

Quantifying Influence: The Orthopaedic PAC's Impact Explored through Analysis of Federal Election Commission Data

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ABSTRACT

Background:

Political Action Committees (PACs) allow professional organizations to support candidates and policies aligned with their interests. In healthcare, PACs are increasingly influential, yet their impact remains difficult to quantify. The Orthopaedic PAC, established by the American Association of Orthopaedic Surgeons (AAOS), plays a major role in advocacy for the specialty. However, the extent to which its financial activity aligns with or influences legislative outcomes is not well understood. As advocacy becomes more integral to clinical practice, assessing this relationship is increasingly relevant.

Objective:

This study analyzed the Orthopaedic PAC's financial contributions over time, focusing on spending trends, geographic distribution, and partisan alignment to understand potential associations with healthcare legislative activity.

Methods:

We conducted a retrospective quantitative analysis of Orthopaedic PAC contributions using publicly available data from the Federal Election Commission (FEC) from 1999 to 2022. Contributions exceeding \$200 were analyzed to assess spending patterns by party affiliation, geographic distribution, and temporal trends. Descriptive statistics contextualized Orthopaedic PAC activity within the broader healthcare PAC landscape. Geographic Information Systems (GIS) mapping visualized regional variations, and JMP Pro statistical software was used for all analyses.

Limitations: Due to the use of publicly available FEC data, contributions under \$200 were excluded, and no direct causal link between spending and legislative outcomes could be determined. Additionally, non-monetary forms of influence, such as lobbying and informal advocacy, were beyond the scope of this study.

Results:

From 1999 to 2022, the Orthopaedic PAC's contributions rose significantly, with sharp increases during key legislative events—most notably surrounding the 2010 Affordable Care Act (Figure 1 and 2). Contributions demonstrated a consistent partisan preference for Republican candidates, with the highest allocations targeting states such as Texas, Alabama, and California. Geographic analysis revealed concentrated support in the Southeast and Midwest, with emerging patterns in swing states (Figures 3 and 4). When benchmarked against other healthcare PACs, the Orthopaedic PAC consistently outspent

its peers (Figure 5), reflecting a robust and sustained political investment strategy. This pattern was supported by both annual and cumulative expenditure analyses, which showed that the majority of disbursements were directed toward federal candidates, national party committees, and campaign-related expenses (Tables 1 and 2). While spending patterns aligned with major healthcare policy developments, no definitive causal relationship between contributions and legislative outcomes could be established.

Conclusion:

This study provides a 24-year analysis of the Orthopaedic PAC's financial activity, revealing consistent partisan alignment, geographic concentration, and elevated spending during major healthcare legislative cycles. The PAC's expenditures surpassed those of peer healthcare PACs, reflecting significant financial engagement within the specialty. While no direct link to policy outcomes could be established, these findings highlight how organized financial advocacy may shape the legislative environment that influences orthopaedic practice. Further research is warranted to evaluate the clinical implications of such advocacy and to explore whether current engagement reflects the broader priorities of the orthopaedic community. Efforts to improve transparency and broaden participation among orthopaedic surgeons may help ensure that PAC influence more accurately represents the collective voice of the profession.

Keywords: orthopaedic; politics; donations; lobby; election

Level of Evidence: Level 4: Retrospective study