

**Political Science 383/483**  
**Health Policy and Politics in the U.S.**  
**Professor Joseph White**  
**Spring, 2013**  
Tuesday/Thursday 10:00 – 11:15 a.m.  
Clark 302  
**Syllabus as of January 7, 2013**

Office: Mather House 113

Office Hours: Tues/Thurs 1:00 – 2:30 pm

Phone: 368-2426

jxw87@case.edu

***The Topic:***

Access to, costs of, and the results of medical care are of fundamental interest to all Americans, even or especially those who are too young or too frail to know what their interests are.

In other countries, governments have policies to guarantee access, control costs, and – they hope – guarantee quality care. In the United States, governments are also involved with health care in more ways than anyone can count. Yet the performance of our system on these basic aspects of life appears to leave a lot to be desired.

The U.S. system is uniquely unequal: according to the Census Bureau’s estimates, the U.S. in 2011 had over 48 million people uninsured at any given time – so over 15% of the population and more than 20 percent of working-age Americans.<sup>1</sup> All comparable countries insure about 99%, or more, of citizens.

In 2010, when the United States spent over 17% of its economy on health care, the closest other country, the Netherlands, spent 12%.<sup>2</sup> “National Health Spending” in 2012 was expected to be over one sixth of the entire U.S.

---

<sup>1</sup> Data from [http://www.census.gov/hhes/www/cpstables/032012/health/h01\\_000.htm](http://www.census.gov/hhes/www/cpstables/032012/health/h01_000.htm) ; I have defined “working age” as ages 18-64.

<sup>2</sup> The Organization for Economic Cooperation and Development (OECD) also reported that Austria, France, Germany and Switzerland were between 11 and 12%. The U.S. was at 17.6%. Data taken from <http://www.oecd.org/els/healthpoliciesanddata/oecdhealthdata2012-frequentlyrequesteddata.htm>

economy.<sup>3</sup> If it were a country, the U.S. health care system in 2011 would have been the sixth largest economy in the world.<sup>4</sup>

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. It certainly does not provide better quality for those who have reduced access, but there is also little reason to believe that denying access to some Americans allows others to have the “best care in the world.”<sup>5</sup>

It should be no surprise, then, that the U.S. health care system is a core topic for political scientists who try to understand modern political economies. 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. And it interests political junkies as well because it is the object of such intense political conflict. This conflict is most visible in, but hardly limited to, the battles over the legislation passed in March of 2010; the decades of struggles over approaches to National Health Insurance (NHI) before then; and the campaign at present to roll back “entitlements” for the poor, elderly and disabled to medical care through the Medicare and Medicaid programs.

One reason for conflict is that many people do not accept that the statements above about the system’s relative inadequacies are true. Or they believe that, even if those statements are true, government action to improve results would violate other values that are more important than controlling costs or ensuring access to medical care. **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.**

---

<sup>3</sup> Actually 17.9%, according to Sean P. Keehan et al., “National Health Expenditure Projections: Modest Annual Growth Until Coverage Expands and Economic Growth Accelerates.” *Health Affairs* 31, No. 7 (July 2012), pp. 1600-1612.

<sup>4</sup> Just below France and larger than the United Kingdom. The largest are the U.S., China, Japan and Germany. For the U.S. health care system see the cite above; for national economies <http://data.worldbank.org/indicator/NY.GDP.MKTP.CD/countries> .

<sup>5</sup> This is much harder to measure, but we will review studies during the course. One salient example is the number of “life years” lost to causes that could have been prevented by good medical treatment; this is called “avoidable life years lost.” 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. At <http://content.healthaffairs.org/content/27/1/58.full>

These factors always matter in politics, but perhaps are more visible in courses like this one which focus on the **policy process**. From this 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 time'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 policy areas also involve **policy communities**, groups of experts, organized interests, journalists, politicians and other public officials who engage continually in this process of problem definition and policy promotion.

This course, therefore, will in part be an introduction to the exceedingly complex health policy community (or communities). 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. The politics of health and health care, however, poses the issues about the role of policy communities in a particularly stark fashion. For example, which of the conditions that I defined as problems at the beginning of this syllabus – access, cost, or quality – is more important or urgent? Can they be addressed separately or must they be addressed together? What are the tradeoffs? Political authorities may look to the health policy community for answers. But the answers they get may not be much help.

This course can only begin to introduce you to a huge field. If your main interest is in the study of politics, I hope you will learn both about how politics in the United States has real effects on peoples' lives, and about the importance of the interaction between policy communities and other aspects of politics. If,

instead, you expect to make your career in some aspect of health or health care, I hope you will get a sense of some of the world in which you will work. Finally, if you simply are looking to learn more about the world and about a part of it which will surely affect your life, I hope you're not too discouraged!

### ***Course Requirements and Grading:***

All students in this class will be expected to do the reading and participate in class discussions.

#### *Assignments for all students*

**Written assignments for all students will include a midterm, a final, one book review paper and one short paper about supplementary readings.**

In addition, students will be required to submit discussion questions before a small number of classes, each listed in this syllabus.

**Book Review:** For this paper, students will read one of five books and write a paper in which they describe the main arguments about health care reform made in the book; assess how those arguments fit with or contradict the arguments in the assigned reading; and explain why they find the material in the book credible and useful, or not. **Each of these papers should be no less than 2000 words, double-spaced. They are due in class on April 18.**

Students should choose among the following texts. They should submit their choices by January 31. I will approve choices on a first-come, first-recorded basis. Given the projected class size as of January 7, I expect to set a limit of no more than six students per book.

Your choices are:

Stuart Altman and David Shactman, *Power, Politics, and Universal Health Care*. Prometheus Books, 2011.

Richard Kirsch, *Fighting For Our Health: The Epic Battle to Make Health Care A Right In The United States*. The Rockefeller Institute Press, 2011.

John E. McDonough, *Inside National Health Reform*. University of California Press and Milbank Memorial Fund, 2011.

Paul Starr, *Remedy and Reaction: The Peculiar American Struggle Over Health Care Reform*. Yale University Press, 2011.

Washington Post Staff, *Landmark: The Inside Story of America's New Health Care Law and What It Means for Us All*. Public Affairs, 2010.

Supplementary Readings Paper: For this assignment, you will read a small amount of extra material that is related to the readings assigned to the rest of the class for that day. You then will write a paper of **no less than 800 and no more than 1200 words** in which you identify the main points of the supplementary reading and comment on how it fits with (e.g. agrees, supports, or complements) or contradicts the other readings on the day's topic. The purpose is to offer some extra information and perspectives to the rest of the class, and I will call on the students who did the supplementary reading for that day and ask them to use that as part of the day's discussion.

Students should submit their choices by January 24. I prefer to have no more than five students doing the same assignment. **This assignment will be due on different dates, depending on the readings you choose.** There are seven selections, listed at the end of this syllabus, and due respectively on Feb 5, Feb 21, Feb 28, Mar 5, Mar 5 (two choices for that day!), Mar 26 and Mar 28.

Midterm: **The midterm will be held in class on March 7.** The purpose will be to review key concepts from the first half of the course. It therefore will ask a series of short-answer questions. **A study guide will be distributed at the class meeting on March 5.**

Final Exam: **The final exam is scheduled for May 8, 12:30 – 3:30 p.m.** It will not be more than 150 minutes so, **if held in class, it will begin at 1:00 p.m.** I would consider doing it as a take-home exam, if the class prefers. The final exam will involve one or two essays, with some choice of topics. *If it is held in class, I will distribute a study guide with examples of questions, and the actual questions will be taken from the study guide.* If we choose to do a take-home, I will give you 48 hours to complete it, but no study guide!

Class Participation. 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 be prepared if I pose a question about the reading to them, which I will do occasionally. I also expect that students will attend the class and

submit thoughtful questions on the days when that is required. Basically, 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. For example, students who miss a substantial number of classes – any more than six – will be penalized on this portion of the grade unless they have provided me with compelling reasons. Students who fail to submit discussion questions on time can also be penalized.

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. It will be based on the special issue of *Health Affairs* about Diabetes, from January of 2012. The class as a whole will be discussing some of the articles from that issue on April 2 and 4.

The POSC 483 students should read the entire issue (except the parts that are not about diabetes). They then should write papers in which they discuss how this overview of diabetes issues and policy choices fits with the rest of the course. *They should focus in particular on what the various ideas about improving diabetes care assume or show about changing behavior: whose behavior is supposed to change, what is supposed to change it, and whether that is likely to happen.* **These papers should be no less than 2000 words long, and will be due in class on April 4.** The students will also be asked to report to the rest of the class about what they concluded.

**Grades Will Be Calculated as Follows**

	POSC 383	POSC 483
Midterm	25%	25%
Supplemental Reading Paper	10%	5%
Health Reform Book Paper	20%	20%
Final	35%	30%
Participation, Discussion, and Questions	10%	10%
Diabetes Paper		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. There is less reason to expect people to have different facts. Yet a lot of "facts," as we will learn, can be quite uncertain. Therefore in this class I will emphasize, try to demonstrate, and hope to encourage in you two things. The first is rigor: being careful about the claims we make and thinking hard about both the evidence and what general values explain a specific policy preference. The second is 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. We should discuss laptops: I normally do not want them open because too often they are not being used for the purposes of the class. But I am willing to consider changing the policy if students can suggest a manner in which I could be sure they are being used appropriately.

### ***Schedule of Assignments and Readings***

There is one required text and a large selection of further readings. The text is:

Thomas S. Bodenheimer and Kevin Grumbach. 2012. *Understanding Health Policy: A Clinical Approach 6<sup>th</sup> ed.* (Lange Medical Books)

If not stated otherwise below, further readings are on the course Blackboard site. Please pardon me for the fact that the site is somewhat weirdly organized. I transferred some readings that had been posted last time I taught the course. In other cases, however, I’d had the readings on e-reserves, so needed to post them for the first time. In addition, I have changed some of the readings.

As a result, you will see that towards the bottom of the Blackboard site’s Course Documents section I have organized readings by day, and in many cases grouped readings together for convenience. At the top of that section, however, readings are in a rather more random order. Sorry.

There are some readings for which I have provided links to publicly available websites. For April 2, you will need to access the KSL e-journals. Contrary to what it says on the KSL e-journals site, *Health Affairs* is available through Medline up through the current date. So please use that Medline link.

### **Introduction**

*Jan 15 Introduction and explanation of the course.*

*Jan 17 The Policy Process*

Joseph White, “A Moderate Handout About the Policy Process”



*Jan 22 A First View of the Issues*

Bernadette Fernandez et al. (2009). "Health Care Reform: An Introduction." CRS Report for Congress, Congressional Research Service, August 31. [http://assets.opencrs.com/rpts/R40517\\_20090831.pdf](http://assets.opencrs.com/rpts/R40517_20090831.pdf)

Judith S. Palfrey and Sean Palfey (2013), "Preventing Gun Deaths in Children." *New England Journal of Medicine*: 3 pp. (2013)

Alliance for Health Reform (2012). "High and Rising Costs of Health Care in the U.S. The Challenge: Changing the Trajectory"

*Jan 24 A First Look at the 2010 Legislation*

Kaiser Family Foundation, "Summary of New Health Reform Law," <http://kff.org/healthreform/upload/8061.pdf>

Joseph White (2012). "The 2010 U.S. health care reform: approaching and avoiding how other countries finance health care." *Health Economics, Policy and Law* online 10/12/12. Download from

[http://policy.case.edu/Health\\_Reform\\_Other\\_Countries.pdf](http://policy.case.edu/Health_Reform_Other_Countries.pdf)

**Students should submit their choices for supplementary reading today.**

*Jan 29 Two Views of the Stakes*

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.

Donald Berwick et al. (2008), "The Triple Aim: Care, Health and Cost". *Health Affairs* 27 (3): 759–769

**Students should submit a question about some aspect of the readings to date.**

### **PART I: The Health Care "System"**

In this section we will look at basic aspects of 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. In short, we look at the subjects on which government might act, and that political forces fight about.

*Jan 31 Health Care Finance and Access.*

B & G, Preface, Chapters 1–3 and 15, pp. v–vii, 1–30, 187–200.

*Feb 5 Government Finance: Medicaid*

Kaiser Commission on Medicaid and the Uninsured:

The Medicaid Program at a Glance (3 pp)

<http://www.kff.org/medicaid/upload/7235-05.pdf>

Medicaid Matters (2 pp) <http://www.kff.org/medicaid/upload/8165.pdf>

5 Key Questions and Answers About Medicaid (chart pack)

<http://www.kff.org/medicaid/upload/8162-02.pdf>

B & G, Chapter 12, “Long–Term Care,” pp. 145–152.

**First Supplemental Reading Reports**

*Feb 7 Government Finance: Medicare*

Jonathan Oberlander (2011), draft chapter on Medicare for *Health Politics and Policy 5<sup>th</sup> ed.*

**Students should submit a question about access and finance policies**

*Feb 12 An Introduction to Issues About Delivering Care*

B & G, Chapters 5–7, “How Health Care is Organized I & II,” and “The Health Care Workforce and the Education of Health Professionals,” pp. 43– 90.

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 14 Paying for Care*

B & G, Chapters 4, 8, 9. “Reimbursing Health Care Providers,” “Painful vs. Painless Cost Control,” and “Mechanisms for Controlling Costs,” pp. 31–42, 91–114.

*Feb 19 Spending Control*

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>

Joseph White (2010), "The Cost of Health Care in Western Countries." In David A. Warrell et al. eds., *The Oxford Textbook of Medicine* 5<sup>th</sup> ed., Vol. 1, pp. 112–116.

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

[http://healthaffairs.org/healthpolicybriefs/brief\\_pdfs/healthpolicybrief\\_82.pdf](http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_82.pdf)

*Feb 21 Spending, Continued*

U.S. Congressional Budget Office (2008), *Key Issues in Analyzing Major Health Insurance Proposals* (December). Chapter 5, "Factors Affecting the Supply and Prices of Health Care Services," pp. 99–116; Chapter 7, "Changes in Health Habits and Medical Practices," pp. 131–154. (downloadable from <http://www.cbo.gov/ftpdocs/99xx/doc9924/12-18-KeyIssues.pdf> )

**Second Supplemental Reading Reports**

**Students should submit a question about cost control readings.**

*Feb 26 Quality, Part 1*

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

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

*Feb 28 Quality, Part 2*

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

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

Peter J. Pronovost, Jill A. Marsteller and Christine A. Goeschel, "Preventing Bloodstream Infections: A Measurable National Success Story in Quality Improvement." *Health Affairs* 30 (4), pp. 628–634.

**Third Supplemental Reading Reports**

**Students should submit a question about the quality readings.**

*Mar 5 Too Much Health Care, Not Enough Health or Care?*

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 (on e-reserves).

Bodenheimer and Grumbach, Chapter 13, "Medical Ethics and Rationing of Health Care", 153–168.

(Mar 5)

## Fourth Supplemental Reading Reports

Study Guide for Midterm Will be Distributed at End of Class

**Mar 7**      **Midterm Exam**

### PART II: Policy Processes and Policy Communities

The typical introductory course on American politics describes the system in terms of institutions with authority to make decisions, such as Congress and the Presidency; and institutions that mobilize people to influence decisions, such as political parties, interest groups, and the media. All these are important to health policy, but a focus on institutions is not sufficient for understanding policy-making. We need to think, especially, about how problems are defined and “solutions” designed and promoted. Students of public policy have developed various ways to think about those processes. “Experts” see the world through their own frames, so provide only partial information; yet they also worry about how to communicate their “truth.” The readings in this section provide ways to think about what happens in policy communities, politics as a policy-making process, and the health policy community in particular.

**Mar 19**      ***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.

**Students should submit a question about this argument.**

**Mar 21**      ***Budgeting and Policy-making***

Joseph White, “The Budget-Maker’s Perspective on Health Care Systems,” ms. 2012.

Congressional Budget Office, “Raising the Excise Tax on Cigarettes: Effects on Health and the Federal Budget.” June, 2012. Summary (pp. iii–xiv); Chapter 2 (pp 7–10).

[http://www.cbo.gov/sites/default/files/cbofiles/attachments/06-13-Smoking\\_Reduction.pdf](http://www.cbo.gov/sites/default/files/cbofiles/attachments/06-13-Smoking_Reduction.pdf)

*Mar 26 Experts' Perspectives – Economists*

Mark V. Pauly (1999), "Trading Cost, Quality, and Coverage of the Uninsured: What Will We Demand and What Will We Supply?" In Stuart Altman, Uwe E. Reinhardt, and Alexandra E. Shields eds., *The Future U.S. Healthcare System: Who Will Care For the Poor and Uninsured?* (Chicago: Health Administration Press), pp. 353–373

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

**Fifth Supplemental Reading Reports**

*Mar 28 Experts' Perspectives – System Rationalizers and "Managing" Care*

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>

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](http://www.mathematica-mpr.com/publications/pdfs/health/account_care_orgs_brief.pdf)

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.

**Sixth supplemental reading reports**

*Apr 2 A Case Study of Policy Discourse: "Confronting the Growing Diabetes Crisis"*

*Health Affairs* Vol. 31, No. 1, January 2012. Available on KSL electronic journals website through Medline.

Articles numbered 3 (Denzer), 5 (Fradkin), 6 (Vojta et al), 13 (Kahn), 17 (Cohen et al), 20 (Gray et al), 21 (Lynn et al), 26 (Wang et al), 28 (Sklaroff)

*Apr 4 Diabetes Continued*

**Students should submit a question about any of the readings since the last question**

(Apr 4) Graduate student extra papers due. In addition to the articles from *Health Affairs* Jan 2012 above, they should read those that are numbered, in the Medline database through KSL, 7 – 12, 14 – 16, 18 – 19, 22 – 25, 29

### Part III: The 2010 Legislation

To general surprise, the Obama administration and Congressional Democrats combined to pass major legislation to expand access to health insurance. What explains the legislation being passed, what is in it and what is not in it, and the political fallout?

#### *Apr 9 Tactics That Passed Legislation*

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.

Joseph White (2011), “Muddling Through the Muddled Middle.” *Journal of Health Politics, Policy and Law* 36(3): 443–448.

#### *Apr 11 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

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

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

Polling data from Kaiser Family Foundation (collated and posted on blackboard)

**Students should submit a question about this week’s readings.**

*April 16 Cost Control Policy and Politics*

David Cutler (2010), "How Health Care Reform Must Bend the Cost Curve." *Health Affairs* 29(6) 1131–35.

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.

Joseph White, "The Absence of Cost Control in the ACA: Why, and Why It Matters," ms. April 2012.

*April 18 Assorted Interpretations...*

**Book reports due at the beginning of class**

Discussion of the five books.

*April 23 Now What? Implementation Challenges*

Timothy S. Jost (2012). Assorted blog posts and articles about setting up Exchanges

*April 25 Now What? Litigation and Further Political Challenges*

Jonathan Oberlander (2012), "The Future of Obamacare," *New England Journal of Medicine* 367, pp 2165–2167

Timothy S. Jost (2011, 2012), assorted blog posts and articles about remaining litigation, defining benefits under the reform, Medicaid, and the employer mandate.

**Study Guide for final exam will be distributed at the end of class, and e-mailed the following day to students who do not come to class.**

**Final Exam May 8, 1:00 – 3:30 p.m.**

### Supplementary Readings for Assignment

- Feb 5: Colleen Grogan (2005). "Medicaid: Health Care for You and Me?" Chapter 15 in *Health Politics and Policy* 4<sup>th</sup> ed.
- Feb 21: Robert E. Mechanic et al. (2012), "The New Era of Payment Reform, Spending Targets, and Cost Containment in Massachusetts: Early Lessons For the Nation." *Health Affairs* 31(10): 2334–2442.  
Paul B. Ginsburg and Joy M. Grossman (2005), "When the Price Isn't Right: How Inadvertent Payment Incentives Drive Medical Care." *Health Affairs* 24 (web supplement): 9 pp.
- Feb 28: Lucian L. Leape (2005), "Preventing Medical Errors," in David Mechanic et al. eds, *Policy Challenges in Modern Health Care* (New Brunswick: Rutgers University Press).
- Mar 5: Kenneth Crouch et al (2011), "Point/Counterpoint: Health Policy and Sugar-Sweetened Beverages," *Journal of Policy Analysis and Management* 30(3): 644–665.  
OR:  
Joseph White (2004), "Health Care at the End of Life" ms.  
Ronald Bayer et al (2012), "Salt and Public Health: Contested Science And the Challenge of Evidence-Based Decision-Making." *Health Affairs* 31(12): 2738–2746.
- Mar 26: Evan Melhado (1998), "Economists, Public Provision, and the Market: Changing Values in the Policy Debate" *Journal of Health Politics, Policy and Law* 23(2), pp. 216–263
- Mar 28: Carman, K. L. et al. (2010), "Evidence That Consumers Are Skeptical About Evidence-Based Care." *Health Affairs* 29(7): 1400 – 1410.  
Reinhardt, Uwe E. (1999), "The Predictable Managed Care *Kvetch* On the Rocky Road From Adolescence to Adulthood." *Journal of Health Politics, Policy and Law* 24(5): 897–910.



### Some Other Optional Readings

David Blumenthal and James Morone (2005), "Presidents." Chapter 5 in *Health Politics and Policy 4<sup>th</sup> ed.*, pp. 95–126.

John McDonough (2000), "Agendas and Children's Health Care," from *Experiencing Politics: A Legislator's Stories of Government and Health Care* (Berkeley: University of California Press), pp. 237–284.

Jonathan Oberlander (2003), "The Politics of Health Reform: Why Do Bad Things Happen to Good Plans?" *Health Affairs* 22(W3): 391–404.

Joseph White (2011), "American Health Care in International Perspective," draft Chapter 25 for *Health Politics and Policy 5<sup>th</sup> ed.*