the PhRMA Network donors made through both their corporate entities and their foundations. Although companies are not required to disclose corporate grants, many do, though what they disclose can vary greatly by company. As such, our data does not represent the entire universe of PhRMA Network grants given out. However, we believe our dataset represents a substantial amount of the grants that exist. Thus, when we discuss the total grants given out by the PhRMA Network to various recipients, the reality is the totals likely represent a conservative estimate of what the recipients actually received.

Public Citizen is not the first to report on the topic. Patients for Affordable Drugs published a report in 2021 highlighting patient advocacy groups receiving money from the pharmaceutical industry.⁶ *KFF Health News* regularly reports on the issue.⁷

Our analysis highlights which organizations are getting money and how much. It reveals just how intertwined – both financially and in their advocacy – the grant recipients and their PhRMA Network donors are, presenting a significant number of conflicts of interest.

More broadly, it reveals that PhRMA Network money is everywhere.

⁶ *The Hidden Hand: Big Pharma's Influence on Patient Advocacy Groups*, PATIENTS FOR AFFORDABLE DRUGS, (July 2021), <https://bit.ly/47iAxaX>.

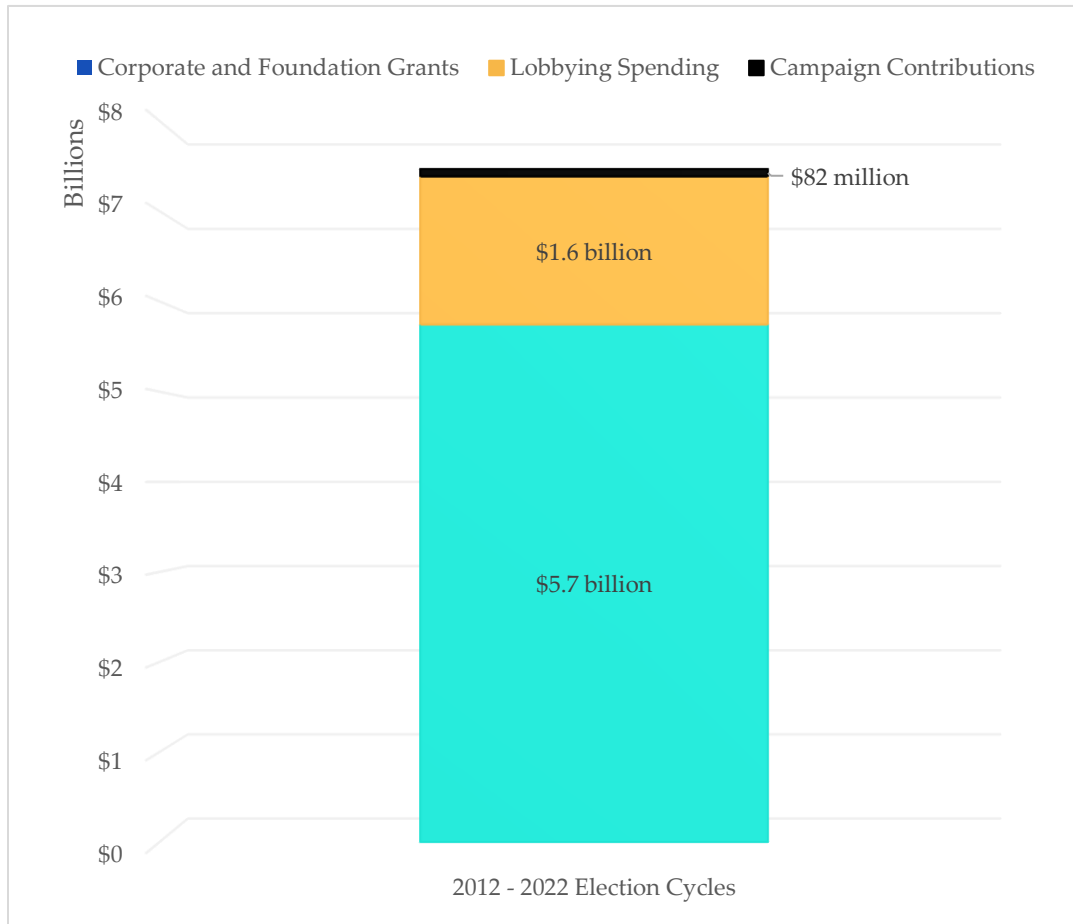
⁷ Emily Kopp, Sydney Lupkin and Elizabeth Lucas, *Patient Advocacy Groups Take in Millions From Drugmakers. Is There A Payback?*, KFF HEALTH NEWS (April 6, 2018), <https://bit.ly/3OnPINj>. The reporting including publishing a database of \$162 million in donations from pharmaceutical companies to patient advocacy groups in 2015: *Pre\$cription For Power*, <https://bit.ly/3SiCPTs>.

I. The PhRMA Network Distributed At Least \$6 Billion in Grants to More Than 20,000 Recipients

The PhRMA Network grantee universe represents an enormous, relatively unknown system of financial relationships between many of the most powerful actors in U.S. health care. Relying only on the subset of data we were able to access, we have compiled a database of over 20,000 PhRMA Network grantees receiving more than \$6 billion in grants from the PhRMA Network from 2010 through 2022.

To put this number in perspective, Public Citizen also gathered the total money the PhRMA Network spent on traditional political spending – federal lobbying and campaign contributions – over the last six elections cycles (years 2011 through 2022) and compared that to the grants distributed by the PhRMA Network. [Figure 1]

Figure 1 – Total Grants, Lobbying Spending and Campaign Contributions by the PhRMA Network (2011-2022)⁸



⁸ Our overall analysis includes the year 2010 as well, which is not included in the 2012 – 2022 election cycles. This explains the \$6 billion vs. \$5.7 billion discrepancy.

The PhRMA Network grants amount to three and a half times the total lobbying spending, and seventy times the total campaign contributions made by the PhRMA Network over that time. And while we have the entire universe of lobbying and campaign contribution spending – we do not have the entire universe of grants.

In 2021 alone, the PhRMA Network distributed \$723 million in grants. On average, from 2018 through 2022, it distributed more than \$592 million in grants per year.

The PhRMA Network is no slouch when it comes to traditional political spending, either. PhRMA – just the trade group alone – ranked third in 2022 in lobbying spending behind only the National Association of Realtors and the U.S. Chamber of Commerce, according to OpenSecrets.⁹

This is not to say that grantmaking is more important in terms of affecting public policy than lobbying or campaign contributions. Rather, it is to highlight the fact that the PhRMA Network grantee universe includes an enormous amount of money worth scrutinizing.

Brief Grant Methodology (Full Methodology in Appendix)

Public Citizen set out to gather corporate and foundation grants made by the PhRMA Network – PhRMA the trade group and its 31 member companies – from 2010 through 2022. Companies are not required to disclose corporate grants, though many do, to varying degrees. Foundations on the other hand, must disclose the grants in their IRS 990 forms.¹

In total, we found some amount of either corporate or foundation grant data for 16 members of the PhRMA Network. The grant data from the 16 ranged from just a few years' worth to complete or nearly complete. Pfizer for example, offers easily accessible PDF files of their corporate grants and their foundation grant data is accessible online. Amgen offers quarterly reports for both corporate and foundation grants for most years on their website.¹ Others, like Eli Lilly, offer only corporate grants distributed in recent years.

Due to the limitations in the data, we try to refrain from ranking “top” recipients or donors as much as possible. Instead, we set thresholds for which entities to highlight (i.e., we highlight entities receiving at least \$10 million). When we do provide totals it's important to understand the totals amount to what we found, not the entire universe that exists.

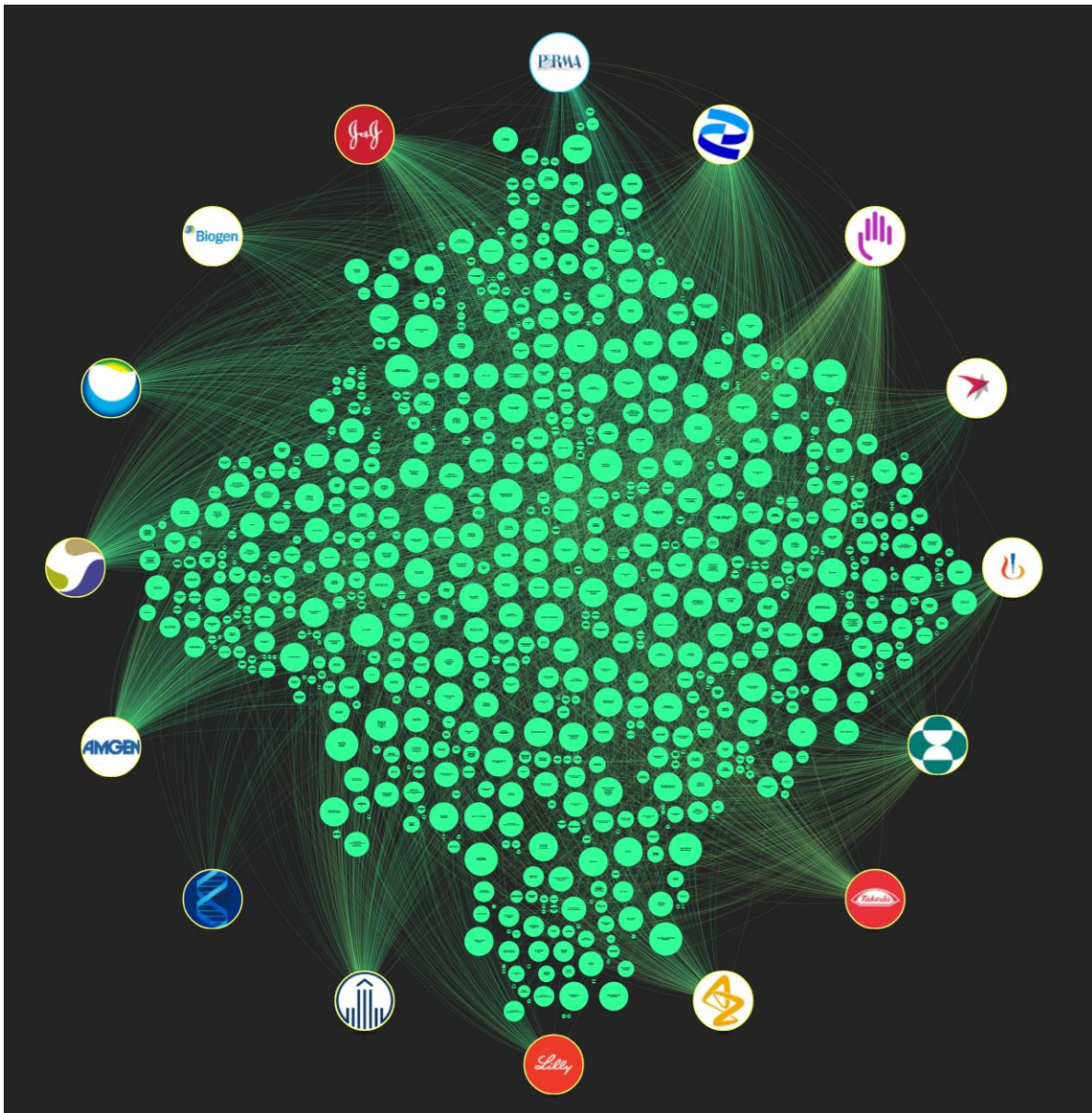
⁹ *Top Spenders*, OPENSECRETS (2022), <https://bit.ly/3SRKys3>.

PhRMA Network Money is Everywhere

Since 2010, more than 20,000 different recipients have received PhRMA Network grants. Most big recipients received multiple grants from several PhRMA Network entities. In total, more than 460 organizations received money from five or more PhRMA Network Members. More than 70 organizations received money from 10 or more PhRMA Network entities.

Below is a relationship map highlighting many of the entities “connected” (receiving grants) to each member of the PhRMA Network. We limited the graphic to include only those entities receiving \$500,000 or more from the PhRMA Network. [Figure 2]

Figure 2 – PhRMA Network Connection Map
(Recipients Receiving \$500,000 or more)



A full interactive and searchable version of the PhRMA Network connection map can be found [here](#).¹⁰

While many types of organizations received PhRMA Network money, throughout most of this piece we focus primarily on organizations at the center of debate on health care – and more specifically – drug price policy.

The Nation’s Most Powerful Patient Advocacy Groups, Universities, and Professional Associations Are Flush With PhRMA Network Cash

The more than 20,000 grant recipients we found represent a wide range of organizations, including: patient advocacy groups; schools, universities, and research institutions; associations of health professionals and researchers; for-profit and non-profit continuing medical education companies; political advocacy organizations; charitable organizations; and patient assistance funds and organizations.

It is difficult to categorize all the PhRMA grantees we have identified given the breadth of stated missions and organizational priorities represented among them. Below, we highlight a few types of grant recipients in our dataset and describe some organizations that are representative of significant subsections of all grant recipients.

PATIENT ADVOCACY GROUPS

Many PhRMA Network grantees are patient advocacy groups. These groups often provide services and resources for patients seeking care but also advocate for increased research for relevant treatments and funding for patient services. At least part of their missions involve advocating for patients affected by particular diseases.

Some patient advocacy groups have a centralized national office and local chapters that operate with varying levels of independence from the priorities of the national office. In some cases, we combined local and national chapters of patient advocacy groups unless we determined local and national chapters were operating on a separate basis.

Table 1 below highlights the patient advocacy groups receiving at least \$10 million from the PhRMA Network from 2010 through 2022. The list includes 13 organizations that combined received \$266 million from the PhRMA Network. [Table 1]

¹⁰ See, <https://bit.ly/3uGls5h>

**Table 1: Patient Advocacy Organizations Receiving \$10 Million or More
From the PhRMA Network (2010 through 2022)**

Name	Total Funding (2010 – 2022)	PhRMA Network Donors	PhRMA Funders Donating At Least \$500k. (Largest Donor Found Highlighted)
American Heart Association	\$64.1 million	13	AstraZeneca (\$29 million), Sanofi, Pfizer, Novartis, Amgen, Bristol Myers Squibb, Johnson & Johnson
Conquer Cancer Foundation / The American Society of Clinical Oncology	\$26.8 million	12	Pfizer (\$9.4 million), Amgen, Eli Lilly Sanofi, Astellas, Boehringer Ingelheim, Merck & Co., Daiichi Sankyo, Johnson & Johnson
American Diabetes Association	\$26.4 million	11	Sanofi (\$11.2 million), Eli Lilly, AstraZeneca, Pfizer, Johnson & Johnson
National Hemophilia Foundation	\$25.6 million	4	Takeda (\$13.9 million), Pfizer, Sanofi
American Cancer Society	\$23.1 million	14	AstraZeneca (\$6 million), Merck & Co., Pfizer, Genentech, Novartis, Sanofi, Bristol Myers Squibb
Asthma & Allergy Foundation of America	\$14.6 million	6	AstraZeneca (\$10.4 million), Sanofi, Novartis, Pfizer
National Gaucher Foundation	\$14.4 million	3	Sanofi (\$8 million), Takeda, Pfizer
Leukemia & Lymphoma Society	\$14.3 million	12	Pfizer (\$5.5 million), AstraZeneca, Novartis, Amgen, PhRMA, Sanofi
National Psoriasis Foundation	\$12.0 million	8	Novartis (\$4.2 million), Amgen, Pfizer, Eli Lilly, Johnson & Johnson
American Lung Association	\$11.9 million	9	Pfizer (\$5.7 million), PhRMA Bristol Myers Squibb, Sanofi, AstraZeneca
National Multiple Sclerosis Society	\$11.5 million	10	Sanofi (\$6.2 million), Novartis
Arthritis Foundation	\$10.7 million	10	Pfizer (\$5.3 million), Novartis, Sanofi, AstraZeneca, PhRMA, Boehringer Ingelheim
National Kidney Foundation	\$10.6 million	12	Amgen (\$3 million), Sanofi, Pfizer, Novartis, AstraZeneca

UNIVERSITIES

Many PhRMA Network grantees are universities and other institutions of higher education. A wide variety of universities receive PhRMA Network grants, including those with large research institutions and medical schools. In the cases where a grant description was available, many university grants were marked as for a particular research institute or program or earmarked for funding research into specific conditions or treatments. Where grants were directed to a particular school or program within a university (Harvard Medical School, for example), we combined these grants under the name of the university. For a more detailed explanation, see the methodology in Appendix I.

Table 2 below highlights the universities receiving at least \$10 million in total from the PhRMA Network from 2010 through 2022. The list includes 12 universities that received a combined \$240 million from the PhRMA Network. [Table 2]

**Table 2: Universities Receiving \$10 Million in Grants From the PhRMA Network
(2010 through 2022)**

Name	Total Funding	PhRMA Network Donors	PhRMA Funders Donating At Least \$500k. (Largest Donor Found Highlighted)
Harvard University	\$57.1 million	14	Amgen (\$46.7 million), Pfizer, PhRMA, Bristol Myers Squibb, Merck & Co., Biogen
Rutgers University	\$26.5 million	12	Johnson & Johnson (\$10.2 million), Pfizer, Daiichi Sankyo, Bristol Myers Squibb, Merck & Co., Sanofi
Johns Hopkins University	\$25.0 million	15	Johnson & Johnson (\$7.4 million), Pfizer, Bristol Myers Squibb, Merck & Co., Amgen, Sanofi, Takeda, Boehringer Ingelheim, Eli Lilly
Indiana University	\$20.7 million	8	Eli Lilly (\$12.8 million), Pfizer, Amgen, Johnson & Johnson
Duke University	\$18.7 million	14	Pfizer (\$5.5 million), Johnson & Johnson, Bristol Myers Squibb, Boehringer Ingelheim, Sanofi, Amgen, Takeda
University of Cincinnati	\$17.2 million	11	Pfizer (\$9 million), Boehringer Ingelheim, Daiichi Sankyo, Johnson & Johnson, Amgen, Sanofi
Boston University	\$15.0 million	10	Pfizer (\$5.5 million), Sanofi, Boehringer Ingelheim, Amgen, Sanofi, Bristol Myers Squibb
University of Chicago	\$14.2 million	11	Merck & Co. (\$5.1 million), Johnson & Johnson, Pfizer, Sanofi

San Francisco State University	\$12.0 million	1	Genentech (\$12 million)
University of New Mexico	\$11.8 million	7	Bristol Myers Squibb (\$6.5 million), Merck & Co., Pfizer
California Institute of Technology	\$10.7 million	5	Amgen (\$10.1 million)
University of Michigan	\$10.6 million	10	Merck & Co. (\$4.2 million), Bristol Myers Squibb, Pfizer, Genentech

PROFESSIONAL ASSOCIATIONS

The PhRMA Network gives to a variety of professional associations, representing physicians of various specialties and other health care providers. These professional associations host educational events, advocate for policy positions relevant to their constituents, and provide resources for patients. Where professional associations have geographic subchapters, we have combined them under the national organization unless there is compelling evidence that the organization operates on a separate basis.

Table 3 below highlights the professional associations receiving at least \$10 million in total from the PhRMA Network from 2010 through 2022. The list includes six organizations that received a combined \$100 million from the PhRMA Network. [Table 3]

Table 3: Professional Associations Receiving At Least \$10 Million in Grants From the PhRMA Network (2010 through 2022)

Name	Total Funding	PhRMA Network Donors	PhRMA Funders Donating At Least \$500k. (Largest Donor Found Highlighted)
American College of Cardiology	\$22.9 million	8	AstraZeneca (\$14.7 million), Pfizer, Amgen, Sanofi, Johnson & Johnson, Daiichi Sankyo
National Comprehensive Cancer Network	\$20.2 million	11	Pfizer (\$10.7 million), Amgen, Eli Lilly, Sanofi, Johnson & Johnson, Boehringer Ingelheim
American Association for Cancer Research	\$15.5 million	14	Bristol Myers Squibb (\$5.5 million), Amgen, Pfizer, AstraZeneca
Endocrine Society	\$15.3 million	6	Sanofi (\$3.7 million), Boehringer Ingelheim, Amgen, Pfizer, Eli Lilly, Takeda
American Academy of Family Physicians	\$15.2 million	10	Eli Lilly (\$7.8 million), Pfizer, Bristol Myers Squibb, Johnson & Johnson
American College of Chest Physicians	\$10.5 million	7	Pfizer (\$7.6 million), Boehringer Ingelheim, Sanofi, AstraZeneca

II. Conflicts, the Appearance of Conflicts, and Silence

Many patient advocacy groups prioritize working towards the discovery of new treatments. This does somewhat naturally lead the patient groups to ally with pharma companies. And it leads some to believe in good faith that price controls are a bad idea on the assumption that they will interfere with innovation.

These groups represent important interests -- patients and families -- and often do critical work in advocating for more research and providing services to patients. They need money to operate, and it's likely hard to turn away from what is often the most generous funder available.

But at the very least, taking substantial amounts of money from the PhRMA Network does make it hard for groups to speak critically of the companies giving them money, and it's notable how infrequently they do so, even when the interests of the patients they represent run directly counter to the pharmaceutical companies' interests.

This section, and the report more broadly, does not allege the issue is black and white (i.e., all those receiving PhRMA Network money are simply bought off by Big Pharma). There are some grant recipients that work closely with their PhRMA Network donors and very much appear to be an additional advocacy arm for the PhRMA Network. Other groups receiving PhRMA Network money advocate for aggressive price control legislation, putting them in direct conflict with the pharmaceutical companies (the National Multiple Sclerosis Society for example, an organization that received more than \$11 million from the PhRMA Network, worked hard to pass the IRA¹¹).

The effect of the PhRMA Network money on the organizations' advocacy may vary depending on whether the money represents a significant portion of the organization's budget.

The American Heart Association, for example, the patient group we found to have received the most from the PhRMA Network, had more than \$800 million in revenue in 2021.¹² Our analysis found the group received \$9.2 million from the PhRMA Network that year, amounting to just one percent of the organization's revenue. That said, even to an organization that is well-funded, one could reasonably assume \$9.2 million (and more from the broader pharmaceutical industry) is at least on their radar.

In total, the American Heart Association received at least \$64 million in grants from the PhRMA Network. Many PhRMA Network companies produce expensive drugs used to treat the issues under the American Heart Association's purview.

¹¹ News, *Multiple Sclerosis Activists Play Key Role in Passage of Meaningful Prescription Drug and Health Insurance Legislation*, NATIONAL MULTIPLE SCLEROSIS SOCIETY (Aug. 12, 2022), <https://bit.ly/40PVSH4>.

¹² Nonprofit Explorer, *American Heart Association Inc*, PROPUBLICA, <https://bit.ly/40JYfLq>.

The most expensive cardiovascular drug ever launched in the United States for example, is Pfizer's Tafamidis.¹³ With a stunning annual cost of \$225,000, Pfizer has been accused of price gouging on the drug.¹⁴ The American Heart Association received more than \$8 million from Pfizer.

AstraZeneca, the manufacturer of Farxiga, which treats heart failure among other things, contributed \$29 million to the American Heart Association. Farxiga is one of first 10 drugs Medicare will now negotiate on price due to the IRA¹⁵ and AstraZeneca is suing the federal government over it.¹⁶ Much of the money given to the American Heart Association by AstraZeneca was given to support the groups One Brave Idea project, a project created to "change how coronary heart disease is detected, prevented, and treated."¹⁷ The company contributed \$5 million or more to the project in 2020,¹⁸ 2019¹⁹ and 2018.²⁰

Sanofi, the manufacturer of the expensive cholesterol drug Praluent,²¹ contributed more than \$17 million to the American Heart Association.

This is not an uncommon scenario by any means.

In 2021, Public Citizen published a report highlighting how the United States pays nearly double for the 20 top-selling expensive drugs compared to the rest of the world.²² This analysis includes grant data from many of the manufacturers of those 20 top-selling drugs.

Eight of the drugs on the top 20 list include drugs used for various forms of cancer. And many of those drugs' manufacturers donate large amounts of money to the most prominent cancer patient advocacy group in the country - the American Cancer Society (ACS).

¹³ Ian C. Chang, Eli Mughtar, and Martha Grogan, *Monitoring Tafamidis, The Most Expensive Cardiac Medication*, (Oct. 3, 2021), <https://bit.ly/3FFSmFi>.

¹⁴ *Pfizer gets U.S. Approval for \$225,000 a Year Heart Drug*, REUTERS (May 6, 2019), <https://bit.ly/3tYpYLZ>

¹⁵ Berkeley Lovelace Jr., *Medicare Names First 10 Drugs up for Price Negotiations with the Government*, NBC NEWS (Aug. 29, 2023), <https://bit.ly/49n7uoz>.

¹⁶ *AstraZeneca Sues US Over Medicare Drug Price Negotiation Plans*, REUTERS (Aug. 25, 2023), <https://bit.ly/3siqB2w>.

¹⁷ About Us, *One Brave Idea*, <https://bit.ly/3QDmqrn>.

¹⁸ Contributions Disclosure, *Contributions to Nonprofit Organizations*, ASTRAZENECA (July – December Report, 2020), <https://bit.ly/3seHlrv>.

¹⁹ Contributions Disclosure, *Contributions to Nonprofit Organizations*, ASTRAZENECA (July – December Report, 2019), <https://bit.ly/3FIZr87>.

²⁰ Contributions Disclosure, *Contributions to Nonprofit Organizations*, ASTRAZENECA (July – December Report, 2018), <https://bit.ly/3QpN59W>.

²¹ *Regeneron/Sanofi Cut Heart Drug Price to \$4,500-\$6,600 for Express Scripts*, REUTERS (May 1, 2019), <https://bit.ly/3QeOXKA>.

²² Rick Claypool and Zain Rizvi, *United we Spend*, PUBLIC CITIZEN (Sept. 30, 2021), <https://bit.ly/40tNfBF> see Table 1.

ACS received \$23 million from the PhRMA Network,²³ including millions from the manufacturers of the nation's top-selling cancer drugs: \$6 million from AstraZeneca, the manufacturer of the top-selling and expensive lung cancer drug Tagrisso; \$4.7 million from Keytruda manufacturer Merck; \$3.4 million from Pfizer, the manufacturer of top-selling cancer drugs Ibrance, Xtandi, and Prevenar 13; and \$1.1 million from Bristol Myers Squibb, the manufacturer of Opdivo.²⁴

The two aforementioned patient advocacy groups, the American Heart Association (\$64 million from the PhRMA Network) and the American Cancer Society (\$23 million), were criticized for reportedly sitting out the discussions around the drug price negotiation in the Inflation Reduction Act.²⁵

Many grant recipients have received less money from the PhRMA Network, but the grants raise flags, nonetheless.

In June 2021, the organization UsAgainstAlzheimer's applauded the FDA's controversial approval of the Alzheimer's drug Aducanumab²⁶, a drug almost unanimously opposed by the FDA's advisory committee.²⁷ It is reasonable to wonder if UsAgainstAlzheimers receiving \$300,000 from Biogen in 2022, one of the drugs manufacturers, had any bearing on its decision to endorse the approval of the drug.²⁸ The \$300,000 Biogen contribution was after Biogen and the drug's other manufacturer, Eisai²⁹, each contributed more than \$200,000 to the group in 2021 and 2020, according to UsAgainstAlzheimer's annual filings.³⁰ Both manufacturers are also listed as contributors to the organization in 2019 as well, though the annual report from that year does not include contribution amount.³¹ Our dataset does not include grant data from Eisai, and we found limited corporate and foundation grant data on Biogen.³²

²³ Includes contributions to the organization's advocacy arm the American Cancer Society Action Network, see <https://www.fightcancer.org/about>.

²⁴ Rick Claypool and Zain Rizvi, *United we Spend*, PUBLIC CITIZEN (Sept. 30, 2021), <https://bit.ly/40tNfBF> see Table 1, and Public Citizen's analysis of grant data.

²⁵ Arthur Allen, *Big Pharma Went All in to Kill Drug Pricing Negotiations*, KFF HEALTH NEWS (August 12, 2022), <https://bit.ly/49nexOj>.

²⁶ *UsAgainstAlzheimer's Hails FDA Approval of Aducanumab, the First Disease-Modifying Therapy for Early-Stage Alzheimer's*, UsAgainstAlzheimer's (June 7, 2021), <https://bit.ly/3Qq44sH>.

²⁷ Sidney Wolfe, *Lecanemab Letter to the FDA*, PUBLIC CITIZEN (Jan. 4, 2023), <https://bit.ly/3OEMrXg>.

²⁸ Biogen Grant Office, *U.S. Grants*, BIOGEN (Reporting Period 1/1/2022 – 12/31/2022), <https://bit.ly/40kPpDA>.

²⁹ Press Release, *FDA Approves Updated ADUHELM™ Prescribing Information to Emphasize Population Studied in Clinical Trials*, BIOGEN (July 8, 2021), <https://bit.ly/3QFj3QP>.

³⁰ 2021 Annual Report, USAGAINSTALZHEIMER'S (2021), <https://bit.ly/46xNKwR> and 2020 Annual Report, USAGAINSTALZHEIMER'S (2020), <https://bit.ly/46pFIpH>.

³¹ 2019 Annual Report, USAGAINSTALZHEIMER'S (2019), <https://bit.ly/48OKyOx>.

³² Biogen Grant Office, *U.S. Grants*, BIOGEN (Reporting Period 1/1/2021 – 12/31/2021), <https://bit.ly/3sgpDnm>, Biogen Grant Office, *U.S. Grants*, BIOGEN (Reporting Period 1/1/2022 – 12/31/2022), <https://bit.ly/40kPpDA>, and Biogen Foundation Inc, PROPUBLICA, <https://bit.ly/3QIAIHp>.

In their 2021 report, UsAgainstAlzheimer's had just seven donors contributing more than \$200,000 – the highest tier of contributor they list. Three of the seven are PhRMA Network members, Biogen and Eisai, and Eli Lilly.³³

When Billy Dunn, the FDA official most responsible for the controversial approval of Aducanumab retired,³⁴ UsAgainstAlzheimer's released a statement showering Dunn with praise.³⁵ Dunn's closeness to Biogen was at the heart of the controversy surrounding the drug's approval.³⁶

The Leukemia & Lymphoma Society received nearly \$1.8 million from Amgen, the manufacturer of the leukemia drug Blincyto, a drug that raised eyebrows when it was introduced in 2014 at a cost of \$178,000 per-patient.³⁷

One of the nation's most prominent spinal muscular atrophy organizations, Cure SMA, received \$5.8 million from Novartis, the manufacturer of the spinal muscular atrophy gene therapy, Zolgensma. Zolgensma costs a stunning \$2.25 million per dose.³⁸ Cure SMA received more than \$878,000 from Biogen, the manufacturer of Spinraza, an SMA drug that costs \$750,000 in its first year.³⁹ AveXis – a subsidiary of Novartis⁴⁰ - and Biogen were two of the three presenting sponsors of Cure SMA's annual conference in 2020.⁴¹

The American Diabetes Association received more than \$11 million in grants from Sanofi and more than \$7 million from Eli Lilly, which raises concerns. The two pharmaceutical companies, along with Novo Nordisk, are estimated to control 90% of the insulin market globally.⁴² (Grant data from Novo Nordisk is not included in this analysis).

Further, our data does not cover every financial interaction between the insulin makers and the American Diabetes Association, either. For example, on their website, the

³³ 2021 Annual Report, USAGAINSTALZHEIMER'S (2021), <https://bit.ly/46xNKwR>.

³⁴ *FDA Neurosciences Chief Billy Dunn to Leave Immediately, Analysts Raise Concern*, REUTERS (Feb. 28, 2023), <https://bit.ly/40kRgs2>.

³⁵ *Statement on the Retirement of Dr. Billy Dunn*, UsAgainstAlzheimer's (Feb. 27, 2023), <https://bit.ly/461sRJc>.

³⁶ Michael Carome, *Outrage of the Month: Shocking New Revelations of Unprecedented FDA-Biogen Collaboration on Alzheimer's Disease Drug*, PUBLIC CITIZEN (August 2021), <https://bit.ly/3sr8FCK>.

³⁷ Tracy Staton, *Amgen slaps record-breaking \$178K price on rare leukemia drug Blincyto*, FIERCE PHARMA (Dec. 18, 2014), <https://bit.ly/3FGEbzF>.

³⁸ Fraiser Kansteiner et. al, *Most expensive drugs in the US in 2023*, FIERCE PHARMA (May 22, 2023), <https://bit.ly/49hG7wd>.

³⁹ *Id.*

⁴⁰ Nick Paul Taylor, *Novartis Inks \$8.7B AveXis Buyout to Build Gene Therapy Unit*, FIERCE PHARMA (April 9, 2018), <https://bit.ly/3MnSWeH>.

⁴¹ *2020 Virtual SMA Conference*, CURE SMA (June 8-12, 2020), <https://bit.ly/3QkOZkd>.

⁴² *Drugmakers That Dominate the World's Insulin Market Must Scale up Access Efforts Globally*, ACCESS TO MEDICINE FOUNDATION (Oct. 6, 2022), <https://bit.ly/3QjZtlx>.

association applauds the three insulin makers for their corporate sponsorship of the “Pathway to Stop Diabetes” program to the tune of a combined \$53.6 million.⁴³

This is not to say the American Diabetes Association is simply a mouthpiece for the insulin manufacturers. It is no doubt more complex than that. The Diabetes Association supported the \$35 monthly cap on out-of-pocket costs for insulin included in the Inflation Reduction Act, for example.⁴⁴

But while the fight over insulin prices has entered a new phase after hard earned victories by advocates, the fact remains: For years, the three big insulin manufacturers relentlessly fought to keep prices of insulin – a drug the companies did not discover⁴⁵ – outrageously high, harming diabetic patients financially.⁴⁶ And during that same time, one of the largest diabetes patient advocacy organizations in the country took tens of millions of dollars from those same companies, presenting a significant conflict of interest.

This dynamic was highlighted in a 2018 *KFF Health News* report, which noted that despite launching a 2016 campaign decrying “skyrocketing” insulin prices, the organization “did not call out any drugmaker in its literature.”⁴⁷

The American Diabetes Association is far from alone, Public Citizen found millions in donations from insulin manufacturers to numerous diabetes organizations.

The Juvenile Diabetes Research Foundation (JDRF), for example, a group we highlight in more detail later in the piece, received at least \$1.7 million from Eli Lilly and Sanofi combined (and likely much more), and received money from Novo Nordisk.⁴⁸

⁴³ Corporate Sponsors, *Founding Pathway Sponsors*, AMERICAN DIABETES ASSOCIATION, <https://bit.ly/3seMhwx>.

⁴⁴ Official Statement, *American Diabetes Association Announces Support for Changes to the Inflation Reduction Act*, AMERICAN DIABETES ASSOCIATION (July 28, 2022), <https://bit.ly/3rTXEK8>.

⁴⁵ Julia Belluz, *The Absurdly High Cost of Insulin, Explained*, VOX (Nov. 7, 2019), <https://bit.ly/3Sm1er5>.

⁴⁶ *New Study: 1.3 Million Americans with Diabetes Ration Insulin Due to Cost*, PUBLIC CITIZEN (Oct. 18, 2022), <https://bit.ly/3Qq0leq>.

⁴⁷ Emily Kopp, Sydney Lupkin and Elizabeth Lucas, *Patient Advocacy Groups Take in Millions From Drugmakers. Is There A Payback?*, KFF HEALTH NEWS (April 6, 2018), <https://bit.ly/3QnPINj>.

⁴⁸ *Corporate Partnerships*, JDRF, <https://bit.ly/40m0e8l>.

III. Op-eds Attacking Drug Price Reform Were Written by PhRMA Network Funded Organizations

Public Citizen found numerous examples of op-eds criticizing government intervention on high drug prices by individuals receiving PhRMA Network grants. Many of the op-eds contain the same talking points pushed by the PhRMA Network. Many laud the pharmaceutical industry and decry “government price controls.”

Disclosure of what the grants were for varies greatly by PhRMA Network grantor. (Pfizer, for example, to its credit, offers a brief description of many of its grants). Still, our analysis did find some examples where grants were awarded for “advocacy” around the time the grant recipient published an op-ed criticizing attempts to rein in drug prices. Many of these op-eds were published in state and local newspapers and magazines.

While local papers and outlets may have a relatively small circulation, politicians care a lot about what their local papers say.

- In an opinion piece published in *The Odessa American* in October 2021, Merrill Matthews, a resident Scholar with the Institute for Policy Innovation,⁴⁹ wrote that Democrats were selling “Texas seniors down the river,” with their budget proposal and “empowering government bureaucrats to arbitrarily set drug prices.”⁵⁰ Matthews relentlessly attacks the idea of Medicare negotiating drug prices. The Institute for Policy Innovation received donations from the trade group PhRMA every year from 2010 through 2021, amounting to \$837,000 in total.
- In February 2021, Sally Pipes, president and CEO of the board of the Pacific Research Institute⁵¹, published an op-ed appearing in *Elko Daily Free Press* that attacked H.R. 3 arguing that it, like similar proposals, was “drug pricing that kills cures.”⁵² She has published numerous similar op-eds since.⁵³ The Pacific Research Institute received more than \$1 million from the PhRMA Network, including \$920,000 from PhRMA.
- President and CEO of the Kentucky Life Sciences Council (KLSC), Kyle Keeney, wrote an op-ed lambasting the drug price negotiation provisions in July 2022, claiming the Democrats’ reconciliation bill could “stop new cures in their tracks.”⁵⁴

⁴⁹ Staff, INSTITUTE FOR POLICY INNOVATION, <https://bit.ly/3FG3sKq>.

⁵⁰ Copy on file with author.

⁵¹ People, *Scholars, Pacific Research Institute*, <https://bit.ly/3Mq4Q7P>.

⁵² Copy on file with author.

⁵³ Sally Pipes, *Dems’ Drug Price Controls Would Mean Fewer Drugs And Fewer Jobs*, FORBES (June 26, 2023), <https://bit.ly/45WebLE> and Sally C. Pipes, *Price Controls in Medicare Will Kill New Cures*, TRIB LIVE (April 18, 2023), <https://bit.ly/46T4nDl>.

⁵⁴ Kyle Keeney, *Op-Ed: Drug Pricing Reform Should be About Saving Lives Through Innovation*, THE LANE REPORT (July 25, 2022), <https://bit.ly/40j8MNv>.

KLSC received more than \$232,000 in grants from the PhRMA Network, including \$25,000 from PhRMA every year from 2016 through 2021. The group has a close working relationship with the very PhRMA-friendly, Biotechnology Innovation Organization.⁵⁵

- David Williams, the president of the Taxpayers Protection Alliance, attacked the idea of allowing Medicare to negotiate drug prices in his July 2022 op-ed.⁵⁶ It would be “a slap in the face to the drug manufacturers that developed the COVID-19 vaccines in record time, and it would set the U.S. back as the global leader in medical innovation.”⁵⁷ The Taxpayers Protection Alliance received \$235,000 from PhRMA – the trade group – from 2016 through 2021.
- Shortly after the Biden administration announced the first 10 drugs it would negotiate prices on, Marcia K. Horn, the CEO of the International Cancer Advocacy Network (ICAN), published an op-ed critical of the list, writing: “While it’s easy to think that this will save money, the hard fact is that it probably will not save patients money at all and will actually hurt the drugs that are in development.”⁵⁸ After Democrats in Congress introduced the SMART Prices Act in 2023, a bill that would expand on drug negotiation provisions in the Inflation Reduction Act,⁵⁹ ICAN’s Steven Potts published an op-ed in the *Arizona Daily Star* saying the bill was a “roadblock” and a “dead end” for patients.⁶⁰ ICAN received \$65,000 from Pfizer. Among other things, Pfizer indicated its grants to ICAN were for “legislative advocacy program and policy advocacy initiatives,”⁶¹ and “patient access to medicines and support of pro-innovation policies.”⁶²
- In August 2023, Victoria Ford, the president and CEO of the Texas Healthcare and Bioscience Institute, published an op-ed in the *Longview News-Journal*, urging Texans in Congress to “reject government-mandated drug price-setting.”⁶³ The

⁵⁵ BIO Business Solutions, KENTUCKY LIFE SCIENCES COUNCIL, <https://bit.ly/45XKJot>.

⁵⁶ David Williams, *Op-Ed: Democrats’ drug pricing deal is the wrong remedy*, THE CENTER SQUARE (July 15, 2022), <https://bit.ly/3QGFODM>.

⁵⁷ *Id.*

⁵⁸ Marcia K. Horn, *Op-ed: Inflation Reduction Act Policies Need Fixing, not Celebrating*, THE CENTER SQUARE (Aug. 30, 2023), <https://bit.ly/3G22zw9>.

⁵⁹ Press Release, *Baldwin, Colleagues Introduce Legislation to Cut Senior’s Prescription Drug Costs*, (April 24, 2023), <https://bit.ly/3MtwVv0>. Public Citizen endorsed the SMART Prices Act.

⁶⁰ Steven J. Potts, *Arizona Opinion: Not Just a Roadblock, But a Dead end for Patients – Why the SMART Prices Act is Anything but Helpful*, TUCSON.COM (June 15, 2023), <https://bit.ly/3PU0DtY>.

⁶¹ *US Medical, Scientific, Patient and Civic Organization Funding Report*, PFIZER (Fourth Quarter 2018), <https://bit.ly/46YhV0k>.

⁶² *US Medical, Scientific, Patient and Civic Organization Funding Report*, PFIZER (FY 2021), <https://bit.ly/3OpqmKW>.

⁶³ Victoria Ford, *Ford: Reject Government-Mandated Drug Price-Setting*, LONGVIEW NEWS-JOURNAL (Aug. 18, 2023), <https://bit.ly/48QBuZX>.

Texas Healthcare and Bioscience Institute received \$93,000 from the PhRMA Network. The organization’s membership includes many members of the PhRMA Network.⁶⁴

- In July 2022, the Executive Director of the Lupus Foundation New England, Beverly Goodell, wrote an op-ed in the Concord Monitor urging Sen. Maggie Hassan (D-N.H.) to reject proposals that would allow Medicare to negotiate drug prices, writing, “government price setting plans may have different names, but each gives politicians control over our medicines and threatens access to treatments and cures.”⁶⁵ The Lupus Foundation New England received \$55,800 from the PhRMA Network. A 2017 grant from Pfizer to the Lupus Foundation of New England indicated it was for “advocacy efforts.”⁶⁶
- In a three-month span in 2021 (August through October), four op-eds were published in the *Times of San Diego* that either attacked H.R. 3 directly or attacked the issue at the heart of H.R. 3 – allowing Medicare to negotiate drug prices. All four also defended Rep. Scott Peters’ (D-Calif.) – one of the few Democrats opposed to H.R. 3. Peters likely welcomed the four op-eds defending him in his local paper – he had previously been supportive of H.R. 3 before being opposed and was being criticized for the flip-flop around the time the op-eds were published.⁶⁷ He penned his own op-ed in the San Diego Tribune defending his actions.⁶⁸

All four op-ed authors were PhRMA network grant recipients (emphasis added to references to Rep. Peters):

- On August 9, 2021, former NFL player turned entrepreneur Rolf Benirschke, penned an op-ed attacking H.R. 3. According to Benirschke, if H.R. 3 were to pass, “the hope patients have that an effective treatment or cure is just around the corner will be dashed.”⁶⁹ “Members of Congress should join San Diego **Rep. Scott Peters** in rejecting H.R. 3 as written and go back to the drawing board ...”, wrote Benirschke. Benirschke’s business

⁶⁴ *Membership*, TEXAS HEALTHCARE & BIOSCIENCE INSTITUTE, <https://bit.ly/46UeXKp>.

⁶⁵ Beverly Goodell, *Opinion: Government Price Setting Isn’t the Answer*, THE CONCORD MONITOR (July 28, 2022), <https://bit.ly/46yqEpS>.

⁶⁶ *US Medical, Scientific, Patient and Civic Organization Funding Report*, PFIZER (Fourth Quarter 2017), <https://bit.ly/3Ontetf>.

⁶⁷ Jon Skolnik, *This Democrat Got Big Boney from Big Pharma — and Turned Against Lower Drug Prices*, SALON (July 29, 2021), <https://bit.ly/3QnfvRZ>.

⁶⁸ Scott Peters, *Opinion: As a House member, here’s why I can’t support the Lower Drug Costs Now Act*, THE SAN DIEGO UNION-TRIBUNE (Sept. 30, 2021), <https://bit.ly/3tBadKL>.

⁶⁹ Rolf Benirschke, *Opinion: H.R. 3 — The Lower Drug Costs Now Act — Will Actually Limit Access and Dash Patients’ Hopes*, TIMES OF SAN DIEGO (Aug. 9, 2021), <https://bit.ly/46pIgUN>.

or non-profit ventures⁷⁰ have received \$45,000 from PhRMA the trade group.

- On September 18, 2021, Elizabeth Savage, the Executive Director of the Lupus Foundation of Southern California,⁷¹ wrote an op-ed with the headline “Patients with Chronic Disease Applaud **Rep. Peters’** Fight Against H.R. 3.” Savage claimed H.R.3, among other things, would “devastate those patients who suffer from diseases that don’t have effective treatments ...”⁷² The Lupus Foundation of Southern California has received \$18,000 from the PhRMA Network.
- Two days later, on September 20, 2021, Scott Suckow, the executive director of the Liver Coalition of San Diego, published an op-ed criticizing the “controversial and onerous drug price-control provisions” in H.R. 3. “San Diego-area **Rep. Scott Peters**, along with Los Angeles-area Reps. Tony Cardenas and Lou Correa, recently expressed their concerns about the potential impact of Medicare drug price negotiation and international reference pricing. We applaud these Congressmen ...” wrote Sucklow.⁷³ The Liver Coalition of San Diego received \$7,000 from Pfizer in 2021. The grants were received in the third and fourth quarters of 2021, right around the time the op-ed was published. One of the grants was for “advocacy efforts around access to care and medicines.”⁷⁴
- And finally, on October 26, 2021, Sue Peschin, the president and CEO of the Alliance for Aging Research in Washington, DC, published an op-ed attacking H.R. 3 with the headline “**Scott Peters** Is Right to Stand Against Doomed Drug Pricing Plan.” Among other things, Peschin accused President Biden and the Democrats of pushing “ill-advised policies,” misleading seniors, and keeping the “American public in the dark.”⁷⁵ The Alliance for Aging Research has received more than \$2 million from the PhRMA Network from 2010 through 2021, including \$1.4 million from Pfizer and close to \$600,000 from PhRMA.

⁷⁰ Ventures, ROLF BENIRSCHKE ENTERPRISES, <https://bit.ly/3QGvsnr>

⁷¹ About LFSC, LUPUS FOUNDATION OF SOUTHERN CALIFORNIA, <https://bit.ly/49k2Lnx>

⁷² Elizabeth Savage, *Opinion: Patients with Chronic Disease Applaud Rep. Peters’ Fight Against H.R. 3*, TIMES OF SAN DIEGO (Sept. 18, 2021), <https://bit.ly/3S3kjqg>.

⁷³ Scott Sucklow, *Opinion: Drug Pricing Plan Will Undercut Biomedical Innovation in California*, TIMES OF SAN DIEGO (Sept. 20, 2021), <https://bit.ly/3M44Vhp>.

⁷⁴ US Medical, Scientific, Patient and Civic Organization Funding Report, PFIZER (FY 2021), <https://bit.ly/3OpqmKW>.

⁷⁵ Sue Peschin, *Opinion: Scott Peters Is Right to Stand Against Doomed Drug Pricing Plan*, TIMES OF SAN DIEGO (Oct. 26, 2021), <https://bit.ly/45vub6R>.

IV. Hundreds of PhRMA Network Lobbyists Represent Grant Recipients, At Times Lobbying on the Same Bills for Both Grant Recipient and Their PhRMA Funder

Public Citizen analyzed lobbying data for both the PhRMA Network and their grant recipients over the last five years. For grant recipients, we limited our dataset to only those recipients receiving at least \$100,000 in total from the PhRMA Network over the last five years, or those receiving at least \$500,000 in total from the PhRMA Network over the time period covered in this analysis, 2010 through 2022.

Doing so revealed that hundreds of lobbyists being paid to lobby on behalf of the PhRMA Network were also being paid to lobby by the organizations receiving millions in grants from the PhRMA Network.

Our analysis examines only lobbyists with multiple different paying clients. Therefore, the data inherently excludes an examination of in-house lobbyists (who only work for their employer). Many grant recipients and PhRMA Network members employ in-house lobbyists as well as the outside firms they hire.

We analyzed the lobbying data through three different lenses, with each subsequent lens being a subset of the previous one:

First, we cast a wide net – we looked for all PhRMA Network lobbyists (i.e., lobbyists hired by PhRMA and / or its member companies) also hired by a grant recipient, regardless of whether the specific grant recipient received money from that same PhRMA Network member (e.g., a Pfizer grant recipient hires a Biogen lobbyist).

Second, we looked for instances in which a grant recipient hired a lobbyist who was also hired by one of their PhRMA funders (e.g., a Pfizer grant recipient hires a lobbyist also hired by Pfizer).

And third, we took the two previous lenses and added a third: matching lobbying on specific bills. We looked for instances in which a grant recipient received money from a PhRMA Network entity, hired a lobbyist also hired by the same PhRMA Network entity, and paid that lobbyist to lobby on the same bill or bills as its PhRMA Network funder. (e.g., a Pfizer grant recipient hires a Pfizer lobbyist and that same lobbyist lobbies on H.R. 3 for both the Pfizer and the grant recipient).

The figure below shows the three layers of analysis we focused on and the number of lobbyists that fell into each category. [Figure 3]

Figure 3 – Venn Diagram of the PhRMA Network and Grant Recipient Overlapping Lobbyists



Grant Recipients Hired 740 Lobbyists Also Hired by the PhRMA Network. These Grant Recipients Received \$581 Million from the PhRMA Network

Over the last five years, 740 lobbyists hired by the PhRMA Network have also been hired by PhRMA Network grant recipients. In total, 140 different grant recipients have hired PhRMA Network lobbyists.

These 140 grant recipients received \$581 million from the PhRMA Network.

The 740 lobbyists total counts the same lobbyist that worked for multiple grant recipients, multiple times. Essentially, the total amounts to each unique lobbyist-grant recipient relationship. We do this to ensure each grant recipient gets credit for each lobbyist they hire. If we were to focus solely on human beings hired to lobby, the 740-lobbyist total includes 358 unique people.

The grant recipient hiring the most PhRMA Network lobbyists by far (82 different lobbyists) is the Biotechnology Innovation Organization (BIO), a trade group that has received more than \$7.5 million from the PhRMA Network. The Healthcare Leadership Council (HLC) hired 33, the second most. The closeness between the PhRMA Network, BIO and the Healthcare Leadership Council is not surprising; PhRMA and BIO are often in lockstep on drug price issues and HLC's membership includes many PhRMA Network companies.⁷⁶

Grant Recipients Hired 392 Lobbyists Also Hired by At Least One of Their PhRMA Network Funders. These Grant Recipients Received \$421 Million

It is possible of course that the hiring of PhRMA Network lobbyists by some grant recipients is merely a coincidence. But when you factor in that many of these grant recipients received hundreds of thousands, or millions, from the same PhRMA Network entities also hiring these lobbyists, it begins to raise flags.

PhRMA Network grant recipients hired 392 lobbyists over the last five years that were also hired by at least one PhRMA Network entity giving them money (i.e., the grant recipient received grants from Pfizer and hired a lobbyist also hired by Pfizer). If we were to focus solely on human beings hired to lobby, the 392-lobbyist total includes 211 unique people.

The 392 lobbyists were hired by 69 different grant recipients. These grant recipients received \$421 million from the PhRMA Network.

The lobbyists work for some well-known D.C. lobbying firms including Capitol Counsel, Cornerstone Government Affairs and Akin Gump, among others. There are also some

⁷⁶ *Speaker Pelosi's Drug Pricing Plan Could Result in 56 Fewer New Medicines Over 10 Years*, PHRMA, BIO AND CSBA (Nov. 21, 2019), <https://bit.ly/465pktG>. The Healthcare Leadership Council membership includes many PhRMA Network Members, *HLC Members*, HEALTHCARE LEADERSHIP COUNCIL, <https://bit.ly/3saeODx>

firms that are smaller and more specifically focused on health care, like Tarplin, Downs & Young.⁷⁷

Twenty-four organizations hired five or more lobbyists that were also hired by at least one of their PhRMA donors.

It is important to note here that three-quarters of lobbyists highlighted in this section include those hired by at least one of PhRMA, Amgen and / or Pfizer – three entities for which we have some of the most comprehensive data. Thus, it is reasonable to assume if we had grant data from every PhRMA Network entity, the number of lobbyists hired by both the grant recipient and their specific PhRMA Network donors would be significantly higher.

Grant Recipients Hired 128 Lobbyists to Lobby on the Same Bills as At Least One of Their PhRMA Network Funders. These Recipients Received \$105 Million

Thus far we looked at the PhRMA Network-connected lobbyists hired by grant recipients (740) and a subset of that, which included lobbyists hired by grant recipients and at least one of their PhRMA funders (392).

Here, we add one additional layer to the analysis: lobbyists hired by both grant recipients and their PhRMA donors to lobby on the same bill or bills.

It is important to note that lobbying disclosures are vague. Lobbyists will often describe their lobbying in broad terms. If they lobbied on a specific bill, they are obligated to disclose that. Thus, it is very likely that many lobbyists from the previous section (lobbyists hired by both grant recipient and PhRMA Network donor), lobbied on similar issues for both grant recipient and PhRMA Network member.

We found that grant recipients hired 128 lobbyists to lobby on the same bills as one of their PhRMA Network donors. The lobbyists were hired by 20 different grant recipients that received \$105 million from the PhRMA Network.

If we were to focus solely on human beings hired to lobby, the 128-lobbyist total includes 68 unique people.

One firm, Tarplin, Downs & Young, LLC, is responsible for more than 40 percent of the lobbyists hired by both grant recipient and PhRMA Network donor to lobby on the same bills.

⁷⁷ See Tarplin, Downs & Young, LLC, <https://tdyllc.com/>.

Tarplin, Downs & Young: One of the PhRMA Network’s Favorite Firms Lobbying on the Same Bills for Both the PhRMA Network and Grant Recipients

Founded in 2006, Tarplin, Downs & Young, LLC (Tarplin) is a self-described, “leader in strategic consulting and policy development, with a specific focus on health care.”⁷⁸

Tarplin currently lists 14 team members on its website.⁷⁹ All Tarplin team members have passed through the “revolving door” between working for the federal government and lobbying the federal government.

The firm’s three cofounders, (Linda Tarplin, Rai Downs and Jennifer Young) previously worked for Republican congressional representatives or administrations on healthcare policy: Linda Tarplin worked on healthcare issues under two Republican administrations and worked for U.S. Department of Health and Human Services (HHS);⁸⁰ Rai Downs worked on healthcare policy for former Sen. Mike Enzi (R-Wy.) on the powerful Health, Education, Labor and Pensions Committee (HELP);⁸¹ and Jennifer Young worked as a Senior Counselor to HHS Secretary Mike Leavitt during the George W. Bush administration.⁸²

Tarplin Partner Kim Brandt was the Centers for Medicare & Medicaid Services (CMS) Principal Deputy Administrator at CMS during the Trump administration (2017-2020).⁸³ Partner Peter Fise joined the firm in 2023 after serving as health counsel to Chairman Sen. Ron Wyden (D-Or.) of the Senate Committee on Finance.⁸⁴ Fise’s biography touts his “integral role in crafting final changes to Medicare prescription drug pricing provisions in the Inflation Reduction Act to ensure compliance with the Senate’s ‘Byrd Rule’ for budget reconciliation.”⁸⁵

Two partners, Michelle Easton and Pam Smith, previously served as Vice Presidents at PhRMA – the trade group at the center of this analysis.⁸⁶

Tarplin’s issue area expertise has been lucrative for the firm. According to OpenSecrets, Tarplin was hired by many members of Pharmaceuticals and Health Products industry more broadly. In total, 29 members of the industry – which includes the PhRMA Network along with many other companies – paid Tarplin a total of \$7.8 million in 2022.⁸⁷

⁷⁸ See Tarplin, Downs & Young, LLC, <https://tdyllc.com/>.

⁷⁹ *Our Team, Tarplin, Downs & Young, LLC*, <https://tdyllc.com/#team>.

⁸⁰ *Id.*

⁸¹ *Id.*

⁸² *Id.*

⁸³ Kimberly Brandt, *Partner at Tarplin, Downs & Young, LLC*, LINKEDIN, <https://bit.ly/3QuVdpM>.

⁸⁴ *Our Team, Tarplin, Downs & Young, LLC*, <https://tdyllc.com/#team>.

⁸⁵ *Id.*

⁸⁶ *Id.*

⁸⁷ Lobbying Firm Profile, *Tarplin, Downs & Young*, OPENSECRETS, <https://bit.ly/3QmWdvR>.

From 2018 through 2022, our analysis found 14 different PhRMA Network entities hired Tarplin – the most of any firm in this analysis. An additional PhRMA Network entity, Novartis, hired Tarplin in 2023 as well.⁸⁸

Seven PhRMA Network grant recipients hired Tarplin over that same time: the Alzheimer's Association, the American Cancer Society, American Osteopathic Association, the Biotechnology Innovation Organization (BIO), George Washington University, the Healthcare Leadership Council, and the Juvenile Diabetes Research Foundation. [see Table 4]

**Table 4 – Tarplin PhRMA Network and Grant Recipient Clients⁸⁹
(2018 – 2022)***

Tarplin PhRMA Network Clients	Tarplin Grant Recipient Clients
<ol style="list-style-type: none"> 1. PhRMA 2. Amgen Inc. 3. AstraZeneca 4. Boehringer Ingelheim 5. Bristol Myers Squibb 6. Eli Lilly and Company 7. Genentech 8. Gilead 9. Merck & Co 10. Novo Nordisk 11. Otsuka America Pharmaceutical 12. Pfizer 13. Sanofi 14. Takeda 	<ol style="list-style-type: none"> 1. Alzheimer's Association 2. Juvenile Diabetes Research Foundation 3. Healthcare Leadership Council 4. American Cancer Society 5. American Osteopathic Association 6. Biotechnology Innovation Organization 7. George Washington University

* Includes those that were a client at least once.

Six of the seven (all except for the Healthcare Leadership Council) hired Tarplin lobbyists to lobby on the same bills as at least one of their PhRMA Network funders. The six entities have received a total of \$40 million from Tarplin PhRMA Network clients. [See Table 5]

⁸⁸ Tarplin added a 15th in 2023, Novartis, see Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Novartis*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Registration, Jan. 1, 2023), <https://bit.ly/3OIDDQo>.

⁸⁹ Lobbying Firm Profile, *Tarplin, Downs & Young*, OPENSECRETS (2022), <https://bit.ly/3OmWdvR> and Lobbying Firm Profile, *Tarplin, Downs & Young*, OPENSECRETS (2020), <https://bit.ly/47Ma3Po>.

Table 5 – Grant Money Received by Tarplin Grant Recipient Clients from PhRMA Network Tarplin Clients

Tarplin Grant Recipient Clients	Grant Total from PhRMA Network Tarplin Clients
Alzheimer's Association	\$2.4 million
Juvenile Diabetes Research Foundation	\$2.6 million
American Cancer Society	\$22.4 million
American Osteopathic Association	\$1.7 million
Biotechnology Innovation Organization	\$7.5 million
George Washington University	\$3.6 million

We found that Tarplin had lobbied for both PhRMA Network grantor and grantee for dozens of bills. Many of the bills were related to drug prices, and most of the bills were despised by the PhRMA Network.

For example, all six grant recipients from table 5 above paid Tarplin lobbyists to lobby on H.R. 3 – as did at least one of their PhRMA Network funders.

H.R. 3, the Elijah Cummings Lower Drug Costs Now Act, is a bill that was introduced in both 2019 and 2021.⁹⁰ H.R. 3 was more expansive than the Inflation Reduction Act and the price negotiation provisions in the bill would have including negotiating prices more drugs.

The PhRMA Network opposed H.R. 3 and was responsible for a flurry of lobbying against the bill.⁹¹ PhRMA – the trade group – warned of potential “devastating consequences” for Americans⁹² if the bill were to become law and the group’s president, Stephen Ubl, said

⁹⁰ H.R.3 - Elijah E. Cummings Lower Drug Costs Now Act, CONGRESS.GOV, <https://bit.ly/3Skpwlr> and <https://bit.ly/3SB2SoZ>.

⁹¹ *Protecting the Profiteer*, PUBLIC CITIZEN AND THE GROUNDWORK COLLABORATIVE (Nov. 2022), <https://bit.ly/3Qh5vIQ>

⁹² H.R. 3 Could Have Devastating Consequences for Americans, PHRMA, <https://phrma.org/en/HR3>.

the bill would “undermine access to life-saving medicines.”⁹³ The PhRMA funded American Action Network spent millions on ads lambasting the bill.⁹⁴

The American Cancer Society had been somewhat supportive of H.R. 3 in the past⁹⁵ but also voiced concerns.⁹⁶ According to reports, the American Cancer Society sat out the debate over drug price provisions of the Inflation Reduction Act.⁹⁷

We reached out to the American Cancer Society and for their position on H.R. 3 specifically. We also asked if they had any concerns about hiring lobbyists that at least when lobbying for the drug companies, would advocate such strong opposition to H.R.3.⁹⁸ For example, in the first quarter of 2020, the American Cancer Society Action Network – the lobbying arm of the American Cancer Society – paid seven Tarplin lobbyists to lobby on H.R. 3. That same quarter, those seven lobbyists were paid to lobby on H.R. 3, presumably against the bill by: AstraZeneca,⁹⁹ a company that had given the American Cancer Society more than \$6 million, Merck¹⁰⁰ (\$4 million), Pfizer¹⁰¹ (\$3 million) and Sanofi¹⁰² (\$1 million), among others. We also asked the American Cancer Society if the grants they received from these companies that are also Tarplin clients factored into their decision to hire Tarplin, and more broadly, how grants received from pharmaceutical companies affect the organization’s advocacy.

The organization’s full response can be found in Appendix II. On the questions related to H.R. 3 and Tarplin, a spokesperson the American Cancer Society Action Network responded, saying “ACS CAN engages consultants who can help advance our mission. ACS CAN has retained Tarplin, Downs and Young (TDY) because of the firm’s deep experience on Capitol Hill and in the administration, and our engagement on a range of

⁹³ PhRMA Statement on President Biden’s Remarks To Lower Prescription Drug Prices, PHRMA (Aug. 12, 2021), <https://bit.ly/3FG8IxE>.

⁹⁴ Krystal Hur, Pharma-Backed ‘Dark Money’ Group Hits House Dems on Drug Pricing Plan, OPENSECRETS (May 13, 2021), <https://bit.ly/3NfaGIJ>.

⁹⁵ Press Room, *House Leadership Proposes Broad Legislation to Reduce Patient Out-Of-Pocket Drug Costs*, AMERICAN CANCER SOCIETY CANCER ACTION NETWORK (Sept. 19, 2019), <https://bit.ly/3SkWrGH>.

⁹⁶ *Patient Advocacy Groups Urge Speaker Pelosi to Include Smoothing in H.R. 3*, ALLIANCE FOR AGING RESEARCH (Oct. 30, 2019), <https://bit.ly/3FOOwtN>.

⁹⁷ Arthur Allen, *Big Pharma Went All in to Kill Drug Pricing Negotiations*, KFF HEALTH NEWS (August 12, 2022), <https://bit.ly/49nexOj>.

⁹⁸ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of American Cancer Society Cancer Action Network (ACSCAN)*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3QlrUzl>.

⁹⁹ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of AstraZeneca*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/49lPyec>.

¹⁰⁰ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Merck*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/49gDjPT>.

¹⁰¹ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Pfizer*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3Ss6Wrw>.

¹⁰² Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Sanofi US Services, Inc. (formerly known as Genzyme Corporation)*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3PSgUzC>.

policy priorities long predates the introduction of H.R.3.”¹⁰³ “ACS CAN supported provisions included in H.R.3., such as the out-of-pocket cap on Medicare Part D prescription drug costs and the “smoothing” provision (spreading out timing of paying those out-of-pocket costs). H.R.3. served as a blueprint for the Inflation Reduction Act (IRA), and both provisions we supported were enacted as part of the IRA,” the spokesperson continued.

ACS CAN also said their “only constituents are cancer patients, survivors, and their loved ones nationwide. ACS CAN’s policy agenda is driven entirely by evidence with the single purpose of achieving our mission to end cancer as we know it, for everyone”¹⁰⁴

For most of these organizations, Tarplin is far from the only lobbyist they hire. The bulk of the American Cancer Society’s lobbying, which is done by their affiliated advocacy arm – the American Cancer Society Cancer Action Network, is done by their in-house lobbyists.¹⁰⁵ The same can be said for the Biotechnology Innovation Organization¹⁰⁶ and the Alzheimer’s Association.¹⁰⁷

Close to half of the money spent by the American Osteopathic Association in 2022 on lobbying was paid to Tarplin.¹⁰⁸

For two other Tarplin grant recipient clients, the money paid to Tarplin represents most or all of their lobbying spending. Thus, Tarplin lobbyists are a main voice – if not the only voice – for these organizations on Capitol Hill.

All of George Washington University’s lobbying spending in 2022 went to Tarplin.¹⁰⁹ And for the Juvenile Diabetes Research Foundation (JDRF), the money paid to Tarplin amounted to nearly 80 percent of the organization’s lobbying spending 2022.¹¹⁰

JUVENILE DIABETES RESEARCH FOUNDATION

The Juvenile Diabetes Research Foundation (JDRF) supports, “research, advocacy, and community engagement to advance life-changing breakthroughs for type 1 diabetes

¹⁰³ The full list of questions and the complete response from the organization is on file with the author and included in Appendix II.

¹⁰⁴ *Id.*

¹⁰⁵ Client Profile, *American Cancer Society*, OPENSECRETS, <https://bit.ly/46SAwLp>.

¹⁰⁶ Client Profile, *Biotechnology Innovation Organization*, OPENSECRETS, <https://bit.ly/3QjdWEB>.

¹⁰⁷ Client Profile, *Alzheimer’s Assn*, OPENSECRETS, <https://bit.ly/3MtCw14>.

¹⁰⁸ Client Profile, *American Osteopathic Assn*, OPENSECRETS, <https://bit.ly/3Qf1IfW>.

¹⁰⁹ Client Profile, *George Washington University*, OPENSECRETS, <https://bit.ly/3QG1vnI>.

¹¹⁰ Client Profile, *JDRF International*, OPENSECRETS <https://bit.ly/49dZAOx>

(T1D).¹¹¹ JDRF had over \$223 million in total revenue in 2021 and allocated funds to a variety of projects and resources for patients¹¹²

In total, JDRF received \$2.6 million from the PhRMA Network, including more than \$1.7 million from insulin manufacturers Eli Lilly (\$1 million) and Sanofi (\$728,000), as well as more than \$500,000 from PhRMA the trade group. PhRMA president and CEO, Stephen Ubl, highlights JDRF in his PhRMA biography as an organization with which he has been “personally involved.”¹¹³ As we have noted previously, our grant data is not complete. Eli Lilly for example, has been a “JDRF partner” since 1997, according to the group’s website, and is in the “platinum partner” category, which includes companies contributing between \$1 million and \$2.5 million annually.¹¹⁴ A Sanofi holding, Provention Bio, is also a platinum member.¹¹⁵ Novo Nordisk is a gold partner (donating between \$500,000 and \$1 million annually).¹¹⁶

Eli Lilly, Sanofi and Novo Nordisk – the three companies that manufacture 90% of the insulin – along with PhRMA the trade group, are all listed as JDRF corporate partners and members of the JDRF’s Industry Advisory Panel (IAP). The panel’s purpose, among other things, is “to develop an open dialogue and strengthen relationships” between JDRF and industry. It also gives industry partners an “opportunity to provide feedback” about JDRF “organizational strategies, advocacy and research priorities and marketing initiatives,” according to the group’s website.¹¹⁷

Eli Lilly, Sanofi, Novo Nordisk, PhRMA, and numerous other PhRMA Network entities, are Tarplin clients.¹¹⁸ JDRF is an early client of Tarplin, retaining Tarplin’s lobbying services as early as 2006,¹¹⁹ the year the firm was founded.¹²⁰

Tarplin is the only firm JDRF hired to lobby on its behalf. In 2022, JDRF paid Tarplin \$270,000 in total for lobbying (JDRF spent an additional \$70,000 on in-house lobbying).¹²¹

Public Citizen’s analysis of lobbying data found dozens of bills for which Tarplin lobbied for both JDRF and its PhRMA funders.

¹¹¹ See <https://www.jdrf.org/>

¹¹² Nonprofit Explorer, *JDRF International*, PROPUBLICA, <https://bit.ly/3Mu59OV>.

¹¹³ Biography, *Stephen J. Ubl*, PHRMA, <https://bit.ly/3Sp8pPu>.

¹¹⁴ *Corporate Partnerships*, JDRF, <https://bit.ly/40m0e8l>.

¹¹⁵ *Id.*

¹¹⁶ *Id.*

¹¹⁷ *Corporate Partnerships*, JDRF, <https://bit.ly/40m0e8l>.

¹¹⁸ Lobbying Firm Profile, *Tarplin, Downs & Young*, OPENSECRETS, <https://bit.ly/3saigCf>.

¹¹⁹ Registration, *Tarplin, Downs & Young, LLC on Behalf of the Juvenile Diabetes Research Foundation International*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Jan. 1, 2006), <https://bit.ly/47fCGUX>.

¹²⁰ *Our Team*, *Tarplin, Downs & Young, LLC*, <https://tdyllc.com/#team>.

¹²¹ Client Profile, *JDRF International*, OPENSECRETS, <https://bit.ly/49dZAOx>.

For example, in the first quarter of 2020, on behalf of JDRF, Tarplin lobbied the House and the Senate on 10 different bills.¹²² In the same quarter, the same Tarplin lobbyists lobbied on nine of the 10 bills for PhRMA and / or Eli Lilly and Sanofi.¹²³

The nine bills include various Coronavirus-related bills including the CARES Act, as well as three bills specifically focused on drug prices, including H.R. 3, the Lower Drug Costs Now Act.¹²⁴

While at least one local JDRF chapter supported H.R. 3,¹²⁵ we contacted the national JDRF and asked them to clarify the national office's H.R. 3 position. We asked if they had any concerns with the fact that the Tarplin lobbyists they hired to lobby on H.R. 3 also lobbied on the bill on behalf of PhRMA,¹²⁶ Eli Lilly¹²⁷ and Sanofi,¹²⁸ entities vehemently opposed to the bill.¹²⁹

We also asked JDRF how the millions in grants they received from Eli Lilly, Sanofi, and PhRMA affect their advocacy.

JDRF's response was somewhat evasive (the organization's response and our questions can be found in Appendix II). Their response made no mention of H.R.3.

On the issue of Tarplin, JDRF said: "Our lobbying firm, Tarplin, Downs & Young, LLC, works with us to closely monitor all active health policy related legislation on the Hill and to advocate for JDRF priorities where appropriate. Those priorities include but are not limited to insulin access for the type 1 diabetes population. We and TDY have engaged legally, appropriately, and effectively with regard to this work."¹³⁰

¹²² Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Juvenile Diabetes Research Foundation International*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3S3qti2>.

¹²³ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of PHRMA*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/46L0vUE>, Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Eli Lilly and Company*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3S37Zhr> and Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Sanofi US Services, Inc. (formerly known as Genzyme Corporation)*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3PSgUzC>.

¹²⁴ *Id.*

¹²⁵ Press Release, *Castor, Tampa Bay AARP support legislation to lower drug prices for Floridians*, U.S. REPRESENTATIVE KATHY CASTOR (Oct. 1, 2019), <https://bit.ly/3u0SYD3>.

¹²⁶ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of PHRMA*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/46L0vUE>.

¹²⁷ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Eli Lilly and Company*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3S37Zhr>.

¹²⁸ Lobbying Disclosure, *Tarplin, Downs & Young, LLC on Behalf of Sanofi US Services, Inc. (formerly known as Genzyme Corporation)*, SECRETARY OF THE SENATE LOBBYING DISCLOSURE DATABASE (Q1 2020), <https://bit.ly/3PSgUzC>.

¹²⁹ *H.R. 3 Could Have Devastating Consequences for Americans*, PHRMA, <https://bit.ly/3u1dhjH>.

¹³⁰ The full list of questions and the complete response from the organization is on file with the author and included in Appendix II.

On how the grants from the pharmaceutical industry affect their advocacy, JDRF said: “Less than one percent of JDRF’s funding comes from companies that manufacture insulin, as we disclose on www.jdrf.org/financials, and these companies have no role in decisions on JDRF’s advocacy and research priorities.”¹³¹

Recently, in August 2023, when Medicare announced the first group of drugs for which it would negotiate prices, JDRF put out a supportive – albeit somewhat lukewarm – statement, saying they “welcome the continued focus on the need to lower the price of insulin for those enrolled in Medicare, more must be done.”¹³²

¹³¹ *Id.*

¹³² *Public Citizen Priorities for the 2023 Bipartisan Drug Pricing Package*, PUBLIC CITIZEN, <https://bit.ly/45Y0z2n>.

V. Conclusion

When PhRMA or one of its member companies sends a lobbyist to Capitol Hill to complain that any attempt by the government to curb excessive drug prices is the end of the Republic as we know it, most members may assume the lobbyist's motives are not completely pure.

But if a patient advocacy group expresses doubts about a drug-pricing bill, that may have a greater impact. If a local advocacy organization publishes an op-ed in the member's local paper, that will no doubt get a member's attention. If a new controversial drug to treat a disease gets the ringing endorsement of the patient group representing those inflicted with the disease, that could carry great weight.

For the PhRMA Network, having patient groups and other non-profits on your side on policy is of immeasurable value. The \$6 billion in grants we found, while only a portion of what they have distributed, may be money well spent.

The ultimate goal for many of the organizations receiving PhRMA Network money is to find a cure for the specific disease their patient group suffers from. There is no reason to doubt their commitment to that goal.

But another goal should be ensuring the patients they represent don't go bankrupt from the cost of the drugs they need to stay alive. And nothing complicates that goal more than taking millions of dollars each year from the companies responsible for the sky-high drug prices.

Have the organizations receiving millions from the PhRMA Network done enough to advocate for more access and lower drug prices for the patients they represent?

It is hard to arrive at any other answer than no, they have not.

If they were doing enough on drug prices, they would not be in the good graces of, and receiving money from, the PhRMA Network, a group that does not look kindly on those that step out of line.¹³³

¹³³ Megan R. Wilson, *Pharma Group Leader Says Dems who Vote for Reconciliation Bill 'Won't Get a Free Pass'*, POLITICO (Aug. 4, 2022), <https://bit.ly/3tQwbti>.

Appendix I: Methodology

Our dataset contains more than 85,000 individual grants from PhRMA and PhRMA member companies to a wide range of grantees. When available, we pulled two different types of grant data for each PhRMA Network entity: corporate grants – grants originating from a company itself – and foundation grants, grants originating from an affiliated foundation. Our search covered the years 2010 through 2022. A detailed list of the data included for each PhRMA Network member is included at the end of this section. [See Table 6].

Corporate Grants: For each member of the PhRMA Network, we conducted a web search and search using the Internet Archive for lists of grantees from the corporate entity.

Foundation Grants: For each member of the PhRMA Network, we used ProPublica’s non-profit explorer to find IRS form 990 forms belonging to affiliated foundations.¹³⁴ Some PhRMA Network members had foundations with small yearly budgets, or foundations that only provide funds or products to individual patients. We only included foundations with significant grant operations, which we deemed to be those awarding at least \$5 million or more in grants. When possible, we excluded employee donations from our dataset.

In some cases, older form 990 disclosures were poor quality and were unreadable or only partially readable. In cases when we were unable to identify the name of a grant organization or the correct grant amount, we excluded this data from our analysis.

Naming Grantees

Many of the organizations receiving grants were listed under a variety of names. For each grantee, we chose the name most used in our grant dataset. If it was unclear whether two grantees represented the same or separate organizations, we left them as separate organizations. We reconciled names to the best of our ability. Some of the common examples of naming decisions are described below:

- **Local chapters:** Many organizations have both local and national chapters that operate with varying levels of coordination. When a subchapter appeared to operate separately from the national chapter, we left them as distinct entities.
- **Universities:** We combined all grants designated for various schools within a university. For example, we listed grants for “Harvard Law School” and “T.H. Chan School of Public Health at Harvard University” simply as “Harvard University.” We did not combine university systems.

¹³⁴ Nonprofit Explorer, PROPUBLICA, <https://bit.ly/3sz9jOH>.

- **Health systems:** Some health systems and hospitals share names with medical schools or universities. In most cases, these health systems operate as distinct for-profit or nonprofit entities, and we listed each separately from university partners.
- **Patient Assistance Organizations / Funds:** PhRMA Network entities regularly donate money to patient assistance funds and organizations. These organizations, among other things, provide financial assistance to patients or provide discounted or free medication to patients that cannot afford them. These organizations may be directly associated with a PhRMA Network member or may be a third-party organization. We excluded donations to patient assistance funds when it was clear that a patient assistance fund is solely associated with a company (e.g., the “Johnson & Johnson Patient Assistance Fund.” We included independent patient assistance funds and organizations, many of whom received donations from multiple PhRMA Network entities.

Lobbying and Lobbyist Analysis

Public Citizen used federal lobbying disclosure data to analyze all lobbying activities from 2018 through 2022 by PhRMA Network members and each grant recipient receiving \$100,000 or more in the last five years, or \$500,000 or more from 2010 through 2022, from the PhRMA Network.

We analyzed the data to determine every lobbyist that lobbied for both the PhRMA Network and the grant recipients. Doing so allowed us to highlight those lobbyists that lobbied for both the PhRMA Network and the grant recipients.

Using OpenSecrets data, we downloaded every bill each member of the PhRMA Network had lobbied on from 2018 through 2022. We then used this list of bills, along with the list of PhRMA Network and grant recipient lobbyists, to determine which lobbyists lobbied on those bills, highlighting the matches.

Detailed List of Grant Data by PhRMA Network Member

Table 6 – Data Gathered for Each PhRMA Network Member

Company	Corporate Grants Data Description	Foundation Grants Data Description
PhRMA		Foundation grants available from 2010 - 2021. ¹³⁵
Amgen	Corporate grants available from 2013 –	Foundation grants available from 2010 –

¹³⁵ Nonprofit Explorer, *Pharmaceutical Research and Manufacturers Of America End Inc*, PROPUBLICA, <https://bit.ly/3FZX8gZ>.

	Q3 2023. ¹³⁶	Q2 2023. ¹³⁷
Astellas	Corporate charitable giving available from Q2 2015 - 2020. Medical education grants available from 2015 - Q3 2022. ¹³⁸	
AstraZeneca	Corporate grants are available from 2010 - 2021. ¹³⁹	
Biogen	Corporate grants data available for 2021, 2022 ¹⁴⁰	Detailed foundation grant data is available from 2010 - 2015. ¹⁴¹
Boehringer Ingelheim	Corporate grant data available for 2012 through 2017 ¹⁴²	Detailed foundation disclosures available from 2010 through 2016 and 2019. ¹⁴³
Bristol Myers Squibb		Detailed foundation disclosures available from 2010, 2011, 2012, 2013, 2015, 2016, 2018, 2019, 2020, 2021. ¹⁴⁴
Daichii Sankyo	Corporate grant data is available for 2015 through 2022. ¹⁴⁵	
Eli Lilly & Company	Corporate grants data is available for 2019-2022 ¹⁴⁶	Detailed foundation disclosures available for 2010 - 2021. ¹⁴⁷
Genentech		Detailed foundation disclosures available for 2010 - 2019. ¹⁴⁸
Johnson & Johnson	Some corporate grant data available for 2014, 2015, 2016, 2019, 2020, 2021,	Detailed foundation disclosures available for 2010 - 2013, 2015 -2019. ¹⁵⁰

¹³⁶ How We Operate, *Independent Medical Education and Healthcare Donations*, AMGEN, <https://bit.ly/47vr7Ju>.

¹³⁷ How We Operate, *Amgen Foundation Grants*, AMGEN, <https://bit.ly/3MjxD0>.

¹³⁸ *Disclosure of Grants for Education and Charitable Donations Funded by Astellas – United States*, ASTELLAS, <https://bit.ly/3QWUxuu>. Additional grants found using the WayBack Machine <https://bit.ly/3Mqt0iB>.

¹³⁹ *Contributions Disclosure*, ASTRAZENECA, <https://bit.ly/3SI8X2R>.

¹⁴⁰ Biogen Grants Office, *U.S. Grants*, BIOGEN (Reporting Period Jan. 1, 2021 – Dec. 31, 2021), <https://bit.ly/3QZS95h> and Biogen Grants Office, *U.S. Grants*, BIOGEN (Reporting Period Jan. 1, 2022 – Dec. 31, 2022), <https://bit.ly/40kPpDA>.

¹⁴¹ Nonprofit Explorer, *Biogen Foundation Inc*, PROPUBLICA, <https://bit.ly/3QIAIHp>.

¹⁴² *Grants & Charitable Contribution Payments*, BOEHRINGER INGELHEIM (Reporting Period Oct. 22, 2012 – Dec. 31, 2017), <https://bit.ly/3QXI6mq>.

¹⁴³ Nonprofit Explorer, *Boehringer Ingelheim Cares Foundation Inc*, PROPUBLICA, <https://bit.ly/3MLxHnj>.

¹⁴⁴ Nonprofit Explorer, *Bristol Myers Squibb Foundation Inc*, PROPUBLICA, <https://bit.ly/3FZZ49f>.

¹⁴⁵ *Responsibility, Transparency and Disclosure*, DAIICHI-SANKYO, <https://bit.ly/3SIADew>.

¹⁴⁶ *Disclosure of Grants Funded by Lilly*, LILLY USA, <https://bit.ly/3udebIT> and <https://bit.ly/3syXRCQ>.

¹⁴⁷ Nonprofit Explorer, *Eli Lilly and Company Foundation*, PROPUBLICA, <https://bit.ly/3FZkRxN>.

¹⁴⁸ Nonprofit Explorer, *Genentech Foundation*, PROPUBLICA, <https://bit.ly/47b6PFx>.

¹⁵⁰ Nonprofit Explorer, *Johnson & Johnson Foundation United States Inc*, PROPUBLICA, <https://bit.ly/3QWWH70>.

	and 2022. ¹⁴⁹ Grant data is separated by categories. Availability by category varies by year.	
Merck	Some corporate grant data available for 2017-2023. ¹⁵¹ Grant data is separated by categories. Availability by category varies by year.	Some foundation grants are available from 2010 - 2023. ¹⁵²
Novartis	Corporate grants available for 2018-2022. ¹⁵³	Detailed foundation grants are available from 2010 -2021. ¹⁵⁴
Pfizer	Corporate grants available from 2010 - 2022. ¹⁵⁵	Detailed foundation grants are available from 2010 -2021. ¹⁵⁶
Sanofi	Corporate educational grants are available from 2014-2022. Grant data is separated by grant category. Availability by category varies by year ¹⁵⁷	
Takeda	Corporate disclosures available from Shire, a company Takeda acquired in 2019, from 2012 - Q3 2019. Grant data is separated by grant category. Availability by category varies by year. ¹⁵⁸	

¹⁴⁹ *Transparency in Educational Grants and Charitable Contributions*, JOHNSON & JOHNSON, <https://bit.ly/466BZMY> and from the web archive, see <https://bit.ly/3Slzjrr>. Yearly links: 2021 (<https://bit.ly/3tVdjjD>), 2020 (<https://bit.ly/3tVdULn>), 2019 (<https://bit.ly/461A38h>), 2016 (<https://bit.ly/3FjrAvl>), 2015 (<https://bit.ly/3FHsaKi>), 2014 (<https://bit.ly/3saechb>).

¹⁵¹ *Transparency Disclosures*, MERCK, <https://bit.ly/49kxgd4>.

¹⁵² Nonprofit Explorer, *Merck Company Foundation*, PROPUBLICA, <https://bit.ly/47cQuA9>.

¹⁵³ *Patient Organization Funding*, NOVARTIS (2022, 2021, 2020), <https://bit.ly/3u8S2w4> and *Patient Organization Funding*, NOVARTIS (2019, 2018), <https://bit.ly/3sg3cij>.

¹⁵⁴ Nonprofit Explorer, *Novartis Us Foundation*, PROPUBLICA, <https://bit.ly/49BwMzo>.

¹⁵⁵ *Pfizer Medical, Scientific & Patient Education Grant Transparency*, PFIZER, <https://bit.ly/49FPgyL>.

¹⁵⁶ Nonprofit Explorer, *Pfizer Foundation Inc*, PROPUBLICA, <https://bit.ly/3uf7neX>.

¹⁵⁷ *Committed to Transparency*, SANOFI, <https://bit.ly/40DV87C>.

¹⁵⁸ *Legacy Shire Transparency Disclosures*, TAKEDA, <https://bit.ly/47bNgNd>.

Appendix II: ACS CAN and JDRF Responses

Below are copies of both Public Citizen’s question the American Cancer Society and

The American Cancer Society

Public Citizen’s questions to the American Cancer Society / the American Cancer Society Cancer Action Network:

- In Q1 2020, ACS CAN paid seven TDY lobbyists to lobby on H.R.3, the Lower Drug Costs Now Act (see [here](#)). What was ACS’ official position on H.R.3?
- In the same quarter, AstraZenca, Merck, Pfizer and Sanofi also paid the same seven TDY lobbyists to lobby on H.R.3 (see [AstraZeneca](#), [Merck](#), [Pfizer](#), and [Sanofi](#)). We know that these companies were vehemently opposed to H.R.3. Did you all share their position? And if not, do you have any concerns with hiring lobbyists that at least when lobbying for those companies, would advocate such strong opposition to H.R.3?
- The American Cancer Society has received millions of dollars in grants from the four pharmaceutical company TDY clients mentioned above. Did the grants the ACS received from these TDY client companies factor into the decision to hire TDY in any way? And more broadly, how do grants received from pharmaceutical companies affect your advocacy?

American Cancer Society Cancer Action Network spokesperson response:

“The American Cancer Society Cancer Action Network (ACS CAN) is the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate. ACS CAN advocates for evidence-based public policies to reduce the cancer burden for everyone.

ACS CAN’s only constituents are cancer patients, survivors, and their loved ones nationwide. ACS CAN’s policy agenda is driven entirely by evidence with the single purpose of achieving our mission to end cancer as we know it, for everyone.

ACS CAN engages consultants who can help advance our mission. ACS CAN has retained Tarplin, Downs and Young (TDY) because of the firm’s deep experience on Capitol Hill and in the administration, and our engagement on a range of policy priorities long predates the introduction of H.R.3.

ACS CAN supported provisions included in H.R.3., such as the out-of-pocket cap on Medicare Part D prescription drug costs and the “smoothing” provision (spreading out timing of paying those out-of-pocket costs). H.R.3. served as a blueprint for the Inflation Reduction Act (IRA), and both provisions we supported were enacted as part of the IRA.”

JDRF

Public Citizen’s questions to JDRF:

- In Q1 2020, JDRF paid seven TDY lobbyists to lobby on H.R.3, the Lower Drug Costs Now Act (see [here](#)). What was JDRF's official position on H.R.3?
- In the same quarter, PhRMA, Eli Lilly and Sanofi also paid the same seven TDY lobbyists to lobby on H.R.3 (see [PhRMA](#), [Eli Lilly](#), and [Sanofi](#)). We know that these companies were vehemently opposed to H.R.3. Did you all share their position? And if not, do you have any concerns with the lobbyists you all hired – that at least when lobbying for those three entities – advocating such strong opposition to H.R.3?
- The JDRF has received millions in grants from PhRMA, Eli Lilly and Sanofi, combined. How do these grants affect your advocacy?

JDRF's response:

"JDRF Position on Insulin Affordability:

No one should suffer or die because they can't afford their insulin. JDRF has long advocated for, and advanced efforts to, lower out-of-pocket costs for insulin for people with diabetes. This includes our recent multi-million-dollar investment in the Civica insulin project that will provide three of the most frequently prescribed insulins for \$30 per vial and \$55 for a box of five pens, regardless of insurance status. We have also spent years lobbying Congress and calling on insulin manufacturers, health plans, employers, and the government to take action to lower the cost of insulin. These efforts have led to the recent \$35 monthly cap on insulin costs for Medicare enrollees. We support the INSULIN Act, which would extend this cap to the commercial market.

Our lobbying firm, Tarplin, Downs & Young, LLC, works with us to closely monitor all active health policy related legislation on the Hill and to advocate for JDRF priorities where appropriate. Those priorities include but are not limited to insulin access for the type 1 diabetes population. We and TDY have engaged legally, appropriately, and effectively with regard to this work.

JDRF Funding:

Less than one percent of JDRF's funding comes from companies that manufacture insulin, as we disclose on www.jdrf.org/financials, and these companies have no role in decisions on JDRF's advocacy and research priorities. Most of our funding comes from those affected by type 1 diabetes (T1D), who raise funds from their friends, families, and professional contacts through our Walk, Gala, Ride, and other fundraising programs.

JDRF engages with manufacturers, health plans, employers, and policymakers to remove accessibility barriers and lower the cost of insulin for all, regardless of insurance status. We know that all of these stakeholders have a role not just regarding insulin affordability, but in advancing breakthroughs that will lead to cures for T1D and life improvements."