Prescription Justice Methodology for U.S. Senate Grade

One of our main goals at Prescription Justice is to hold our elected officials accountable for the crisis of high prescription drug prices. They have the power to change the situation but have not done so. We have graded members of the Senate to help voters know what their U.S. senators are doing (or not doing) to lower drug prices. To do so, we have created a scoring methodology that reflects their commitments and actions on drug prices.

Many, if not most, congressional grades from policy interest and advocacy groups are based solely on voting records. The Prescription Justice methodology does look to voting records, but it also incorporates bills introduced and co-sponsored, policy positions affirmed on Congressional websites, and the amount of money a member of Congress takes from pharmaceutical manufacturers.

See House of Representatives Prescription Justice grading methodology [LINK TO HOUSE].

Last year, Prescription Justice graded U.S. senators in office during the 115th Congress. The current grade, for the 116th Congress, builds upon, but does not replace the earlier grade. For example, a senator who received an A last time might be reduced to a B for becoming less active on drug prices, but not a C because their cumulative track record on drug prices remains strong.

HOW WE SCORE
A point value has been assigned to four factors, which are enumerated below, to determine a score and derive the grade, with a perfect score being 100.

1. Votes 25 points
2. Bill sponsorships/co-sponsorships 30 points
3. Campaign contributions 25 points
4. Policy positions on member websites 20 points

I. Votes (25 points)

Unlike in the House of Representatives, there were no votes in the 116th Congress in the senate to build into the Prescription Justice grade. Important votes from previous Congresses are identified below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Roll Call Vote</th>
<th>Result</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 17, 2018</td>
<td>S.2554, Patient Right to Know Drug Prices Act</td>
<td>Passed, 98-2</td>
<td>5</td>
</tr>
<tr>
<td>September 9, 2018</td>
<td>S.2553, Know the Lowest Price Act of 2018</td>
<td>Passed by unanimous consent</td>
<td>0</td>
</tr>
<tr>
<td>January 24, 2018</td>
<td>Confirmation of Alex Azar as United States Secretary of Health and Human Services</td>
<td>Confirmed, 55-43</td>
<td>5</td>
</tr>
<tr>
<td>January 11, 2017</td>
<td>Klobuchar Amdt. No. 178 to S.Con.Res 3, To establish a deficit-neutral reserve fund relating to lower prescription drug prices for Americans by importing drugs from Canada</td>
<td>Rejected, 46-52</td>
<td>10</td>
</tr>
<tr>
<td>December 15, 2009</td>
<td>Dorgan Amdt. No. 2793, To provide for the importation of prescription drugs</td>
<td>Rejected, 51-48</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Rationale: About half of current U.S. senators were in office during votes on important bills to lower drug prices from earlier Congresses, and those votes should be counted here. After all, in the final analysis, lawmaking will actually stop the price gouging and endless price increases of drug companies. Therefore, senators are scored on those earlier votes. We, obviously, do not penalize those who are newer to the senate and could not have voted for those bills.

Even though they would have had a great impact, the point values for the Dorgan Amendment and the Medicare negotiation act are smaller because less than half the current members of the Senate were in office at the time of the votes. For the newest members of the Senate, elected in 2018, who did not participate in any of these votes, a score was added based on the average of the other three factors.

II. Sponsorship or co-sponsorship of relevant bills (30 points)

Members received points for sponsoring (2 points) or co-sponsoring (1 point) bills to lower drug prices or control costs. There were many bills introduced to lower drug prices that never came to a vote. Some members sponsored or co-sponsored almost all bills that would lower drug prices, others none.

Policy categories

To find relevant bills to score, we searched for “prescription drugs” on Congress.gov and included those that addressed or were related to the following general policy categories for lowering drug prices:

- Drug price negotiation
- Drug importation
- Generic availability
- Capping prices/preventing price gouging
- Increasing competition

We identified 58 bills related to these categories.

Not all policies are equal

Not all bills hold equal weight when it comes to lowering drug prices. Per the list below, the policy categories are weighted on their potential effect to lower drug prices, especially patented medicines where there is no generic competition:

- 10 - Drug price negotiation
- 9 - Drug importation
- 8 - Generic availability
- 7 - Capping prices/preventing price gouging
- 6 - Increasing competition

For example, if a member sponsored a bill with a weight of 10, he or she received 20 points toward their raw score.

Scaling to fit our point matrix

Because the scores for the most active members far exceed the 25 points for the bill sponsorship factor,
we use a weighted process to convert their raw score onto the 25-point scale.

1) List all the bills a member sponsored or cosponsored.
2) Multiply either 1 or 2 X the bill weight.
3) Add the scores for each member to create a raw score.
4) Apply the raw score to a 100-point scale (raw score/highest score), which yields a percent between 0% and 100%.
5) Translate the scaled score onto the 30-point scale (percent X 30 points)

Rationale: Members of Congress should be rewarded for taking the initiative to sponsor and co-sponsor bills that will end the crisis of high drug prices. This factor helps show which members are most committed to and active on the issue of lowering drug prices.

The following bills were introduced in the Senate for 116th Congress and are in line with the mission of Prescription Justice. All bills were referred to committees and not brought to votes by the 116th Congress.

- S. 3384 Lowering Prescription Drug Prices for America's Seniors and Families Act of 2020
- S. 3 Keeping Health Insurance Affordable Act of 2019
- S. 3162 Affordable Drug Manufacturing Act of 2020
- S. 2582 Department of Homeland Security Appropriations Act, 2020
- S. 2543 Prescription Drug Pricing Reduction Act of 2019
- S. 1987 End Price Gouging for Medications Act
- S. 1497 Health Care Price Check Act of 2019
- S. 344 Hatch-Waxman Integrity Act of 2019
- S. 2650 Medicare Prescription Drug Savings and Choice Act of 2019
- S. 1617 Second Look at Drug Patents Act of 2019
- S. 1681 Advancing Education on Biosimilars Act of 2019
- S. 2387 We Protect American Investment in Drugs Act
- S. 2081 Stop Drug Companies from Overcharging Seniors in Medicare Part B Act of 2019
- S. 2817 End Price Gouging for Insulin Act
- S. 709 Prescription Drug Pricing Dashboard Act
- S. 657 A bill to amend title XXVII of the Public Health Service Act to establish requirements with respect to prescription drug benefits.
- S. 977 Transparent Drug Pricing Act of 2019
- S. 3013 Encouraging Innovative Benefit Design to Lower Costs for Seniors Act
- S. 3000 Patient Shared Savings Act
- S. 1532 Pharmacy Benefit Manager Accountability Study Act of 2019
- S. 2252 Empowering States to Address Drug Costs Act
- S. 2051 Strengthening Average Sales Price Reporting Act of 2019
- S. 3166 Prescription Drug Affordability and Access Act
- S. 1895 Lower Health Care Costs Act
- S. 3271 Fairness in Orphan Drug Exclusivity Act
- S. 844 Short on Competition Act
- S. 2199 Insulin Price Reduction Act
- S. 1664 Prescription Drug Price Reporting Act
- S. 377 Medicare Negotiation and Competitive Licensing Act of 2019
- S. 1169 Ensuring Timely Access to Generics Act of 2019
- S. 3029 Territories Medicare Prescription Drug Assistance Equity Act of 2019
• S. 378 Stop Price Gouging Act
• S. 637 CURE High Drug Prices Act
• S. 476 Creating Transparency to Have Drug Rebates Unlocked (C-THRU) Act of 2019
• S. 1785 Fair AMP Act
• S. 102 Prescription Drug Price Relief Act of 2019
• S. 366 FLAT Prices Act
• S. 1213 Consumer Health Insurance Protection Act of 2019
• S. 64 Preserve Access to Affordable Generics and Biosimilars Act
• S. 1391 Fair Accountability and Innovative Research Drug Pricing Act of 2019
• S. 99 Medicare Drug Price Negotiation Act
• S. 1227 Prescription Pricing for the People Act of 2019
• S. 3129 Lower Costs, More Cures Act of 2019
• S. 205 Right Rebate Act of 2019
• S. 2247 Phair Relief Act of 2019
• S. 61 Safe and Affordable Drugs from Canada Act of 2019
• S. 474 Stopping the Pharmaceutical Industry from Keeping drugs Expensive (SPIKE) Act of 2019
• S. 1416 Affordable Prescriptions for Patients Act of 2019
• S. 2546 Safe Step Act
• S. 1129 Medicare for All Act of 2019
• S. 640 Phair Pricing Act of 2019
• S. 1801 Affordable Medications Act
• S. 741 Cancer Drug Parity Act of 2019
• S. 470 Medicare at 50 Act
• S. 97 Affordable and Safe Prescription Drug Importation Act
• S. 62 Empowering Medicare Seniors to Negotiate Drug Prices Act of 2019
• S. 340 CREATES Act of 2019

**Note:** A complicating factor in assigning point values to bill sponsorship is that it may result in lower scores for members in Congressional leadership positions who are less likely to sponsor and co-sponsor bills, even ones they support.

### III. Pharma donations (25 points)

Members were scored on campaign contributions from pharmaceutical companies, based on the amounts received proportionate to contributions from other sources and relative to other members. The source data for dollar contributions is from the Center for Responsive Politics (OpenSecrets.org).

For this factor, the smaller the amount of campaign contributions from pharmaceutical companies, the higher the score and vice versa. The scoring for this factor is a six-step process:

1) Rank the members by the amount of money received from pharmaceutical companies.
2) Divide the pharma contributions by all campaign contributions for each member.
3) Per step 2, rank the members by the resulting percentages.
4) Add the ranks together.
5) Apply the raw score to a 100-point scale (raw score/highest score), which yields a percent between 0% and 100%.
6) Translate the scaled score onto the 25-point scale (percent X 25 points).
Rationale: Money in politics is one of the biggest obstacles to bringing about serious legislative and regulatory reforms to lower drug prices: the more money candidates receive from the pharmaceutical industry, the more likely their vote will favor the industry. In addition to hundreds of millions of dollars in campaign contributions, pharmaceutical companies have spent billions of dollars lobbying Congress against policies that would reduce drug prices. That’s why members who did not take any money from drug companies scored high for this factor and vice versa.

Scoring note on senators who ran for president: Five Senators ran for President in 2016, and six senators ran in 2020. Some of the candidates received significantly higher donations from drug companies than in previous or subsequent years. OpenSecrets did not split monies received for presidential campaigns from monies received for a Senate campaign. To avoid skewing the data by giving too much weight to 2016 or 2020 for these presidential candidates, we reduced their drug company donation numbers in 2016 by 80% for Sanders, Rubio, Cruz, and Paul in 2016, and for Sanders and Booker in 2020.

4) Soft data. Member website statements advocating actions for reducing drug prices

Each member of Congress has their own website, where they often list the legislative and policy issues of greatest importance to them. Those websites were reviewed for policy positions related to lowering drug prices. Points were allocated where support for policies to lower drug prices were articulated on:

- Drug price negotiation
- Drug importation
- Generic availability
- Capping prices/preventing price gouging
- Increasing competition

Points were allocated as follows:

- Prescription drug price reduction is listed as one of their major issues: 10 points
- Prescription drug price reduction is mentioned under Healthcare issue as an important component: 7 points
- Prescription drug price reduction is mentioned somewhere on the website: 3 points
- Price negotiation is specifically mentioned: 2 points
- Increasing access to generics is specifically mentioned: 2 points
- Reducing barriers to drug importation is specifically mentioned: 2 points
- Capping prices is specifically mentioned: 2 points
- Increasing price transparency and competition is specifically mentioned: 2 points

Maximum total score: 20 points

Rationale: Members should be rewarded for going on the record because it helps build momentum in favor of a policy. Some members of Congress did not mention drug prices at all on their websites. The scorecard assesses those members as ones who are not prioritizing drug prices and will therefore receive no points for this factor. Members of Congress do not always introduce or co-sponsor bills but still support the policies that those bills would create. In some cases, they may not even vote for certain bills that contain policies that they support because the bill would enact other policies that they do not support. Certain bills may not go far enough in support of a certain policy and a member places a protest vote against it. Finally, many bills are highly and inherently partisan and a vote can be taken by a member along party lines when that member has otherwise remained silent on the policies they are voting for.
Formulating a final letter grade from the score
The scores assess a member’s dedication to lowering drug prices and compares members to one another. To achieve that the scores are curved. To derive a letter grade, the following method is used:

- Add the scores of the four aforementioned factors, with members’ raw scores ranging from 6 to 98, then translated onto a 100-point scale
- Adjust that scaled score using a Texas curve (square root of raw score X 10)
- Apply a conventional grading scale (A+ 97-100, A 94-96, A- 91-93, B+ 87-90, B 84-86, B- 81-83, etc.)*

Senate 15-Point Raw Score Adjustment: Since its members have six-year terms, the senate methodology tries to reflect a longer timeline than in the House, where member terms are two years. In researching soft data, many Senators had recently revised their websites to focus on Covid-19, downplaying policy specifics on drug prices than we saw in their older websites, depressing the total raw score. To adjust for this unwarranted deflation, we added 15 points to every Senator’s raw score.

*Prescription Justice Pledge. Scores can be increased by members who fill-out a drug price policy questionnaire: https://prescriptionjustice.org/political-accountability/the-pledge. For each “Yes” answer, members will increase their raw scores by two points. It is referred to as the Prescription Justice Pledge. Those members who fill out every question with a Yes answer will move up a full grade.

Campaign donation data is provided by the Center for Responsive Politics. For more information on our research, methodology and process, please contact us.