

Firearm Policy: Physician Organizations' Role in Political Action Committee Funds, 2018

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Objectives. To compare donations to individual politicians from physician organization political action committees (PACs) and from the National Rifle Association Political Victory Fund (NRA PVF) in 2018.

Methods. We identified 7 organizations with published firearm injury prevention policy. We determined the difference in funds received from physician organization PACs and the NRA PVF for each congressman. We examined their voting records on firearm-related legislation.

Results. A total of 141 congressmembers received funds from both physician organization PACs and the NRA PVF. Of these, 99.3% voted for legislation not consistent with organization recommendations. The majority (70.2%) received more funds from the combined physician organization PACs than from the NRA PVF.

Conclusions. Physician organization PACs have a financial impact on NRA-backed congressmembers. They currently contribute to politicians with voting records inconsistent with their own policy recommendations. Firearm violence prevention does not currently outweigh other legislative priorities for physician organization PAC contributions. (*Am J Public Health.* 2019;109:1586–1588. doi:10.2105/AJPH.2019.305274)

In recent years, the public health and medical community have responded to the increasing burden of firearm injury and death with published recommendations to policymakers. In 2015, leaders from 8 health care professional organizations and the American Bar Association published a series of measures aimed at reducing the health impact of firearms.¹ The recent update of the American College of Physicians' position paper² incited a reaction from the National Rifle Association (NRA), which recommended that physicians "stay in their lane."³ The response from the medical community—the "this is our lane" movement—has made it clear that physicians feel they play a key role in influencing firearm-related policy.

In addition to published recommendations, physician organizations seek to influence policy through donations to lawmakers. This can be achieved through the organization's political action committee (PAC), which is typically administered by associated 401(c)(4) membership organizations that solicit contributions from individuals affiliated

with the physician organization.⁴ While the relationship between contributions and a congressman's decision-making is complex, a PAC donation does provide "access" to a politician, creating space to address an organization's legislative priorities.⁵ Health professional organization PAC donations represent more than 5% of overall PAC contributions in recent election cycles.⁶ Candidates and legislators may, however, receive campaign contributions from multiple PACs, sometimes representing organizations with competing interests.

Recently published work by Schurr et al. showed that, from 2014 to 2016, a majority of the 25 largest physician organization PACs donated funds to congressmembers who oppose firearm safety-related policy or have

A ratings from the NRA.⁶ We built upon this work by providing a comparison of the contributions received from physician organizations with those received from the NRA Political Victory Fund (PVF) for each congressman. This comparison is essential to assess the financial impact of physician groups compared with the NRA on individual legislators. In particular, this analysis allows an assessment of the potential financial impact on congressmembers if these physician groups were to agree to no longer provide funding to candidates receiving NRA donations.

METHODS

We selected for analysis all and only those physician organizations that have published position statements and policy focused on prevention of firearm-related injury and death with PACs.⁶ We identified 7 organizations: the American Medical Association, American College of Physicians (ACP), American College of Surgeons, American College of Emergency Physicians, American Psychiatric Association, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.

We utilized data from the Center for Responsive Politics, a nonpartisan, independent research group providing data on all PAC funds contributed to congressmembers.⁷ We cross-referenced all those politicians who, in 2018, received donations both from the NRA PVF and physician organization-affiliated PACs. The NRA PVF represents the gun

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rights organization with the most significant PAC donations in 2018.⁷

We collected basic demographic data, including party affiliation and chamber of Congress as well as the amount donated to each candidate by the NRA PVF and each physician organization PAC. We calculated the difference in funding from all physician organizations and the NRA PVF. We assessed each congressman's individual congressional record on firearm-related policy,⁸ as well as their respective NRA approval rating.⁹

RESULTS

A total of 141 congressmembers received donations from both physician organization PACs and the NRA PVF. The majority were Republicans (98.6%) and from the House of Representatives (93.6%). Combined, physician organization PACs donated \$1 417 220 to NRA-backed candidates. The NRA PVF contributed a total of \$432 800 to these congressmembers.

The majority of congressmembers (70.2%) received more funds from physician organization PACs than from the NRA PVF (Figure 1). The maximum difference was \$54 000. Eleven congressmembers received

equal funds from physician organization PACs and the NRA PVF. On average, congressmembers received \$6982 more from the physician organization PACs than from NRA PVF.

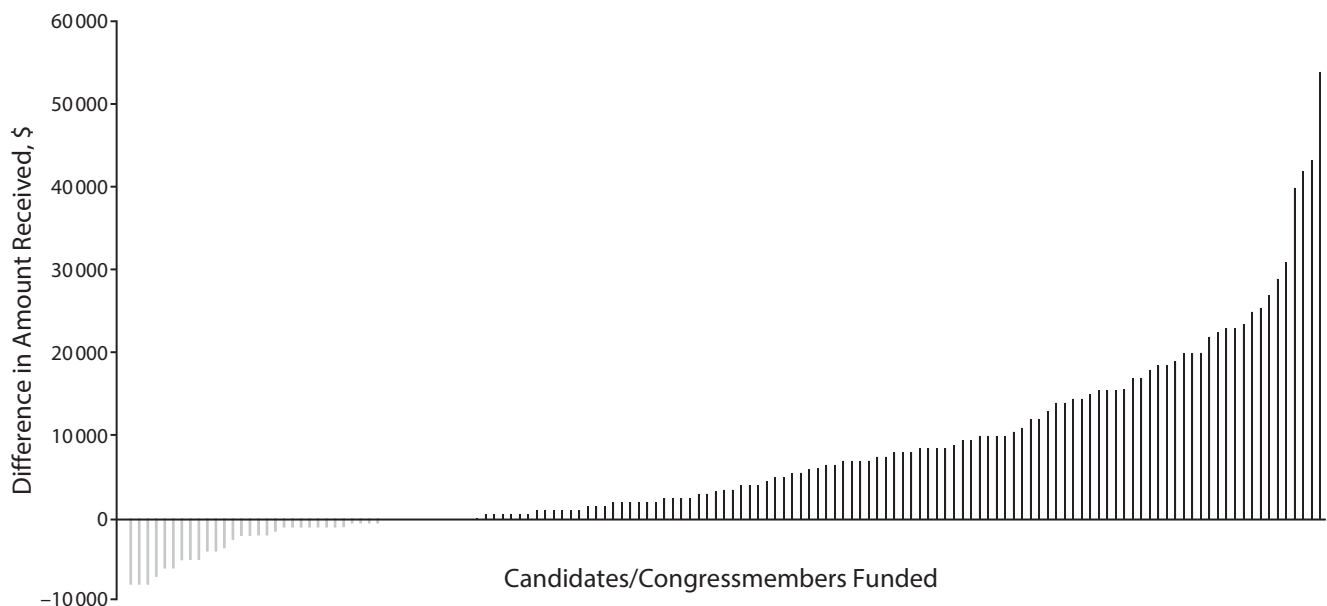
With regard to congressional voting record, 139 of the 141 candidates (98.6%) received greater than a 90% approval rating from the NRA PVF in 2018.⁹ With only 1 exception, sitting NRA-backed congressmembers who received funds from physician organizations voted on policies not in keeping with physician recommendations.⁸ This included opposing legislation to require universal background checks and to prevent individuals prohibited from owning a firearm from utilizing shooting ranges, and supporting legislation to require states to accept concealed carry permits from every other state, even if an individual would be prohibited from carrying a gun in that state.⁸

DISCUSSION

Recommendations of physician organizations have included universal background checks, firearm registration, and safe storage of firearms, among others. There is broad consensus for these types of

recommendations, including among gun-owning physicians.¹⁰ In the ACP's most recent position statement, the College further emphasizes that the "medical profession has a special responsibility to speak out on prevention of firearm-related injuries and deaths, just as physicians have spoken out on other public health issues."^{2(p705)}

The conflict between a physician organization's stated position on public health issues and its political contributions has been previously described. Sharfstein and Sharfstein illuminated that the American Medical Political Action Committee gave more political contributions to congressmembers who opposed their policy statements with regard to the sale of tobacco, for example.¹¹ The most common response from physician organizations to this concern has been that they are not "single-issue" organizations and do not withhold support from lawmakers because of disagreements in a particular policy area.¹² The flaw in this argument is that if an organization believes a particular issue is enough of a priority, it should not donate to a candidate regardless of the candidate's position on other issues. Campaign contributions of an organization reflect its legislative priorities. Physician organizations that donate to NRA-backed congressmembers are sending



Note. Each bar represents a candidate or congressmember.

FIGURE 1—Difference in Funds Received From the National Rifle Association Political Victory Fund Versus Physician Organization Political Action Committees Combined

the message that reducing firearm injury is not enough of a priority to outweigh other considerations.

Our study builds on recently published work characterizing the political contributions of physician organization PACs from 2014 to 2016, which provided an aggregated analysis of organizations' contributions.⁶ We sought, instead, to focus on the recipient congressmembers themselves and compare the amount contributed by the PACs of 7 physician organizations, specifically those with firearm-related injury prevention policy, with funds donated by the NRA PVF. Given that the majority of NRA-backed congressmembers received more funds from the combined physician organization PACs than from the NRA PVF, choosing to withhold funds from these legislators would have financial impact. It would also further signal that firearm violence prevention is a legislative priority for these organizations.

Limitations

This study is limited to a comparison of only physician organizations and the NRA PVF and does not account for the financial impact of individual donations or the donations of other organizations on a politician's decision-making. It is also limited in that much of firearm-related legislation occurs at the state level. Given the heterogeneity of firearm legislation across the nation, a state-by-state assessment of campaign donations could provide insights into the potential impact of local, state, and regional physician organizations' funding decisions.

Public Health Implications

Our investigation reveals that physician organizations have a financial impact on individual NRA-backed congressmembers. These organizations can gain "access" to policymakers, in part through PAC donations. Organizations wishing to make firearm violence and injury prevention a priority must consider redistributing political donations from congressmembers whose voting records are not in keeping with the recommendations of the medical community. **AJPH**

CONTRIBUTORS

M. Y. Neufeld contributed to the study conceptualization and design, acquisition of data, analysis and interpretation

of data, and drafting of the article. S. E. Sanchez contributed to analysis and interpretation of data and critical revision of the article. M. Siegel contributed to study conceptualization and design, analysis and interpretation of data, and critical revision of the article. All authors provided final approval for the article to be published.

CONFLICTS OF INTEREST

None of the authors have any conflicts of interest to disclose

HUMAN PARTICIPANT PROTECTION

The data presented were in the public domain, and the study did not involve human participants research and, therefore, did not require institutional review board approval.

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