Political Science 383/483
Health Policy and Politics in the U.S.
Professor Joseph White
Fall, 2009
MWF 10:30 a.m. – 11:20 a.m.
NORD 400
Syllabus, August 7, 2009

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The Topic:

The U.S. health care system is the object of a bit of political attention at the moment. There are good reasons.

Health care in the United States is expected to consume 17 percent of the national economy in 2009, and the share is rising quickly. In contrast, the country with the second–most–expensive system, Switzerland, will spend around 11 percent of its economy. In return for our extra spending, Americans manage to leave at least 45 million of our people without health insurance at any given time – so nearly 20 percent of all working–age Americans. All other comparable countries insure about 99%, or more, of citizens. Studies show that, in the United States, potential years of life that could have been saved by good medical treatment are lost at a greater rate than in any other advanced industrial country.

Access to, costs of, and 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 good care (the last one is much harder than the first two). In the United States, governments are involved with health care in more ways than anyone can count. Yet the performance of our system on these basic aspects of life clearly leaves a lot to be desired.

These facts help explain why President Obama has made health care reform the signature issue of his presidency. But they do not tell us why the U.S. political
system has reached this point – why all previous efforts failed. Nor do they tell us why, as I was drafting this syllabus, it seemed highly likely that the Obama effort, also, would fail. Nor do they tell us what policies would succeed, or even what “health care policy” could or should involve. Those are the topics of this course.

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

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 and Grading:**

All students in this class will be expected to do the reading and participate in class discussions. **Graded assignments for POSC 383 will include two short papers** (a total of ten pages), **a midterm exam, and a final exam**. By the rules of the College of Arts and Sciences, graduate students are expected to do more work than undergraduates. Therefore, **POSC 483 students will also do two more short papers** (nine pages total).

The midterm exam will be in class on October 7. The final exam will be held in the scheduled exam period, from 9:30 a.m. to 11:30 a.m. on December 8.

**Assignments for all students**

**The first short paper** is designed to get you started on raising questions about the topic. It will be **due on August 31**. This paper **should be about four pages (1100 words) in length, and no less than 900 words**. The assignment is to identify one key issue in the health care reform debate. What are the sides?
What are their arguments? What would you need to know to choose? You should use sources such as the New York Times, Washington Post, Cleveland Plain Dealer, CNN, and other mainstream news outlets in order to choose your issue and find information about it. You are not by any means expected to totally understand the issue you choose! Instead, I will be looking to see if you have identified a real issue and the publicly-stated sides; and whether you have looked at the claims enough to identify reasonable questions about the issue.

The second short paper, due on November 2, is designed to encourage the class to engage with the range of positions, stakes, and supposed information sources within the reform debate. This paper should be about six pages (1650 words) in length, and no less than 1350 words. Your task will be to choose a “think tank” or some other organization that takes stands on health policy issues and produces analyses or statements to support those stands. Write a paper in which you describe the contribution it would claim to be making to the health care reform debate. This could mean promoting certain policy positions, but it could also mean claiming to inform the debate with neutral studies of issues. If the latter, the organization may still be focusing on some issues or concerns rather than others, so what is its particular focus? If it is taking positions, to what extent do those positions seem like they could be changed by argument from the other side(s)? To what extent do they seem likely to be based on either material self-interest, professional training, overall political ideology, or other bases of “deep core” beliefs? A list of just some of the potential organization on which you can report, with their websites, is at the end of this syllabus.

Grades for POSC 383 students will be calculated as follows: 10% for the first paper, 30% for the midterm exam, 25% for the second paper, 35% for the final exam, and a possible adjustment based on class participation.

Assignments for POSC 483 students:

The first POSC 483 extra assignment will be due on Sept 11, to accompany the class discussion of Jim Morone’s chapter on values in the health policy debate. The assignment will be to write a short paper and also contribute to discussion by talking about supplemental readings. Those readings are 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; and
Howard M. Leichter, “‘Evil Habits’ and ‘Personal Choices’: Assigning Responsibility for Health in the 20th Century.” *The Milbank Quarterly* 2003, Vol. 81, No. 4, 603–626. POSC 483 students will write a four-page (minimum 1000 word) paper in which they analyze how these articles fit or do not fit with the arguments made by Morone.

**The second POSC 483 extra assignment will be due on Oct 26**, to accompany the section on the politics of health care reform. POSC 483 students should read one book on the failure of President Clinton’s health reform effort, and write a book review of no less than 1500 words. In that review they should summarize the book’s main contributions (or intended contributions) to understanding of the politics of health care reform. They should write the review as if they expected it to be shared with their classmates, to help inform their classmates about the topic. I may well ask students about their books during the discussions of the various explanations in the assigned texts. Among the books on which students could report are: Jacob S. Hacker, *The Road to Nowhere: The Genesis of President Clinton’s Plan for Health Security* (Princeton, NJ: Princeton University Press, 1997); Haynes Johnson and David S. Broder, *The System: The American Way of Politics at the Breaking Point* (Boston: Little, Brown & Company, 1996); Rick Mayes, *Universal Coverage: The Elusive Quest for National Health Insurance* (Ann Arbor: University of Michigan Press, 2004); Jill Quadagno, *One Nation Uninsured: Why the U.S. Has No National Health Insurance* (New York: Oxford University Press, 2005); and Theda Skocpol, *Boomerang: Health Care Reform and the Turn Against Government* (New York: W.W. Norton & Co., 1996).

**Grades for POSC 483 students will be calculated as follows**: 10% for the initial (August 31) paper; 10% for the first extra assignment; 20% for the midterm; 15% for the book review assignment; 15% for the second (Nov 2) paper; 30% for the final exam; and a possible adjustment based on class participation.

For both POSC 383 and 483 students, **class participation will be counted as an adjustment to the rest of the grade**. 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, I will deduct up to 1/3 of a grade from the student’s final grade. Deduction is particularly likely for missing a substantial portion of classes. If a student’s participation is particularly strong, I could raise the final
grade calculation by as much as \(\frac{1}{3}\) of a grade (e.g., a B+ would become an A–, so recorded as an A).

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

**Schedule of Assignments and Readings**

There is one required text. Other required readings either will be placed on electronic reserve, or are downloadable from public sites on the internet. As a number of the required articles are written by me, I feel there is no copyright issue, and will post those on the course blackboard site. Some of the reserve readings are taken from an excellent health policy reader, and I recommend that students who are likely to pursue the topic beyond this course consider purchasing that book.


Students would also benefit from following the health care reform debate, for example in the *New York Times* on-line.

**Section 1: Introduction**

In this section we will take a first look at basic aspects of a health care system, including how the money is collected, how it is paid to providers, and how the delivery of care is organized. You will also take your own first look at the issues in the current policy debate.

**Aug 24:** Introduction and explanation of the course.


Aug 31: Discussion of first papers.

First Short Paper Due


Sept 4: NO CLASS: Instructor will be at American Political Science Association Annual Meeting

Sept 7: NO CLASS: Labor Day


Section II. Values and History
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.


First POSC 483 Extra Assignment Due Today
Section III. 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 examples of these different views and their limits. The section ends with the midterm exam, which will review key concepts from the first three sections of the course.


Sept 18: Joseph White, “Models of the Policy Process.” (Blackboard)


POSC 383 and POSC 483 students should inform Professor White in writing, by today, of their topic choice for the second paper.


POSC 483 students should inform Professor White by today of their book choice for the second extra POSC 483 assignment.


Study Guide for the exam will be handed out.

Oct 7: First Exam, in Class

Section IV: Costs, and Public Insurance

The hottest issue, at least ostensibly, in the 2009 debate has involved proposals for a voluntary “public plan” to compete with private insurers. Advocates of the “public plan” have argued it is necessary to control costs. Opponents have argued it would be “big government” and other bad things while sort of admitting it would control costs better than private insurance would (so, they claim, be unfair to private insurers). But much of the public discussion of costs has not focused on the public plan at all. In this section we will look a bit at
cost control methods, and a bit more at the public insurance that accounts for a large share of U.S. healthcare costs already.

**Oct 9:** Guest Lecture by Professor Robert H. Binstock on the “fiscal burden” of programs for the elderly and the argument that care for the elderly should be rationed.


Some chapters by Professor White on health care cost control will be posted on the blackboard site as optional reading, and will be the basis for some lecturing during this week.


**Oct 19:** No Class, Fall Break


**Section V: The Politics of National Health Insurance – Previous Rounds**

By this point in the course the NHI fight may be over. More likely, it will be nearing its climax, which, judging from previous iterations, will mean a
headlong retreat by the Democrats towards some face-saving fallback position. We will see! But, to help us understand whatever is going on at the time, we turn at this point to some more directly political analyses of past events.


*POSC 483 Book Review Assignment Due Today.*


Oct 30: David Blumenthal and James Morone, “Presidents.” Chapter 5 in *Health Policy and Politics 4th ed.*, pp. 95 – 126. (e-reserves)

Nov 2: Discussion of the papers that are due today

Assignment on one organization’s participation in the health care reform debate is due today.


Section VI: 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.

**Nov 6:** Bodenheimer and Grumbach, Chapter 12, “Long-Term Care,” pp. 139–146.


**Nov 11:** Bodenheimer and Grumbach, Chapter 13, “Medical Ethics and Rationing of Health Care,” pp. 147–162; New York Times article on drug companies paying ghostwriters to author medical journal studies (handout); Joseph White, “Health Care at the End of Life” (ms., 11 pp.). (blackboard).

**Nov 13:** Bodenheimer and Grumbach, Chapter 10, “Quality of Health Care,” pp. 111–128.

**Nov 16:** 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. (e–reserves)


**Nov 20:** Anne Gifford, senior capstone paper on preventing lead poisoning in Cleveland. (Blackboard)


Nov 25: Optional Class Discussion

Nov 27: No Class: Thanksgiving Break


Dec 2: Review, possibly some readings on current events


Study Guide for final exam will be distributed today.

December 8 Final EXAM, 9:30 a.m. to 11:30 a.m.

Possible Topics for Second Paper Assignment:

There are many, many organizations you could choose. Here is a list of just a few.

American College of Physicians. [http://www.acponline.org/](http://www.acponline.org/)
American Hospital Association [http://www.aha.org](http://www.aha.org)
PhRMA [http://www.phrma.org](http://www.phrma.org)
Cato Institute [http://www.cato.org](http://www.cato.org)
Brookings Institution [http://www.brookings.edu](http://www.brookings.edu)
Heritage Foundation [http://www.heritage.org](http://www.heritage.org)
American Enterprise Institute [http://www.aei.org](http://www.aei.org)
New America Foundation  http://www.newamerica.net/
Institute for America’s Future  http://www.ourfuture.org
Center for American Progress  http://www.americanprogress.org/
Citizens for a Sound Economy  http://www.freedomworks.org/
Kaiser Family Foundation  http://www.kff.org/
Kaiser Commission on Medicaid and the Uninsured  http://www.kff.org/about/kcmu.cfm
Commonwealth Fund  http://www.commonwealthfund.org/
U.S. Chamber of Commerce  http://www.uschamber.com/default
Business Roundtable  http://www.businessroundtable.org/
AARP  http://www.aarp.org/
AFL–CIO  http://www.aflcio.org/
The Century Foundation  http://www.tcf.org
National Quality Forum  http://www.qualityforum.org/
Institute of Medicine  http://www.iom.edu
Committee for Economic Development  http://www.ced.org/
National Coalition on Health Care  http://www.nchc.org
National Academy of Social Insurance  http://www.nasi.org
National Health Policy Forum  http://www.nhpf.org/
Alliance for Health Reform  http://www.allhealth.org/
Concord Coalition  http://www.concordcoalition.org/
Hudson Institute  http://www.hudson.org/
National Center for Policy Analysis  http://www.ncpa.org
Progressive Policy Institute  http://www.ppionline.org/
Rand corporation  http://www.rand.org
Urban Institute  http://www.urban.org