

BACKGROUND

JONI ERNST HAS TAKEN OVER 600 THOUSAND DOLLARS FROM BIG PHARMA AND THE INSURANCE INDUSTRY

Ernst Has Taken \$632,871 In Total From Big Pharma And The Insurance Industry.

Ernst Took \$433,561 From The Insurance Industry Since 2013.

- **In 2014, Ernst's Campaign Took \$82,115 From The Insurance Industry.** [Center For Responsive Politics, 2014 Money to Congress, [Insurance](#)]
- **Since 2015, Ernst's Campaign Committee And Leadership PAC Took \$351,446 From The Insurance Industry.**

Insurance	\$351,446
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[Center For Responsive Politics, Accessed [9/27/20](#)]

Ernst Took \$199,310 From Big Pharma Since 2013.

- **In 2014 Cycle, Ernst's Campaign Accepted \$11,200 From The Pharmaceutical And Health Products Industry.** [Center For Responsive Politics, 2014 Money to Congress, [Pharmaceuticals/Health Products](#)]
- **Since 2015, Ernst Accepted \$188,110 From The Pharmaceutical And Health Products Industry.**

Pharmaceuticals/Health Products	\$188,110
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[Center for Responsive Politics, Accessed [9/27/20](#)]

OPPOSED LOWERING DRUG PRICES

Ernst Refused To Support Legislation To Allow Medicare To Negotiate Lower Drug Prices:

A Senators Sponsorship And Cosponsorship Indicated Support For The Proposal. [Congressional Research Service, [3/27/18](#)]

2019: Ernst Refused To Sponsor Or Cosponsor S.377, The Medicare Negotiation And Competitive Licensing Act Of 2019. [Congress.gov, 116th Congress, S.377, Introduced [2/7/19](#)]

2019: Ernst Refused To Sponsor Or Cosponsor S.99, The Medicare Drug Price Negotiation Act. [Congress.gov, 116th Congress, S.99, Introduced [1/10/19](#)]

2019: Ernst Refused To Sponsor Or Cosponsor S.62, The Empowering Medicare Seniors To Negotiate Drug Prices Act Of 2019. [Congress.gov, 116th Congress, S.62, Introduced [1/9/19](#)]

Kaiser Family Foundation: Lawmakers In The 116th Congress Introduced A Variety Of Bills To Allow Medicare To Negotiate Lower Drug Prices, Including S. 377, S. 99, And S. 62. "What are the current approaches to allowing Medicare to negotiate drug prices? Lawmakers in the 116th Congress have introduced a variety of bills to allow the federal government to negotiate drug prices in Medicare Part D, with the goal of lowering Part D program spending and enrollees' out-of-pocket costs. Some are stand-alone bills, while others are incorporated in broader legislation to expand health insurance coverage. This discussion focuses on five bills where the primary (or sole) purpose is to allow the Secretary to negotiate drug prices: H.R. 3, Lower Drug Costs Now Act of 2019, introduced by Speaker Pelosi and sponsored by Representatives Frank Pallone (D-NJ), Richard Neal (D-MA), and Bobby Scott (D-VA), the respective Chairmen of House Committees Energy & Commerce, Ways & Means, and Education & Labor (as amended on October 16, 2019) H.R. 1046/S. 377, Medicare Negotiation and Competitive Licensing Act of 2019, sponsored by Representative Lloyd Doggett (D-TX) in the House and Senator Sherrod Brown (D-OH) in the Senate H.R. 448/S. 99, Medicare Drug Price Negotiation Act, sponsored by Representative Elijah Cummings (D-MD) in the House and Senator Bernie Sanders (I-VT) in the Senate S. 62, Empowering Medicare Seniors to Negotiate Drug Prices Act of 2019, sponsored by Senator

Amy Klobuchar (D-MN)2 H.R. 275, Medicare Prescription Drug Price Negotiation Act of 2019, sponsored by Representative Peter Welch (D-VT) [Kaiser Family Foundation, [10/17/19](#)]

Ernst Voted Against Bipartisan Reform To Lower Cost Of Prescription Drugs:

Ernst Voted Against An Amendment Establishing A Deficit-Neutral Reserve Fund Allowing Prescription Drugs To Be Imported From Canada In Order To Lower Drug Prices For Americans. On January 11, 2017, Ernst voted against an amendment “to establish a deficit-neutral reserve fund relating to lower prescription drug prices for Americans by importing drugs from Canada.” The measure failed 46-52. [CQ, [1/11/17](#); Vote 20, S.Amdt. 178 to S.Con.Res. 3, [1/11/17](#)]

Y: Grassley
N: Ernst

- **The Measure Sought To “Lower Prescription Drug Prices For Americans By Importing Drugs From Canada.”** On January 11, 2017, Ernst voted against an amendment “to establish a deficit-neutral reserve fund relating to lower prescription drug prices for Americans by importing drugs from Canada.” [CQ, [1/11/17](#); Vote 20, S.Amdt. 178 to S.Con.Res. 3, [1/11/17](#)]
- **The Hill: The Bill Would Allow The Importation Of Prescription Drugs From Canada.** “Sen. Chuck Grassley (R-Iowa) told reporters he would pursue legislation to lower drug prices, but will not pursue the Democratic proposal on negotiations. [...] He and Sen. Amy Klobuchar (D-Minn.) also reintroduced bipartisan legislation Wednesday that would allow the importation of prescription drugs from Canada, a proposal that has some support among Republicans and Democrats but has been opposed by the pharmaceutical lobby.” [The Hill, [1/9/19](#)]
- **CNBC: “Trump Administration Outlines Plan To Allow The US To Import Cheaper Drugs From Canada.”** [CNBC, [7/31/19](#)]

Ernst “Declined To Endorse” Legislation To Lower Drug Prices:

July 2019: Grassley Introduced Bipartisan Legislation To Lower Price Of Prescription Drugs. “Senate Finance Committee Chairman Chuck Grassley (R-Iowa) and Ranking Member Ron Wyden (D-Ore.) today introduced a chairman’s mark, the Prescription Drug Pricing Reduction Act (PDPRA) of 2019, to lower the price of prescription drugs for Americans. The committee also announced a markup for the legislation will be held on Thursday, July 25 at 9:30 a.m. ET.” [Senator Grassley, Press Release, [7/23/19](#)]

- **Grassley’s Bill Included Provision That Would Cap Drug Prices Paid By Medicare Based On Rate Of Inflation.** “After months of closed-door meetings and high-profile hearings, the Senate Finance Committee voted 19-9 to advance legislation introduced by Sens. Chuck Grassley (R-Iowa) and Ron Wyden (D-Ore.) to rein in drug costs in the Medicare and Medicaid programs. But even some Republicans who supported it warned they may not back the sweeping package of proposals in a full Senate vote. They object in particular to a provision that would cap drug prices paid by Medicare based on the rate of inflation.” [Kaiser Health News, [7/25/19](#)]
- **Grassley Said Inflation Caps Would Help Relieve Taxpayers From Covering Medicare’s Skyrocketing Drug Costs.** “Grassley said the inflation caps would help relieve taxpayers from covering Medicare’s skyrocketing drug costs. And having played a key role in 2003 creating Medicare’s prescription drug program, called Medicare Part D, he took issue with the idea that his latest bill would harm the program: ‘I wrote it, so you ought to know that I want to protect it,’ Grassley said.” [Kaiser Health News, [7/25/19](#)]

Kaiser Health News: “GOP Senators Distance Themselves From Grassley And Trump’s Efforts To Cut Drug Prices.” [Kaiser Health News, [7/25/19](#)]

- **Republican’s Opposed Provision To Prevent Drug Prices From Rising Faster Than Inflation Under Medicare, Claiming It Put Too Much Power In Hands Of Government.** “Many Senate Republicans disagree with President Donald Trump about how to lower drug prices. Some of Trump’s efforts to reduce Americans’ drug costs took a beating Thursday. They were criticized — by members of his own party — for putting too much power in the hands of government. Despite urging from White House and federal health officials to support the legislation, 13 of the committee’s 15 Republicans voted to remove its controversial proposal to prevent drug prices from rising faster than inflation under Medicare. Their attempt failed, barely.” [Kaiser Health News, [7/25/19](#)]

July 2019: Ernst Said Prescription Drug Prices Could Be Addressed “Without Necessarily” Imposing Price Caps. HOST: “We asked Ernst why lawmakers don’t put price caps in place to prevent those costs from getting so high. She told us she fears caps would limit the research and development of life-saving drugs.” ERNST: “I think there are ways we can

do this without necessarily putting price caps out there. It is something to consider. It is something to talk through. We should do that. But we do need to encourage competition.” [KCCI, 7/15/19] ([VIDEO](#))

- **Ernst Feared Prescription Drug Price Caps Would Limit The Research And Development Of Life-Saving Drugs.** HOST: “We asked Ernst why lawmakers don’t put price caps in place to prevent those costs from getting so high. She told us she fears caps would limit the research and development of life-saving drugs.” ERNST: “I think there are ways we can do this without necessarily putting price caps out there. It is something to consider. It is something to talk through. We should do that. But we do need to encourage competition.” [KCCI, 7/15/19] ([VIDEO](#))

The Hill: Ernst “Declined To Endorse” Grassley’s Bill To Lower Drug Prices. “Vulnerable GOP senators up for reelection next year are giving the cold shoulder to a bipartisan bill aimed at lowering drug prices. Senate Finance Committee Chairman Chuck Grassley (R-Iowa) is pushing for passage of his measure with Sen. Ron Wyden (D-Ore.) to lower drug prices, something seen as a rare area for possible bipartisan agreement this year. [...] Ernst, Grassley’s fellow Iowan, has also so far declined to endorse the bill. ‘Senator Grassley and Senator Ernst share the same goal of lowering the cost of prescription drugs for their fellow Iowans, and on this particular bill, Senator Ernst generally supports the intent of the package and is still reviewing the specifics of the proposal,’ said Ernst spokeswoman Kelsi Daniell.” [The Hill, [10/26/19](#)]

Note: During Election Year, Ernst Backed The Bill After “Months Of Indecision,” But Simultaneously Supported A Rival Bill That Stripped Out Core Provision Of Grassley-Wyden Which Capped The Cost Of Prescription Drugs Prices At Inflation:

Iowa Starting Line HEADLINE: “Ernst Backs Grassley’s Drug Bill After Months Of Indecision.” [Iowa Starting Line, [2/19/20](#)]

- **Ernst Endorsed The Grassley-Wyden Prescription Drug Bill Hours After Being Quoted In The Washington Post Article Claiming That She Was Concerned About The Bill.** “But an article published Tuesday morning by The Washington Post featured Ernst speaking out against Sen. Chuck Grassley’s prescription drug legislation because the ‘price caps’ are ‘an issue that we’re concerned about.’ ‘... but if we consider a path forward I really really want to be part of that discussion,’ Ernst went on to say. The Washington Post article quoting Ernst and questioning whether the bill would get a Senate vote published at 7:19 a.m. About three hours later, Ernst’s team put out a press release stating her support for Grassley’s bill and Sen. Mike Crapo’s legislation, the Lower Costs More Cures Act.” [Iowa Starting Line, [2/19/20](#)]
- **Ernst Said She Was “Concerned” About Grassley’s Legislation To Cap The Price Of Prescription Drugs But That She Wanted To “Be Part Of That Discussion.”** “By taking on the narrower issue of lowering prescription drug prices, Grassley sought to focus in on one element of the health care industry that receives bipartisan support. But that’s proving difficult for even vulnerable GOP senators up for reelection who know the issue is crucial for their constituents but may not be willing to take on the pharmaceutical industry. ‘Well the price caps, it is an issue that we’re concerned about but if we can consider a path forward I really really want to be part of that discussion,’ said Grassley’s fellow Iowa GOP Sen. Joni Ernst, who faces a competitive re-election race. ‘The fact of the matter is, bottom line, prescription drugs cost way too much for some people and what’s the point of having life-saving drugs if you can’t afford them.’” [Washington Post, [2/18/20](#)]

Feb 2020: Ernst Announced Support For Grassley-Wyden Bill, And Sen. Crapo’s Lower Costs More Cures Act. “In addition to Sen. Grassley’s proposal, I’ve also joined forces with my colleague from Idaho, Sen. Mike Crapo, on additional legislation to lower prescription drug prices and bring transparency to the market. This bill, called the Lower Costs More Cures Act, also takes steps to protect folks with diabetes by lowering out-of-pocket costs for insulin in Medicare Part D and high-deductible plans. I’m proud to be supporting a wide range of policy approaches and legislative solutions.” [The Gazette, Joni Ernst, [2/18/20](#)]

Ernst Cosponsored S.3129 – Lower Costs, More Cures Act Of 2019. [Congress.gov, 116th Congress, S.3129, [2/11/20](#)]

STAT News: S.3129 Was Drug Pricing Legislation That Rivalled Grassley Bill And Removed “A Hotly Controversial Provision That Would Cap Drug Prices At Inflation.” “The conservative American Action Network launched a \$4 million advertising campaign Tuesday to throw its weight behind congressional Republicans’ alternative to Speaker Nancy Pelosi’s marquee drug pricing bill. [...] Half a dozen Republican senators, including industry allies Sens. Thom Tillis (R-N.C) and Richard Burr (R-N.C.), introduced a Senate version of the GOP house bill last month. The bill is strikingly similar to Grassley’s since-stalled drug pricing package, except that it does not include a hotly controversial provision that would cap drug prices at inflation.” [STAT News, [1/7/20](#)]

Ernst Supported Repealing The Prescription Drug Donut Hole In Medicare, Which Would Increase Drug Costs For Iowa Seniors:

When Asked If She Would Repeal The Specific Provision In The ACA To Give Seniors More Prescription Drug Benefits, Ernst Said “Yes, Judy, Yes I Do Want To Repeal.” Ernst and Judy Woodruff had the following exchange at the IBNA/KCRG debate: “[WOODRUFF]: So, let's get right to it. I want to start with an issue that is getting a lot of attention, and that is the Affordable Care Act - Obamacare. You made it very clear that you want to repeal the Affordable Care Act, but, my question is, would you repeal the specific provisions that allow people: 1) To keep children under their coverage until they reach the age of 26; that prohibit insurance companies from discriminating against people with pre-existing conditions; and that give seniors more prescription drug benefits? Are those provisions you also want to see repealed? [ERNST]: Yes, Judy, yes. I do want to repeal and replace Bruce Braley's Obamacare - that is very important that we do that. Obamacare is a job killer - we have seen that here in Iowa. It is a tax on the American people, and it's taking healthcare decisions out of the hands of our families and placing them in bureaucracies or in the hands of bureaucrats in Washington, D.C. Now, those specific provisions: carrying a child on your parent's policy - many states did that before the implementation of Obamacare. So, there's no reasons the states can't continue to do that - Iowa is a state that did that. [WOODRUFF]: But, not all states. [ERNST]: Not all states. But that is something that a state can determine. As I said, here in Iowa, we were already in the process of doing that.” [IBNA/KCRG debate, 5/3/14] (VIDEO)

Through December 2016, Iowans Saved Over \$268 Million On Prescription Drugs From Closing Medicare Donut Hole. [CMS, [1/13/17](#)]

2016: Over 50,000 Iowans Saved An Average Of \$1,058 On Prescription Drugs From Closing Of Medicare Donut Hole [CMS, [1/13/17](#)]

AND WROTE A BILL THAT WOULD LET INSURERS DENY COVERAGE TO PEOPLE WITH PRE-EXISTING CONDITIONS

Ernst Was An Original Cosponsor On A Bill To Repeal The ACA Without A Replacement:

Feb. 2015: Ernst Was An Original Cosponsor Of S. 336, The ObamaCare Repeal Act Introduced By Sen. Cruz. [S. 336, Cosponsored [2/2/15](#)]

Feb. 2015: Ernst Was An Original Cosponsor Of S. 339, The ObamaCare Repeal Act Introduced By Sen. Cruz. [S. 339, Cosponsored [2/2/15](#)]

- **2015: Sen. Cruz Introduced Bill That Proposed A Complete Repeal Of ACA To Be “Restored Or Revived As If Such Act Had Not Be Enacted.”** “Additionally, Senator Ted Cruz (R-Texas) recently introduced legislation supported by forty-four co-sponsors entitled the ‘Obamacare Repeal Act,’ that also proposes a complete repeal of the ACA within 180 days of the bill’s passage into law. Both the House bill and the Obamacare Repeal Act in the Senate propose that once the ACA is repealed, the provisions of law that were amended or repealed by the ACA are to be ‘restored or revived as if such Act had not been enacted’ (S.B. 339, 2/2/2015).” [National Law Review, [2/4/15](#)]

At The Time, Republicans Argued Repeal Of ACA Would Give Congress An Opportunity To Move Forward With Drafting A Replacement Option. “Senator Cruz and House Majority Leader Kevin McCarthy (R-Calif.), who heads a ‘leadership working group’ composed of the heads of the committees tasked with to crafting an ACA replacement, both indicated that repeal of the ACA would give Congress an opportunity to move forward with drafting replacement health reform options to better serve the needs of the American people.” [National Law Review, [2/4/15](#)]

American Legion: Original Cosponsors Changed The Actual Text Of A Bill By Adding Their Name At The Time Of A Bill’s Introduction. “As part of his job as sponsor of a bill, this representative or senator will solicit his colleagues to become co-sponsors of his bill. A co-sponsor is a senator or representative who adds his or her name as a supporter to the sponsor’s bill. An ‘initial co-sponsor’ or ‘original co-sponsor’ is a senator or representative who is listed in the actual text of the bill as a co-sponsor at the time of a bill’s introduction.” [American Legion, [Legislative Center](#)]

The ACA Prohibited Insurance Companies From Denying Coverage To People With Pre-Existing Conditions, A Practice That Was Previously Legal:

Under ACA, Health Insurance Companies Were Prohibited From Refusing To Cover People With Pre-Existing Conditions Or Charge Them More For Coverage. “Under current law, health insurance companies can’t refuse to cover you or charge you more just because you have a ‘pre-existing condition’ — that is, a health problem you had before the date that new health coverage starts. These rules went into effect for plan years beginning on or after January 1, 2014.” [U.S. Department of Health and Human Services, [About The ACA](#)]

Washington Post Fact Check: Before ACA, Insurance Companies Could Increase Premiums And Deny Coverage For People With Pre-Existing Conditions. “Before the ACA, insurance companies could consider a person’s health status when they decide whether and how much to charge premiums. If a person had a preexisting medical condition that would cost a lot of money, the insurance company could increase the cost of their premiums or even deny coverage.” [Washington Post, Fact Check, [6/28/17](#)]

LIKE DIABETES, CANCER AND EVEN CORONAVIRUS

Diabetes Was A Pre-Existing Condition Covered Under The ACA. [Kaiser Family Foundation, [12/12/16](#)]

Cancer Was A Pre-Existing Condition Covered Under The ACA. [Kaiser Family Foundation, [12/12/16](#)]

Associated Press: Without The ACA’s Ban On Insurers Denying Coverage Based On Pre-Existing Conditions, “COVID-19 Could Have Stamped A Person ‘Uninsurable’” “COVID-19 could have stamped a person ‘uninsurable’ if not for the Affordable Care Act. The ban on insurers using preexisting conditions to deny coverage is a key part of the Obama-era law that the Trump administration still seeks to overturn.” [Associated Press, [5/3/20](#)]

- **Karen Pollitz Of The Kaiser Family Foundation Said That Without The ACA, “We Could See Tens Of Millions Of People Thrown Out Of Coverage” For Having Had COVID-19.** “Abolishing the ACA would cause tremendous damage and cause chaos throughout the country,’ said Karen Pollitz, senior fellow at the Henry J Kaiser Family Foundation. Anyone buying health insurance who subsequently contracted the coronavirus would face loss of coverage, she said. ‘If you bought the insurance and then caught the virus, you would be out of luck,’ she said. The abolition of pre-existing condition coverage is especially difficult for those who have Covid-19, because so little is known about the long-term health impact of the disease. There is evidence that the respiratory illness causes permanent damage in some patients. Those who have had the disease and recovered would have to disclose their status to apply for insurance, and could be turned down for coverage. ‘We could see tens of millions of people thrown out of coverage,’ said Pollitz. ‘There would be an onslaught of un-insurance.’” [Guardian, [6/27/20](#)]