

**Political Science 383/483**  
**Health Policy and Politics in the U.S.**  
Professor Joseph White  
Fall, 2008  
MWF 10:30 a.m. – 11:20 a.m.  
SEARS 372  
**Provisional Syllabus**

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***The Topic:***

Health care in the United States consumes 16 percent of the national economy, and the share is rising quickly. Access to, cost, and quality of medical services are of fundamental interest to all Americans, even or especially those who are too young or too frail to know what their interests are. Government is involved with health care in more ways than anyone can count. Yet the United States is the only rich democracy that fails to guarantee health insurance for its citizens.

These factors all make health policy a major issue in the 2008 election. They also make study of health policy and politics a good way to look at the American political system as a whole. Where most courses on American politics focus on specific institutions, such as Congress or interest groups, this course studies politics by looking at what government actually does about public problems.

***Outline of the Course and its Objectives:***

The purpose of this course is to inform you about the stakes in health policy debates and why those debates turn out the way they do. During the course, by the time of the election, you should have a more informed sense of how the candidates disagree about health policy, whether you agree more with one or the other, and why. By the end of the course, I hope you will have a sense of the prospects for the winning candidate to succeed with any reforms, how much those reforms would matter if successful, and of health policy as one example of how the policy process works.

This course can only begin to introduce you to a huge field. As with any policy field, its dynamics include an interaction among experts, organized interests, politicians, and other public officials in a **policy community**. You may yourself become part of the health policy community as you pursue your careers and other interests. The participants in any policy community interact with each other while continually watching for or trying to mobilize interventions by others who are not usually involved in that policy but could be decisive if they got involved in a conflict. These others include, especially, the general public and leaders of the major political institutions. Therefore, in order to understand health policy one needs to understand both the dynamics within that community and the dynamics of those other institutions.

### ***Course Requirements:***

All students in this class will be expected to do the reading and participate in class discussions, and to complete **two exams and an analytic paper**. The first exam will be in-class, and some combination of identifications and short answers. The second exam will be a take-home essay.

Graduate students will be required to do supplementary reading, to prepare two short (minimum of 1000-word) papers about that reading, and to discuss that reading in class.

**Students can choose among four topics for the analytic paper, as described in the appendix at the end of this syllabus.** The analytic paper will be **due on December 12**, and should be **between 2000 and 2500 words** long. **You must submit your choice of topic, in writing, by October 6.** The appendix at the end of this syllabus explains further.

Grades for undergraduates will be calculated as 25% for each exam, 40% for the analytic paper, and 10% for class participation.

Grades for graduate students will be calculated as 20% for each exam, 10% for each short reading report, 30% for the analytic paper, and 10% for class participation.

It is difficult to grade class participation on an “A/B/C” basis. My expectations are that students attend the class and participate in class discussion. If a

student's attendance and participation are particularly scant, the 10% for participation will receive a lower than average grade, so weight the person's total grade downward. If a student's attendance and participation are particularly strong, it will be graded so as to weight the overall grade upward.

*All assigned readings should be done prior to the class for which they are scheduled, as they will be discussed on the indicated date.*

There are two required texts. Other required readings either will be placed on electronic reserve, or are downloadable from public sites on the internet. If I am the author of the article, I will also post it on the course blackboard site. In addition, I am recommending one other text, for students who are especially interested in this topic, or who find it convenient as a way of reducing their time dealing with e-reserves.

**Required:** Thomas S. Bodenheimer and Kevin Grumbach. 2005. *Understanding Health Policy: A Clinical Approach 4<sup>th</sup> ed.* (Lange Medical Books)

Please note that the 5<sup>th</sup> edition of this text will be issued on August 29. I might have preferred to use the newer version but, as I could not obtain it in advance to see if there were changes, I chose to use the earlier version.

**Required:** Timothy Stoltzfus Jost. 2007. *Health Care at Risk: A Critique of the Consumer-Driven Movement* (Duke University Press)

This provides a systematic view of the basic divide between the two parties, and so the disagreement that, whether the candidates make this clear or not, animates the conflict over health care in the 2008 election.

**Recommended:** James A. Morone, Theodore J. Litman, and Leonard S. Robins. 2008. *Health Politics and Policy 4<sup>th</sup> ed.* (Delmar Cengage Learning)

This is a superb new text with articles from most of the leading political scientists in the health policy world, plus the occasional really fine economist or sociologist. I will be requiring a few of the chapters through electronic reserve, and you could learn a great deal from the entire text. Unfortunately, \$99 is rather high for a book in an elective course. So I am only recommending that you obtain this book, if you can afford it. You may find it slightly less expensive on-line.

## *Schedule of Assignments and Readings:*

### **Section I. The Great Debate: Health Care Reform 2009 (?)**

We will begin by taking a quick look at the universe of proposals for reforming the U.S. health care system, and some conventional arguments about the politics. During the first class, I will handout a set of excerpts from the journal *Health Affairs*, which calls itself, with some accuracy, “the journal of the health policy sphere.” The handout includes a small number of articles and a larger number of abstracts, each of which provides a very brief introduction to an advocacy position within health policy debate. After reviewing that material, we will read material from the presidential campaigns of Senators McCain and Obama. The following parts of the course will seek to help you understand how and why they disagree, as well as whether the matters they seem to agree about are important.

**Aug 25:** Introduction and explanation of the course.

*Handout: Excerpts from Health Affairs May/June 2008* (also on blackboard site and e-reserves)

**Aug 27:** Issues and Perspectives: Discussion of *Health Affairs* Handout.

**Aug 29:** NO CLASS: Instructor at American Political Science Association annual meeting.

**Sept 1:** NO CLASS: Labor Day

**Sept 3:** The presidential candidates’ proposals (first take).

These sources may change by this point in the course; in July the logical sources were:

For Obama, see

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf> &  
[http://www.barackobama.com/pdf/Obama08\\_HealthcareFAQ.pdf](http://www.barackobama.com/pdf/Obama08_HealthcareFAQ.pdf)

For McCain, see

<http://www.johnmccain.com/informing/news/speeches/2c3cfa3a-748e-4121-84db-28995cf367da.htm>;

For press accounts of McCain plan, see  
<http://www.cnn.com/2008/POLITICS/04/29/mccain.healthcare/> &  
<http://www.msnbc.msn.com/id/24670562/>

## Section II. The Context: Values, and the State

Health care policy-making certainly involves a great deal of raw material self-interest. Care-givers seek to maximize their incomes; payers seek to limit their expenses; and any policies to ensure coverage must force some people to subsidize others. Yet even attitudes about one's self-interest are shaped by values and ideologies, such as your beliefs about how the world works. In this section we look at the different core beliefs that motivate much of the disagreements. We do so both to help understand the politics and to encourage you to reflect on what you believe. In the final readings of this section we look at the history of the U.S. health care system, and at some of the different ways that governments can be involved in health care.

**Sept 5:** James A. Morone, "Morality, Politics, and Health Policy." From David Mechanic et al. eds., *Policy Challenges in Modern Health Care* (New Brunswick: Rutgers University Press, 2004), pp. 1–25.

**Sept 8:** Deborah Stone, "Values in Health Policy: Understanding Fairness and Efficiency." From *Health Politics and Policy 4<sup>th</sup> ed.*, pp. 24–36.

**Sept 10:** Mark V. Pauly. 1998. Trading Cost, Quality, and Coverage of the Uninsured: What Will We Demand and What Will We Supply? From Stuart Altman, Uwe E. Reinhardt, and Alexandra E. Shields eds., *The Future U.S. Healthcare System: Who Will Care For the Poor and Uninsured?* (Health Administration Press)

**First Graduate Student extra assignment:** Lead discussion by talking about supplemental readings. Those readings are Howard M. Leichter, "'Evil Habits' and 'Personal Choices': Assigning Responsibility for Health in the 20<sup>th</sup> Century." *The Milbank Quarterly* 2003, Vol. 81, No. 4, 603–626; Bernard Weiner, "On Sin Versus Sickness: A Theory of Perceived Responsibility and Social Motivation." *American Psychologist* 1993, Vol. 48, No. 9, 957–965; and Mildred Blaxter, "Whose Fault Is It? Peoples' Own Conceptions of the Reasons for Health Inequalities." *Social Science and Medicine* 1997, Vol. 44, No. 6, 747–756. (all available from KSL's electronic journals) Write a four-page (1000 word) paper in which you analyze how these articles fit or do not fit with the arguments made by Morone.

**Sept 12:** Jost, *Health Care at Risk*. Preface, Chapters 1 and 2. Pages ix – xviii, 1–26..

**Sept 15:** Donald Light. “American Health Care: How It Became Inefficient, Inequitable, and Costly.” Chapter 10 in *Health Politics and Policy 4<sup>th</sup> ed.*, pp. 223 – 248.

**Sept 17:** Michael Moran. “Understanding the welfare state: the case of health care.” *British Journal of Politics and International Relations* 2(2), June 2000, pp. 135 – 160.

### **Section III. Perspectives on Policy-Making**

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, so the next three readings introduce the most relevant concepts. At the end of this section, the first exam will review key concepts from the first three sections of the course.

**Sept 19:** John McDonough, “Agendas and Children’s Health Care.” Chapter 7 in “Experiencing Politics: A Legislator’s Stories of Government and Health Care” (Berkeley, California: University of California Press and Milbank Memorial Fund, 2000), pp. 237 – 284.

**Sept 22:** Paul A. Sabatier and Christopher Weible. “The Advocacy Coalition Framework: Innovations and Clarifications.” Chapter 7 in Paul A. Sabatier ed., *Theories of the Policy Process 2<sup>nd</sup> ed.* (Westview Press, 2006), pp. 189 – 220.

**Sept 24:** George Avery. 2004 “Bioterrorism, Fear, and Public Health Reform: Matching a Policy Solution to the Wrong Window.” *Public Administration Review* May/June, Vol. 64, No. 3, 275–288.

**Sept 26: First Exam, In Class**

## Section IV: The Problems of Cost and Access

Politicians and people who make their livings from the medical care system often say the U.S. has “the best medical care in the world.” Yet health care “reform” is an issue because of broadly perceived problems. The most obvious have to do with how it is paid for and organized. In this section we will look at how Americans collect the money for medical care, how it is paid to providers, how providers are organized to deliver care, and some alternatives. These issues are the core of the disagreement about reform, and revolve especially around the roles of markets and government. Conservatives also emphasize the malpractice liability system.

**Sept 29:** Bodenheimer and Grumbach Chapters 1–3, pp. 1–29, and Chapter 15, pp. 158–166.

Joseph White, “National Health Care/Insurance Systems.”

**Oct 1:** Bodenheimer and Grumbach, Chapter 4, Reimbursing Health Care Providers, and Chapter 5, Capitation Payment in Managed Care: 30–45.

**Oct 3:** Bodenheimer and Grumbach, Chapters 6–7, How Health Care Is Organized I and II: 46–68.

***NOTE: ANALYTIC PAPER TOPIC SELECTION STATEMENTS ARE DUE ON OCTOBER 6.***

**Oct 6:** Bodenheimer and Grumbach, Chapter 8, Painful vs. Painless Cost Control, and Chapter 9, Mechanisms for Controlling Costs: 69–92.

Some chapters by Professor White on health care cost control will be posted on the blackboard site and e-reserves as optional reading, and will be the basis for a lecture today.

**Second Graduate Student Extra Assignment:** Read Professor White’s chapters and submit, by the beginning of class on October 6, a 4-page (1000 word) paper in which you consider how his analysis of cost control compares to that of Bodenheimer and Grumbach. Be prepared to raise questions in class.

**Oct 8:** Jonathan Oberlander. “Medicare: The Great Transformation.” Chapter 14 in *Health Policy and Politics 4<sup>th</sup> ed.*, pp. 310 – 327.

**Oct 10:** Colleen Grogan. “Medicaid: Health Care for You and Me?” Chapter 15 in *Health Policy and Politics 4<sup>th</sup> ed.*, pp. 329 – 354.

**Oct 13:** Carol Kane and David Emmons. 2007. “The Impact of Liability Pressure and Caps on Damages on the Healthcare Market: An Update of Recent Literature.” AMA Policy Research Perspectives, American Medical Association, Chicago. Downloadable from <http://www.ama-assn.org/ama1/pub/upload/mm/363/prp2007-1.pdf> 10 pages

Teresa M. Waters et al. 2007. Impact of State Tort Reforms on Physician Malpractice Payments. *Health Affairs* 26(2): 500–509.

**Oct 15:** Joseph White, “American Health Care in International Perspective.” Chapter 19 in *Health Politics and Policy 4<sup>th</sup> ed.*, pp. 416 – 430.

**Oct 17:** Timothy S. Jost, *Health Care at Risk*, Chapter 10: 166 – 188;

**Oct 20: NO CLASS: Spring Break**

**Oct 22:** Timothy S. Jost, *Health Care at Risk*, Chapters 6–7, pp. 70–118

**Oct 24:** Timothy S. Jost, *Health Care at Risk*, Chapter 8, pp. 119–49.

**Second Exam: Take–Home Essay. Question will be handed out at the end of class.**

**Oct 27:** Discussion of Take–Home Exam Topic

**Essays due at beginning of class, 10:30 a.m.. They may be delivered earlier if you wish. Please deliver a hardcopy but also send an e–mail with an electronic version.**

## **Section V: Quality and Other Things That Might Seem Less Controversial**

To this point the course will have focused on matters on which there is a clear partisan divide, because they raise obvious questions of ideology (the roles of government, markets, personal and collective responsibility) and of self–interest (who gets the bill, and who earns how much). But there is much more to health



policy, and so we turn to other issues that will seem less controversial. In practice, however, they turn out to be about as difficult for government to address. Professor White's "Three Meanings of Capacity" article gives his understanding of why these other issues are difficult, but first we will consider some of those issues.

**Oct 29:** Bodenheimer and Grumbach, Chapter 10, Long-term Care: 93–101; and Chapter 13, Medical Ethics and the Rationing of Health Care: 129–142.

**Oct 31:** Joseph White, "Health Care at the End of Life."

**Nov 3:** Michael L. Millenson., "Still Demanding Medical Excellence," and Lucian L. Leape, "Preventing Medical Errors." Both from David Mechanic et al. eds., *Policy Challenges in Modern Health Care* (New Brunswick: Rutgers University Press), pp. 151–77.

**Nov 5:** Bodenheimer and Grumbach Chapter 12, The Quality of Health Care, pp. 102 – 113.

**Nov 7:** Sara Gifford, senior capstone paper on preventing lead poisoning in Cleveland.

**Nov 10:** Readings about an AIDS vaccine: Martin A. Levin. "The Day After an AIDS Vaccine is Discovered: Management Matters. *Journal of Policy Analysis and Management* 12(3) Summer 1993, pp. 438–55. (e-reserves). Plus two short pieces from the International AIDS Vaccine initiative:

"AIDS vaccine research: FAQs" at <https://www.iavi.org/viewfile.cfm?fid=48432>  
and

"AIDS vaccines in perspective" at <https://www.iavi.org/viewfile.cfm?fid=48434>

**Nov 12:** 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).

## **Section VI: The Political System and National Health Insurance**

When this course was being designed, it seemed most likely that, at this point in the course, there would be a newly-elected Democratic President who would be

expected, by many of those who supported him and many of his party colleagues in Congress, to attempt to enact major health care financing reforms. If not, there will be a newly-elected Republican President with arguably a more radical health care reform agenda. Either way, that President will face many obstacles. The reading in this section focuses on those obstacles and on ideas about how to get around them. The obvious place to start is with previous conflicts, and with what we know about institutions. You should refer back to the handout at the start of class, especially for the articles about public opinion. And we will also look at some of the data available after the election.

**Nov 14:** Allen Schick. 1995. How a Bill Did Not Become a Law. In Thomas E. Mann and Norman J. Ornstein eds., *Intensive Care: How Congress Shapes Health Policy*. (American Enterprise Institute and The Brookings Institution).

**Nov 17:** Sven Steinmo and Jon Watts. 1995. It's the Institutions Stupid! Why Comprehensive National Health Insurance Always Fails in America.

Joseph White. 1995. The Horses and the Jumps: Comments on the Health Care Reform Steeplechase. Both from *Journal of Health Politics, Policy and Law* 20:2.

**Nov 19:** David Blumenthal and James Morone, "Presidents." Chapter 5 in *Health Policy and Politics 4<sup>th</sup> ed.*, pp. 95 - 126.

**Nov 21:** Frank J. Thompson and James Fossett, "Federalism," Chapter 7 in *Health Policy and Politics 4<sup>th</sup> ed.*, pp. 153 - 172.

**Nov 24:** Catch-up and Review session on readings from this section.

**Nov 26:** Optional Class. Topic to be determined.

**Nov 28: No Class. Thanksgiving Break.**

December 1: Review of Election and Polling Data; Handouts or links will be provided in advance.

December 3: Class Discussion on Analytic Paper topics.

December 5: Class Discussion on Analytic Paper topics.

**Analytic Paper Due at Noon on December 12**  
**Deliver Hardcopy to Mather House Room 113 or Mailboxes**  
**Send electronic copy to [joseph.white@case.edu](mailto:joseph.white@case.edu)**

### **Appendix: Options for Analytic Paper**

The analytic paper will be **due on December 12**, and should be **between 2000 and 2500 words** long. There are four possible topics, and **you must choose your topic by October 6**.

For each topic, you are expected to read certain material, described below, as well as other material that you choose.

#### *First Paper Topic: Can the States Lead?*

For this topic, the basic question is what states have done and why they have succeeded or failed. You should begin by reading:

Howard Leichter, "State Governments: E Pluribus Multa," and Beth Kilbreth, "Maine Tries Reform," both in *Health Policy and Politics 4<sup>th</sup> ed.*, pp. 173 – 200.

Dubay, Lisa, Christina Moylan, and Thomas R. Oliver. 2004. "Advancing Toward Universal Coverage: Are States Able to Take the Lead?" *Journal of Health Care Law and Policy* 7(1): 1–41.

Oliver, Thomas R. and Pamela Paul-Shaheen. 1997. "Translating Ideas into Actions: Entrepreneurial Leadership in State Health Care Reforms." *Journal of Health Politics, Policy and Law* 22 (June): 721–88

*Health Affairs* May/June 2008 issue (the one with the handout): pp. 724–747.

You might find it useful to consult the Commonwealth Fund's materials on state activities, e.g. at <http://www.commonwealthfund.org/statesinaction/>

#### *Second Paper Topic: Why Did President Clinton's Effort Fail?*

For this topic, the basic questions are why the Clinton plan failed, and what that should tell us about potential strategies in 2009, or later. The class material

already provides some arguments, and also the presumptions being made this year by political actors who are calculating their own strategies. So the reading you do for this paper would help you analyze the claims made in the readings for the whole class. Your work for this paper should include reading at least two of the many book-length accounts of why the 1993–1994 reform effort failed. These should include at least one (though you could choose two) of the following:

Jacob S. Hacker. 1997. *The Road to Nowhere: The Genesis of President Clinton's Plan for Health Security*. Princeton, NJ: Princeton University Press.

Haynes Johnson and David S. Broder. 1996. *The System: The American Way of Politics at the Breaking Point*. Boston: Little, Brown & Company.

Rick Mayes. 2004. *Universal Coverage: The Elusive Quest for National Health Insurance*. Ann Arbor: University of Michigan Press.

Jill Quadagno. 2005. *One Nation Uninsured: Why the U.S. Has No National Health Insurance*. New York: Oxford University Press.

Theda Skocpol. 1996. *Boomerang: Health Care Reform and the Turn Against Government*. New York: W.W. Norton & Co.

### *Third Paper Topic: What Can We Learn From Medicare Politics?*

Although Congress and the President have never agreed on national health insurance, in 2003 they enacted a significant expansion of Medicare. Although they have never agreed on cost controls for the nation's health care, they have enacted significant cost controls for Medicare. The basic question for this paper, then, would be what Medicare politics can tell us about the politics of even broader reform. You may conclude that Medicare politics offers promising models, or that Medicare politics is different for fundamental reasons, or that Medicare reforms have occurred when certain conditions were met, so what matters is whether those conditions might be met and enable national health insurance reform in the future.

Jon Oberlander's chapter, assigned to the whole class, provides an invaluable introduction to this topic. You should also read, at a minimum:

Thomas R. Oliver, Philip R. Lee, and Helene L. Lipton. 2004. "A Political History of Medicare and Prescription Drug Coverage." *The Milbank Quarterly* 82(2): 283–354.

Jonathan Oberlander. 2007. "Through the Looking Glass: The Politics of the Medicare Prescription Drug, Improvement, and Modernization Act." *Journal of Health Politics, Policy and Law* 32(2): 187–219.

Joseph White. 1995. "Budgeting and Health Policymaking." Chapter 3 in Thomas E. Mann and Norman J. Ornstein eds., *Intensive Care: How Congress Shapes Health Policy*. (Washington, DC: American Enterprise Institute and The Brookings Institution), pp. 53–78.

Julie Rovner. 1995. "Congress's 'Catastrophic' Attempt to Fix Medicare." Chapter 6 in *Intensive Care* (cited above), pp. 145 – 178.

Other logical possibilities include Ted Marmor's and Jon Oberlander's books.

#### *Fourth Paper Topic: The Politics of Public Health*

Much of health care politics, historically, is not about delivery of medical services to individuals. Instead, as the Morone and Leichter readings early in this class show, it involves a wide array of regulatory measures and efforts to shape individual behavior. Whether we are talking about AIDS or tobacco "control" or policies about reproduction (abortion, birth control...) or environmental concerns or food safety or many other issues, government's public health powers are in fact extensive, and its involvement in such issues is far older than its involvement in finance and delivery of medical services.

The question for this paper would be how the course material about the public health policy – most obviously the Morone and Leichter readings, but also the readings from November 7 through November 12 – fit with some other case studies. You therefore should read at least one book and some other materials about a specific public health issue, such as tobacco or AIDS or the environment. Among the books with which you could start are:

Eric Feldman and Ronald Bayer eds., 1999. *Blood Feuds: AIDS, Blood, and the Politics of Medical Disaster*. New York: Oxford University Press.

Christopher H. Foreman, Jr. 1994. *Plagues, Products & Politics: Emergent Public Health Hazards and National Policymaking*. Washington, DC: The Brookings Institution.

David A. Kessler. 2001. *A Question of Intent: A Great American Battle With a Deadly Industry*. New York: Public Affairs.

Michael A. Pertschuk. 2001. *Smoke in Their Eyes: Lessons in Movement Leadership from the Tobacco Wars*. Nashville: Vanderbilt University Press.

Randy Shilts. 1987. *And the Band Played On: Politics, People and the AIDS Epidemic*. New York: St. Martins Press.

Students will be required to **submit their topic choice** for the analytic paper *in writing* by **October 6**. If they have chosen topic 2, they should say which two books they intend to read. If they have chosen topic 4, they should identify at least one book that they will read. If they have chosen topic 1 or 3, they should identify at least one source, in addition to the required ones, that they will consult.