

Political Science 383/483
Health Policy and Politics in the U.S.
Professor Joseph White
Spring, 2016
Tuesday/Thursday 10:00 – 11:15 a.m.
 Thwing 301
(Syllabus as of December 16, 2015)

Office: Mather House 113

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The Topic:

This course is an introduction to a huge field. If your main interest is in how the U.S. political system works, it offers you a chance to focus on how process and power shape citizens' lives – especially access to, costs of, and quality of medical care. If your main interest is the U.S. health care "system," it provides an overview of what that includes, of the issues involved, and how public policy shapes that massive enterprise. From both perspectives, you may begin to learn why improvement seems necessary but is very difficult to achieve.

By the most objective measures available, the results of how the U.S. finances and provides health care are inferior to those of most comparable countries:

* It is extremely expensive. In 2013, when the United States spent an estimated 16.4% of its economy on health care, the closest other countries, the Netherlands and Switzerland, spent 11.1%.¹

* It is, among other rich democracies, uniquely unequal (which you may or may not consider inequitable). According to the Census Bureau's estimates, the U.S. in 2012 had over 47 million people uninsured at any given time – so over 15% of the population and more than 21 percent of working-age Americans.² Those

¹ The estimates are from the Organization for Economic Cooperation and Development (OECD), <http://www.oecd.org/els/health-systems/health-data.htm>

² The data is in Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, Income, Poverty, and Health Insurance Coverage in the United States: 2012. United States Census Bureau report P60-245 (September, 2013), available at <http://www.census.gov/prod/2013pubs/p60-245.pdf> The 47 million figure is from Table 7, page 23. I calculated the percentages from the same table, defining "working age" as ages 19-64.

figures have declined substantially, due in small part to an improving economy and in large part to implementation of the Affordable Care Act. By at least one estimate, in 2015 the number of uninsured Americans dipped below 30 million.³ Yet that is still about ten percent of the population, far above the figure in any comparable country.

* There is little reason to believe that, in return for the higher costs and much less equal access to care, the United States provides better quality of care. Overall health statistics for the United States are not good at all. For example, the U.S. ranks below all other rich democracies within the OECD (25 other countries) in life expectancy at birth. Much of this performance may be related to social ills that, in addition to poor health care access, make evils such as infant mortality and obesity more likely in the United States. Yet overall, the United States performs poorly on "avoidable" or "amenable" mortality: terms that refer to deaths that could have been prevented with good medical care.⁴

From a political science perspective, U.S. health care poses a huge question: **Why? Why are costs so much higher, and access so much less equal, for little evident benefit, in the United States?** The politics of health care in the United States should, however, seem at least as important to Americans who have to live with the results.

³ Nobody has exact counts; they are all based on surveys and sometimes the survey organization changes its questions so the data is not entirely comparable year to year. The figure above is based on the Centers for Disease Control's National Health Interview Survey. See <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201508.pdf> Using this data, the Kaiser Family Foundation reports that the rate of uninsurance for nonelderly adults fell from 20.1% at the end of 2013 to 13.0% in the first quarter of 2015. See <http://files.kff.org/attachment/fact-sheet-key-facts-about-the-uninsured-population> In Gallup's data, the rate of uninsurance for individuals age 18 and over fell from about 17% in the fourth quarter of 2013 to 11.4% in the second quarter of 2015. The figures are lower than in the Kaiser and Census figures because all adults includes the elderly, almost all of whom are insured due to Medicare. See <http://www.gallup.com/poll/184064/uninsured-rate-second-quarter.aspx> Census has changed how it does its count, but also shows a significant decline.

⁴ See Ellen Nolte and C. Martin McKee, "Measuring the Health of Nations: Updating an Earlier Analysis," *Health Affairs* 27, no. 1 (2008), pp. 58-71. The United States had the worst performance out of 19 countries. The authors compared more recent data for the U.S., France, Germany, and the United Kingdom in, "In Amenable Mortality--Deaths Avoidable Through Health Care—Progress In the US Lags That Of Three European Countries." *Health Affairs* 31, no. 9 (2012), pp. 2114-2122. That study found the U.S. doing better on preventing cancer deaths but worse overall. For more comparisons of health status between the United States and other countries, see Organization for Economic Cooperation and Development, *Health at a Glance, 2013* (Paris: OECD) Chapter 1, available at <http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf>

It also involves far more than the issues about health insurance and costs of care. The American Public Health Association in fact calls for “health in all policies” – on the grounds that virtually anything affects health outcomes.⁵ From one perspective they are right – national defense, for example, involves killing people or preventing them from getting killed. Yet if “health” applies to everything then it is not a field; it might as well be nothing.⁶ In this course we will not take such an unlimited view of “health politics and policy.” But it surely involves issues such as consumption of tobacco or alcohol, safety of the blood supply, and regulation of medical drugs and devices.

Politics and Public Policy

Health policy and politics involve interests and institutions, but the topic also reveals the importance of the politics of ideas: of how people think about facts and values, right and wrong, and how the world works. These factors always matter in politics, but perhaps are more visible in courses like this one which focus on the **policy process**.

From the policy process perspective, government decisions result from a process in which political actors select among the world’s *conditions*, define some as *problems*, and place them on some form(s) of decision-making *agenda*. Then political actors (maybe the same, maybe different) attempt to attach *policies* (which they call *solutions*) to problems in a way that creates some new *authoritative decision* (such as legislation or a court decision). But no policy simply happens because of a single decision. There is always a further process of *implementation*, resistance, and perhaps *modification*; and one moment’s solution may become the next iteration’s “problem,” meaning something someone is trying to change – if it ever got implemented at all. In short, the policy process is endless; as the saying goes, “it’s never over.”

For any given concern (or *policy area*) some decisions will be made (for the moment) by political authorities who influence a wide range of policies, such as the legislature or chief executive or budget bureau or courts. But they have to get their ideas from somewhere, and that means that policy areas also involve

⁵ See

http://www.apha.org/programs/cba/CBA/health_all_policies?utm_source=Webinar:+Policy&utm_medium=Email&utm_campaign=Health+in+all+policies+release

⁶ For a similar argument see Aaron Wildavsky, “If Planning is Everything, Maybe it’s Nothing,” *Policy Sciences* 4 (1973), 127-53.

policy communities, groups of experts, organized interests, journalists, politicians and other public officials who engage continually in problem definition and policy promotion. In order to understand health policy and politics, therefore, we need to look at the ideas about health policy that are promoted in the health policy community.

Such conglomerations influence all fields – there is a defense policy community, an elementary–and–secondary–education community, an energy policy community, and so on. In all cases, policy results from the interaction between the specialist community and other political factors – such as party politics and public opinion. But the politics of health and health care involves an especially complex and divided policy community, with its own very peculiar dynamics. Different people emphasize different "problems" – not only access or cost or quality, but whether the "problem" is health care or health. What we might call tribes of experts promote their conflicting views of how the world works. Parties and economic actors look for experts whose opinions fit their ideological biases or immediate material interests. Both citizens and political authorities can be bewildered by the resulting range of "solutions" that are proposed.

This class will offer an overview of many (but not nearly all) of the issues that get called "health policy," and of the worldviews involved. We will try to make sense of how the blooming, buzzing confusion of the debate affects what governments do.

Learning Objectives, Assignments, and Grading:

This course has many objectives, and I hope you will gain some wisdom and understanding that fits each of them.

- * Simply to introduce you to the field, and perhaps interest some students in working on it further.

- * To give you a working understanding of key dimensions of public policy that influence the health, or at least access to medical care, of residents of the United States.

- * To help you understand the value disagreements that shape political conflict. **This include disagreements between “experts” and the general public.**

- * To help you understand what disagreements could in principle be resolved by evidence, and which could not.

- * To give you a sense of the human stakes and drama in health policy and politics.

- * To enable you to follow reports about "Obamacare" in particular with a sophisticated understanding of the issues and politics involved.

- * To introduce you to understanding politics as a policy process.

- * To help you form an understanding of when policy "reform" is likely to achieve what its advocates claim it will achieve.

The work and readings for this class are designed to build towards these objectives.

Coursework will include reading, two quizzes, two essay exams, a paper about one policy issue, and class participation.

1) Quizzes: Two in-class quizzes will be in short-answer form. For each you will be expected to identify and discuss core concepts or terms from the readings. Study guides will be provided during the class session before each exam. They will be administered on **January 28 and February 18 in class.**

2) Essay Exams: One essay exam will be taken on **March 24 in class.** and the question will focus on the material about cost and quality of care. The second essay exam will be taken at the time reserved for a final exam, but is not intended to be comparable in scope to the usual final. Therefore we will use only half the time scheduled for a final exam, so **April 28 from 1:30 to 3:00 p.m..** The question will be designed to allow you to use most of the material in class if you wish; in particular, it will be designed so that you could discuss both the Affordable Care Act and the reading about the early years of the AIDS epidemic.

3. Each student will also do a Policy Analysis of a reform theme, selected from the list below. I call the topics "themes" rather than "ideas," because in some cases there are lots of different proposals of similar types, and it isn't all that useful to focus on the specific proposals.

These papers will be **due on May 3**, though there is no reason a student could not complete the paper much earlier. Each report should be **at least 2500 words, double-spaced.** It should assess the policy idea in terms of the

knowledge (technical capacity), power (institutional capacity) and will (political capacity) needed for it to succeed. The papers therefore should address:

- * The "problem(s)" that the reform idea is supposed to solve.
- * A description of both the arguments for the idea and what would be involved in implementing it.
- * Whether there are concrete examples of the idea being implemented, and with what results. More generally, the evidence that it would have the intended effects.
- * The political support for and opposition to the idea. (Note: there can be a substantial difference between support for the idea "in principle" and support for any concrete version of it).
- * Your overall assessment of the idea.

Please choose your topics from the following list:

- * Malpractice "reform"
- * Delivery system reforms promoted in the ACA, such as Accountable Care Organizations and Patient-Centered Medical Homes.
- * Improving care for or management of chronic conditions.
- * Reducing "disparities"
- * Reducing obesity
- * Using economic incentives or "information" to get patients to manage their own health better or providers to manage their patients' health better.

If you have another idea, please suggest it and we can talk about the possibility.

In order to ensure that you do not fall behind, and also to allow you to consult me about your projects and me to give you some feedback, I'm asking you to do the project in some stages. First, please feel free to come in during my office hours or schedule another time to talk about the topics. Then:

- * Submit your topic choice by **February 2**.
- * Submit a preliminary annotated bibliography of sources for the paper by **February 23**. It should include at least six academic sources (e.g. articles in journals). For each you should summarize the main points and data from the article. Performance on this assignment will be part of your grade for the overall project.

* Submit a short paper in which you provide a preliminary assessment of the problems of knowledge, power and will, as well as the disagreements you are finding in the literature, by **April 7**. This paper should be no less than 800 words long. Performance on this assignment will be part of your grade for the overall project.

* Final paper due **May 3**.

4. Class Participation will count for ten percent of your grade. It is not fair to grade class participation by volume of talk. Some people are more comfortable with that than others. It is reasonable to expect students to do the reading, think about it, and attend class. I will grade participation in such a way that it helps students who make particularly good contributions, and only lowers students' grades if their performance is particularly poor.

As part of your participation, you should **post on blackboard a short comment about one reading each week**. The comment should be posted by 8 a.m. on the morning that the reading will be discussed. No posts are expected during the first week of class.

These comments should take a specific form. First, for each post identify the reading and date! Then identify a proposition about health politics or policy from that reading. The statement you identify need not be the position of the author(s) of a reading; it may be a view reported in the reading as part of its description or analysis.

In your comment, express your judgment of whether the proposition is a statement of value, fact, or some sort of mix. If it is a fact-statement, explain what evidence might support or contradict it. If it is a value-statement, comment on how it fits with other (perhaps more general) values and why it cannot be subjected to empirical test. If it is both, explain why.

* Example of a value statement: "It is unfair to expect some people to pay for other peoples' health care just because the first group has higher incomes."

* Example of a fact statement: "Health care could be made much more efficient with greater use of electronic health records."

Your class participation grade can be reduced if you post fewer than ten comments, or miss more than six classes, unless in either case you have provided me with compelling reasons.

Extra Assignment for POSC 483 students

The regulations of the College of Arts and Sciences require that, when a class is offered at both 300- and 400-levels, the 400-level version require some extra work. POSC 483 students will therefore be required to write **one further paper, on a book about some aspect of health politics and policy**. Students should suggest possibilities to me and we should agree on a book by February 1. The book report will be due by **March 17**, and should be no less than 2000 words in length.

Grades Will Be Calculated as Follows

	POSC 383	POSC 483
First Quiz	10%	9%
Second Quiz	10%	9%
First Essay Exam	20%	18%
Final Essay Exam	20%	18%
Policy Paper	30%	26%
Participation	10%	10%
March 17 Book Report		10%

Classroom Procedures and Academic Integrity

I prefer that students arrive on time. I understand that this is sometimes difficult, particularly if you have a class immediately previous on the other side of campus. If that is your situation, please let me know (and tell me which class it is). I will note lateness in my attendance records, and systematic lateness, without a good excuse, will be noted as part of the participation grade.

Some of the topics of this class are quite politically controversial. I have my own views, and they will likely be obvious (since I write pieces that are both analytical and, to some extent, advocacy). We should all understand that views about

government policies relating to health and health care will be shaped in part by deeply held beliefs about both values and facts. These include, for example, the importance of equality; under what circumstances government's power can legitimately be used to take from some people and give to others; and how well "government" and "markets" tend to work. We must be very careful to recognize that people legitimately have different values.

This does not mean everything is subjective. I will seek to show in this class that, in spite of the strong value preferences, it is possible to consider issues with analytical rigor. We can be careful about the claims we make and think hard about both the evidence and what general values explain a specific policy preference. That includes taking seriously the views of anyone with whom you disagree: thinking hard about why those views might make sense to someone who starts from different premises than you do. That does not mean you can't conclude they're wrong! But you need to know the reasons you disagree.

I expect students' work to be their own. Plagiarism in any form is punishable by a failing grade on the assignment in question; and I may initiate university disciplinary proceedings.

I expect students to submit their work by the time assigned. This is especially important because I often want to discuss the assignment in the class on which it was due, which means that if you are late but attend the class you would get an unfair advantage. **As a general principle, students will be punished half a grade for each day that an assignment is late.** I will make exceptions if given a good (and documented) reason. If you have been sick, for example, I will want a note from an appropriate medical person. (By the way, this is one course in which I would prefer to have as little "experiential learning" as possible!").

Cellphones and other electronic devices, other than laptops, should not be used in class.

Schedule of Assignments and Readings

There are two required texts and a large selection of further readings. The texts are:

Thomas S. Bodenheimer and Kevin Grumbach. 2012. *Understanding Health Policy: A Clinical Approach 6th ed.* (Lange Medical Books). Because they have not done a new edition, you're in luck: used copies are fine! But it does have to be the 6th edition. This text provides a basic overview of policy issues.

Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic*. Various editions. The most recent is New York: St. Martin's Griffin, 2007. My copy is New York: Viking Penguin, 1988. You may have seen the movie. As lead reporter on the epidemic for the *San Francisco Chronicle*, Randy Shilts lived it. This is his report on AIDS, from the first cases through 1988.

Unless I have included a link within this syllabus, further readings will be on the course Blackboard site.

Introduction

Jan 12 Introduction and explanation of the course.

Jan 14 Politics and Policy Analysis: Fundamentals

Theodore R. Marmor and Rudolf Klein, *Politics, Health, & Health Care: Selected Essays* (Yale University Press, 2012), pp. 1–27.

Mark A. Hall, "Health Care Law Versus Constitutional Law," *Journal of Health Politics, Policy and Law* Vol. 38, No. 2 (April 2013), pp. 267–272.

Jan 19 Values and Views of the Issues

James A. Morone (2005), "Morality, Politics, and Health Policy." From David Mechanic et al. eds., *Policy Challenges in Modern Health Care* (New Brunswick: Rutgers University Press), pp. 13–25.

Rudolf Klein, "Acceptable Inequalities," from Marmor and Klein, *Politics, Health, & Health Care*, pp. 521–537.

Commentaries from *The New England Journal of Medicine* Vol. 327, No. 11 (September 10, 1992), pp. 800–811:

Marcia Angell, "The Presidential Candidates and Health Care Reform"

Louis W. Sullivan, "The Bush Administration's Health Care Plan"

Governor Bill Clinton, "The Clinton Health Care Plan"
 Alain C. Enthoven, "Measuring the Candidates on Health Care"
 Uwe E. Reinhardt, "Politics and the Health Care System"

(You should post your first "proposition" this week)

Jan 21 Assumptive Worlds of "Rationality" and "Reform"

Donald M. Berwick, Thomas W. Nolan and John Whittington (2008), "The Triple Aim: Care, Health and Cost". *Health Affairs* 27 (3): 759–769

Ateev Mehrotra, "Improving Value in Health Care – Against the Annual Physical," and Allan H. Goroll, "Toward Trusting Therapeutic Relationships – In Favor of the Annual Physical." *New England Journal of Medicine* Vol. 373, No. 16 (October 15, 2015), pp. 1485–1489.

Lisa Rosenbaum, "Scoring No Goal – Further Adventures in Transparency." *New England Journal of Medicine* Vol. 373, No. 15 (October 8, 2015), pp. 1385–1388.

Lisa Rosenbaum, "Traditional Chaos or Enduring Harm? The EHR and the Disruption of Medicine." *New England Journal of Medicine* Vol. 373, No. 17 (October 22, 2015), pp. 1585–1588.

Jan 26 Why Policies Succeed, or Fail

Joseph White (2003), "Three Meanings of Capacity: Or, Why the Federal Government Is Most Likely to Lead on Insurance Access Issues." *Journal of Health Policy, Politics and Law* 28:2–3, pp. 217–244.

The Health Care "System"

In this section we will mainly use the textbook to do an overview of policies about health care in the United States, including how the money is collected, how it is paid to providers, and how the delivery of care is organized.

Jan 28 Finance and Access in the U.S.

First quiz, 30 minutes at beginning of class

B & G, Preface, Chapters 1–3; pp. v–vii, 1–30; Chapter 14, "Health Care in Four Nations," pp. 169 – 186.

Feb 2 Medicare

Jonathan Oberlander, "Medicare," in Daniel Béland, Christopher Howard and Kimberly J. Morgan eds., *The Oxford Handbook of U.S. Social Policy*.

Policy Analysis Topic Choice Due Today

Feb 4 Medicaid

Kaiser Commission on Medicaid and the Uninsured (August 2014), "The Ohio Health Care Landscape." Please download from

<http://kaiserfamilyfoundation.files.wordpress.com/2014/08/8619-the-ohio-health-care-landscape.pdf>

Kaiser Commission on Medicaid and the Uninsured (June 2014), "Medicaid Moving Forward." Please download from <http://files.kff.org/attachment/issue-brief-medicaid-moving-forward>

B&G Chapter 12, "Long-Term Care," pp. 145–152.

Optional: If you would like more information on long-term care, please see the same source (July 2014), "Medicaid and Long-Term Services and Supports: A Primer". <http://files.kff.org/attachment/report-medicaid-and-long-term-services-and-supports-a-primer>

Feb 9 The Patient Protection and Affordable Care Act, As Amended by the Health Care and Education Reconciliation Act

Kaiser Family Foundation, "Summary of the Affordable Care Act," <http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>

Joseph White, "The 2010 U.S. Health Care Reform: Approaching and Avoiding How Other Countries Finance Health Care." *Health Economics, Policy and Law* Vol. 8, No. 3 (July 2013), pp. 289–315.

Feb 11 The Health Care Workforce

B&G Chapter 7, pp. 73–90

Gail R. Wilensky and Donald M. Berwick, "Reforming the Financing and Governance of GME," and David A. Asch and Debra F. Weinstein, "Innovation in

Medical Education," *The New England Journal of Medicine* Vol. 371, no. 9 (Aug 28, 2014), pp.792–95.

Feb 16 Issues About Delivering Care

B&G, Chapters 5–6, pp. 43–72.

Arthur L. Kellerman and Robin M. Weinick (2012). "Emergency Departments, Medicaid Costs, and Access to Primary Care – Understanding the Link." *New England Journal of Medicine* 366(23), pp. 2141–2143

Feb 18 Paying for Care and Controlling Spending: "Waste" and "Pain"
Second quiz, thirty minutes at beginning of class

Drew Altman, "Health Care Cost Growth Is Down, Or Not. It Depends Who You Ask." Kaiser Family Foundation Perspective (March 5, 2014). At <http://kff.org/health-costs/perspective/health-cost-growth-is-down-or-not-it-depends-who-you-ask/>

B & G, Chapter 8, "Painful vs. Painless Cost Control," pp. 91–102.

Health Affairs Health Policy Brief (Dec 13, 2012):" Reducing Waste in Health Care," (5 pp).

http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_82.pdf

Deborah Stone (2011), "Moral Hazard". *Journal of Health Politics, Policy and Law* 36(5), 887–896.

Feb 23 Paying for Care and Controlling Spending: Payment Methods

B&G Chapter 4, "Reimbursing Health Care Providers," pp. 31–42; Chapter 9, "Mechanisms for Controlling Costs," pp. 103–114.

Paul B. Ginsburg (2008). "High and Rising Health Care Costs: Demystifying U.S. Health Care Spending." Robert Wood Johnson Foundation Research Report #16.

<http://www.rwjf.org/content/dam/farm/reports/reports/2008/rwjf32703>

Preliminary Annotated Bibliography for Policy Analysis Paper Due Today

Feb 25 *Paying for Care and Controlling Spending: "Managed Care," By That and Other Names*

David Mechanic (2004), "The Rise and Fall of Managed Care." *Journal of Health and Social Behavior* 45 (Extra Issue): 76–86.

Deborah Stone (1999), "Managed Care and the Second Great Transformation." *Journal of Health Politics, Policy and Law* 24(5): 1213 – 1218

Bruce Vladeck (1999), "Managed Care's 15 Minutes of Fame." *Journal of Health Politics, Policy and Law* 24(5): 1207–1211.

Marsha Gold (2010), "Accountable Care Organizations : Will They Deliver?" *Mathematica Policy Research Policy Brief*, Jan. http://www.mathematica-mpr.com/publications/pdfs/health/account_care_orgs_brief.pdf

March 1 *Paying for Care and Controlling Spending: Price vs. Volume*

Joseph White, "Prices, Volume, and the Perverse Effects of the Variations Crusade." *Journal of Health Politics, Policy and Law* Vol. 36, No. 4 (August, 2011), pp. 775–790.

Zack Cooper et al., "The Price Ain't Right? Hospital Prices and Health Spending on the Privately Insured," ms. posted online at http://www.healthcarepricingproject.org/sites/default/files/pricing_variation_manuscript_0.pdf (December 2015). You can skim the math; I did.

March 3 *Cost Control and the ACA*

David M. Cutler, Karen Davis, and Kristof Stremekis (2010), "The Impact of Health Reform on Health System Spending," Commonwealth Fund Issue Brief (May). Downloadable from http://cdn.americanprogress.org/wp-content/uploads/issues/2010/05/pdf/system_spending.pdf

Douglas Holtz–Eakin and Michael J. Ramlet (2010). "Health Care Reform Is Likely to Widen Federal Budget Deficits, Not Reduce Them." *Health Affairs* 29(6): 1136–1141.

Jonathan Oberlander (2011), "Throwing Darts: Americans' Elusive Search for Health Care Cost Control." *Journal of Health Politics, Policy and Law* 36(3): 477–484.

March 8, 10: Spring Break, Have a great time!

March 15 Quality, Part 1

B & G, Chapter 10, "Quality of Health Care," pp. 115–134.

Mark R. Chassin and Jerod M. Loeb, "The Ongoing Quality Improvement Journey: Next Stop, High Reliability." *Health Affairs* 30 (4), pp. 559–568.

March 17 Quality, Measurement, and Guidelines

Peter J. Pronovost and Richard Lilford, "A Road Map For Improving The Performance of Performance Measures." *Health Affairs* 30 (4), pp. 569–573.

Christine K. Cassel et al, "Getting More Performance From Performance Measurement," and Elizabeth A. McGlynn et al, "Reimaging Quality Measurement," *New England Journal of Medicine* Vol. 371, No. 23 (Dec 4, 2014), pp. 2145–47, 2150–53.

Nikola Biller-Andorno and Peter Jüni, "Abolishing Mammography Screening Programs? A View from the Swiss Medical Board," *New England Journal of Medicine* Vol. 370, No. 221 (May 22, 2014), pp. 1965–67.

POSC 483 Extra Book Review Due*March 22 Too Much Health Care, Not Enough Health?*

B & G, Chapter 11, "Prevention of Illness," 135–144.

David Mant (2010), "Avoiding disease and promoting health." In *The Oxford Textbook of Medicine* Vol. 1, pp. 86–94

Sara N. Bleich et al., "The Complex Relationship Between Diet and Health," *Health Affairs* Vol. 34, No. 11 (November, 2015) pp. 1813–1820.

*March 24 Essay Exam on Cost and Quality****Beyond Health Insurance: The Early Years of AIDS***

In this short section of the course, we pause and look at the human dimension of health policy, by reading and discussing a very long book which can be read like a novel – because in this case reality is as dramatic as any fiction.

Background Reading on Experiences

Excerpts from James A. Morone and Daniel C. Ehlke, *Health Politics and Policy 5th ed.* (Stamford, CT: Cengage Learning, 2013): "Dilemmas of Representation: How a Member of Congress Sees Reform" (pp. 123–24);

“Confessions of a State Health Regulator” (pp. 210–12); “Adventures With Informed Consent” (pp. 362–63).

Christopher Booth (2010), “On Being a Patient.” In *The Oxford Textbook of Medicine*, Vol. 1, pp. 3–6.

March 29 *Discuss Shilts, through Part IV (p. 214)*

March 31 *Discuss Shilts, through Part VI (p. 402).*

April 5 *Discuss Shilts, entire book.*

“Health Care Reform” – The “Affordable Care Act” and Beyond (or Back)

In 2010, to general surprise, the Obama administration and Congressional Democrats combined to pass major legislation to expand access to health insurance. To their own surprise, this appears not to have made many people happy, and to have made quite a few people angry. What explains why the legislation passed, what it includes and does not include, and the political fallout?

April 7 *Strategies and Tactics*

Jonathan Cohn (2010), “How They Did It”. *The New Republic* (June 10): 14–25.

Jacob Hacker (2010), “The Road to Somewhere: Why Health Reform Happened”. *Perspectives on Politics* 8(3): 861–876.

Judith Feder (2011), “Too Big to Fail: The Enactment of Health Care Reform.” *Journal of Health Politics, Policy and Law* 36(3): 413–416.

Preliminary Policy Analysis Paper Due Today

April 12 *Choices About Cost Control*

Joseph White, “Muddling Through the Muddled Middle,” *Journal of Health Politics, Policy and Law* Vol. 36, No. 3 (June, 2011) pp. 443–448.

Ezekiel Emanuel, “Why I Hope to Die at 75,” *The Atlantic*, online Aug 17, 2014; October issue.

Bernstein, Jill (2009), “Public Perspectives on Health Delivery System Reforms,” *Changes in Health Care Financing & Organization Policy Brief*. Robert

Wood Johnson Foundation, June 22.

<http://www.rwjf.org/files/research/62209hcfopublicperspectivesbrief.pdf>

Mollyann Brodie et al (2010), "Liking the Pieces, Not the Package: Contradictions in Public Opinion During Health Reform." *Health Affairs* 29(6), 1125–1130.

April 14 Backlash

Daniel A. Gitterman and James P. Scott (2011), "Obama Lies, Grandma Dies". *Journal of Health Politics, Policy and Law* 36(3): 555–563.

James A. Morone (2011), "Big Ideas, Broken Institutions, and the Wrath at the Grass Roots." *Journal of Health Politics, Policy and Law* 36(3): 375–385

Tara Sussman Oakman et al (2010), "A Partisan Divide on the Uninsured." *Health Affairs* 29(4): 706–711.

April 16 Effects on Elections

Excerpts from articles and commentary about how the health care votes hurt Democrats in the 2010 election.

Robert J. Blendon and John M. Benson, "Voters and the Affordable Care Act in the 2014 Election." *New England Journal of Medicine* Vol. 371, No. 20 (Nov 13, 2014).

April 21 Just A Taste of Implementation Issues – The Case of Essential Health Benefits

Institute of Medicine (August 29, 2011). *Perspectives on Essential Health Benefits: Workshop Report*. "Summary" and Chapter 2 (pp. 1–11, 17–25). (On Blackboard; entire report can be downloaded from

<http://www.iom.edu/Reports/2011/Perspectives-on-Essential-Health-Benefits-Workshop-Report.aspx>)

Nicholas Bagley and Helen Levy (2014). "Essential Health Benefits and the Affordable Care Act: Law and Process." *Journal of Health Politics, Policy and Law* Vol. 39, No. 2 (April), pp. 441–465. Download from

<http://jhppl.dukejournals.org/content/39/2/441.full.pdf+html>

April 23 And Then There's Litigation....

Readings to be determined

Essay Exam, In Classroom, 1:30 – 3:00 p.m., April 28

This exam will consist of one essay. You will be given a choice of two topics. You will be given strong hints about the topics at the end of the last class, if not before. I will try to frame the questions so that they require you to think about the ACA and Shilts material, but also so that you would benefit by using material from earlier in the class.

Policy Analysis Paper Due May 3 at Noon