

**Political Science 383/483**  
**Health Policy and Politics in the U.S.**  
**Professor Joseph White**  
**Fall, 2011**  
MWF 10:30 a.m. – 11:20 a.m.  
SEARS 541  
**Syllabus as of August 5, 2011**

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***The Topic:***

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 also 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.

“National Health Spending” in 2010 is estimated to have been over one sixth of the entire U.S. economy.<sup>1</sup> If it were a country, the U.S. health care system would have been roughly tied with France as the fifth largest economy in the world.<sup>2</sup> So we might study it just because it is a huge political economy that affects more than 300 million people.

We may also study the U.S. health care system because it is an object of deep political conflict, exemplified in battles over the legislation passed in March of 2010; the decades of struggles over approaches to National Health Insurance

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<sup>1</sup> Actually 17.6%, according to Sean P. Keehan et al., “National Health Spending Projections Through 2020: Economic Recovery and Reform Drive Faster Spending Growth,” *Health Affairs* Web Exclusive, July 27, 2011, <http://content.healthaffairs.org/content/early/2011/07/27/hlthaff.2011.0662.full.pdf>

<sup>2</sup> Such comparisons require conversion of national economies into the same unit as the U.S. economy; in this case at the exchange rate of the dollar for the euro (and Chinese and Japanese currencies) on an average basis for 2010. For the U.S. health care system see the cite above; for national economies <http://data.worldbank.org/indicator/NY.GDP.MKTP.CD/countries> .

(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. Its size and controversy make health care a good case study of how the American political system works, for whom.

The American health care system is also a core topic for political scientists who compare countries’ politics and policies. While the United States spends more than 17% of its national wealth on its health care system, the next most expensive countries (Austria, France, Germany and Switzerland) cluster around 11% of GDP. The U.S. system is also uniquely unequal: according to the Census Bureau’s estimates from surveys, the U.S. in 2009 had about 50 million people uninsured at any given time – so more than 20 percent of all working-age Americans.<sup>3</sup> All other comparable countries insure about 99%, or more, of citizens. There is little reason to believe that, in return for the higher costs and much less equal (and for many people less adequate) access to care, the United States provides better quality of care.<sup>4</sup> From a political science perspective, that 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?

One answer, of course, is that many people do not accept that the statements above are true. Or they believe that, even if those statements were true, government action to create a different system would violate other values that are more important than controlling costs of or ensuring access to health care. Therefore there is one more reason to study health policy and politics in the U.S., perhaps the most important reason to have a course as part of a curriculum. Health policy and politics involve interests for sure, but the topic also reveals the importance of the politics of ideas: of how people think about facts and values, right and wrong, what their interests are and what problems are important.

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<sup>3</sup> See U.S. Census Bureau, Income, Poverty and Health Insurance Coverage in the United States (Sept 2010), available at <http://www.census.gov/prod/2010pubs/p60-238.pdf> . Data is from Table 8; I have defined “working age” as ages 18-64.

<sup>4</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>

### ***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.

The course therefore will begin by quickly introducing the politics and policy choices involved in the 2010 legislation (it is actually two pieces of legislation: the Patient Protection and Affordable Care Act and the Health Care & Education Affordability Reconciliation Act of 2010; we will just refer to it as the “2010 Legislation” for simplicity’s sake). Next we will step back and look at health policy as a topic, something discussed in the policy community. My goal is to review the incredible complexity within a simple term like “health policy.” This determines the interests and ideas that are presented to politicians: that reach the decision agenda. The course then will focus more closely on the 2010 reform, including questions of implementation. The final readings will focus on the ways in which the discussion within policy communities appears quite unrelated to how citizens think about health care policy.

### ***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, and one analytic paper.** In addition, students will be required to submit discussion questions before a small number of classes, each listed in this syllabus.

Analytic paper: For this paper, students will choose a theme from a thematic issue or section of an issue of *Health Affairs* sometime in the past four years (2008–2011). Examples include, for example, Care for Chronic Illnesses (Jan/Feb 2009); Health Information Technology (Mar/Apr 2009); and Malpractice and Errors (Sept 2010). Students should write a critical essay of 2000 words or more, evaluating the arguments made in the various articles, and suggesting conclusions about the practical and policy prospects for improving health care through the reforms being considered. Students should meet with me at least once before Sept 28 to discuss their possible topics, and then submit their topic choice in writing by October 3. Students should also meet with me one further time to discuss the reading. The papers will be due in class on November 30.

*Extra Assignment for POSC 483 students*

The regulations of the College of Arts and Sciences mandate that, when a class is offered at both 300- and 400-levels, the 400-level version demand somewhat more work. So assignments for POSC 483 students include one more task: a 1500 word (or more) review and report on one book about tobacco control policy and politics. Students should consult with me to choose a reading. Their reports will be due at the end of exam period, on December 19. Students are very welcome, of course, to complete this assignment earlier during the course.

**Grades Will Be Calculated as Follows**

	POSC 383	POSC 483
Midterm	30%	25%
Paper	25%	25%
Final	35%	30%
Participation, Discussion, and Questions	10%	10%
Book Review		10%

It is not entirely fair to grade class participation by volume of talk. Some people are more comfortable with that than other. 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.

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

There is one required text. Most other required readings are downloadable either from the university library's e-reserves system, or from public sites on the internet. I will post my own articles on the course blackboard site. A few pieces that are not available in these ways will be placed on library e-reserves for this course.

**Required:** Thomas S. Bodenheimer and Kevin Grumbach. 2009. *Understanding Health Policy: A Clinical Approach 5<sup>th</sup> ed.* (Lange Medical Books)

### **Introduction**

**Aug 29:** Introduction and explanation of the course.

**Aug 31:** 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)

**Sept 2:** No Class: Instructor at the American Political Science Association Meeting.

**Sept 5:** No Class: Labor Day

**Sept 7:** A First Look at the 2010 Legislation

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

Hinda Chaikind et al. (2010), "Private Health Insurance Provisions in PPACA (P.L. 111-148)." CRS Report for Congress, Congressional Research Service, April 15. [http://assets.opencrs.com/rpts/11-148\\_20100415.pdf](http://assets.opencrs.com/rpts/11-148_20100415.pdf)

**Sept 9:** 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. (e-reserve)

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

**Sept 12:** Party Positions

Excerpts from 2008 Republican and Democratic Party National Platforms, on blackboard site.

**Students should submit a question, and explanation of the question's significance, about any 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.

**Sept 14:** Health Care Finance and Access.

Bodenheimer and Grumbach. Preface, Chapters 1-3, "Introduction," "Paying for Health Care," and "Access to Health Care," pp. v-vii, 1-30.

**Sept 16:** An Introduction to Issues About Delivering Care

Bodenheimer and Grumbach, Chapters 5-6, "How Health Care is Organized I & II," pp. 43-69.

**Sept 19:** National Health Insurance

Bodenheimer and Grumbach, Chapter 15, "National Health Insurance," pp.181-191.

Joseph White, "American Health Care in International Perspective." Draft for fifth edition of *Health Politics and Policy*. (blackboard)

**Sept 21:** Paying for Care

Bodenheimer and Grumbach, Chapter 4, "Reimbursing Health Care Providers," pp. 31–41.

Paul B. Ginsburg and Joy M. Grossman (2005), "When the Price Isn't Right: How Inadvertent Payment Incentives Drive Medical Care." *Health Affairs Web Supplement* (9 August), 9 pp. (e-reserve).

**Sept 23:** Spending Control

Bodenheimer and Grumbach, Chapter 8, "Painful vs. Painless Cost Control," and Chapter 9, "Mechanisms for Controlling Costs", pp. 87–109.

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. On Blackboard.

**Sept 26:** Costs, 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> )

**Students should submit a question, and explanation of the question's significance, on the topic of cost control.**

**Sept 28:** Bodenheimer and Grumbach, Chapter 7, "The Health Care Workforce and the Education of Health Professionals," pp. 71– 86.

**Sept 30:** Quality, Part 1

Bodenheimer and Grumbach, Chapter 10, "Quality of Health Care," pp. 111–128.

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

**Oct 3:** Quality, Part 2

Lucian L. Leape (2005), "Preventing Medical Errors," in David Mechanic et al. eds., *Policy Challenges in Modern Health Care* (New Brunswick: Rutgers University Press), pp. 162–177. (e-reserves)

Elise C. Becher and Mark R. Chassin (2001), "Improving the Quality of Health Care: Who Will Lead?" *Health Affairs* 20(5): 164–179

**Students should submit their paper topic by today.**

**Oct 5:** Prevention and Public Health

Bodenheimer and Grumbach, Chapter 11, "Prevention of Illness," 129–138.

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

**Oct 7:** "Medical Ethics"?

Bodenheimer and Grumbach, Chapter 13, "Medical Ethics and Rationing of Health Care", 147–162.

Joseph White (2004), "Health Care at the End of Life," on Blackboard.

**Oct 10:** Government and Health Care Today – Programs for the Elderly, Poor and Disabled: Medicare

Jonathan Oberlander (2011), Chapter on Medicare for *Health Policy and Politics 5<sup>th</sup> ed.* (e-reserve)

**Oct 12:** Government and Health Care Today – Programs for the Elderly, Poor and Disabled: Medicaid

Colleen Grogan (2005), "Medicaid: Health Care for You and Me?" Chapter 15 in *Health Policy and Politics 4<sup>th</sup> ed.*, pp. 329 – 354. (e-reserve)

**Students should submit a question, and explanation of the question's significance, about Medicare or Medicaid.**

**Oct 14:** The Politics of Medicare: **Guest Speaker: Robert H. Binstock, Professor of Aging, Health and Society.**

Bodenheimer and Grumbach Chapter 12, "Long-Term Care," pp. 139–146.

**Oct 17:** Discussion and Review. Study Guide for Midterm will be Distributed at End of Class



Oct 19: 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.

Oct 21: The Policy Process

Joseph White, “A Moderate Handout About the Policy Process.” Available from blackboard site.

Oct 24: No Class, Fall Break

Oct 26: Policy Success and Policy Failure

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. (blackboard)

**Students should submit a question about this argument, preferably one about its application to your paper topic.**

Oct 28: (Some) Economists and Their Critics

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 (e-reserve)

Deborah Stone (2011), "Moral Hazard". *Journal of Health Politics, Policy and Law* advance publication (cite provided when issue is out).

**Oct 31:** The Ascendancy of Economics

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 (e-reserves)

**Nov 2:** The Search for Effective Policy Instruments

Kenneth Crouch et al (2011), "Point/Counterpoint: Health Policy and Sugar-Sweetened Beverages," *Journal of Policy Analysis and Management* 30(3): 644–665.

**Nov 4:** Last Time

Paul Starr (1994), "What Happened to Health Reform?" *American Prospect*. December 1. <http://prospect.org/cs/articles?articleId=4948>

**Nov 7:** Agendas and Alternatives

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. (e-reserves)

**Nov 9:** Incremental vs. More Sweeping Reform

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

**Nov 11:** Presidential Leadership

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

### **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. The Democrats then suffered major reversals in the 2010 election, and we have to suspect the law will be repealed if the Republicans win the 2012 election. So what is in the legislation, and why? How can we understand the political struggles?

**Nov 14:** Successful Tactics

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

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

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

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

**Students should submit a question about how health care reform passed in 2010, framed in terms of something not quite clear from the reading.**

**Nov 16:** Cost Control

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.

**Nov 18:** 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

**Nov 21:** Public Opinion on the Legislation

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.

Kaiser Health Tracking Poll, July 2011. Downloadable from <http://www.kff.org/kaiserpolls/upload/8209-F.pdf>

Kaiser Health Tracking Poll, Nov 2010. Downloadable from <http://www.kff.org/kaiserpolls/upload/8120-F.pdf>

(Optional): David Grande et al (2011), "Polling Analysis: Public Support for Health Reform Was Broader Than Reported and Depended on How Proposals Were Framed." *Health Affairs* 30(7): 1242–1249.

(Optional): Kaiser Health Tracking Poll, Dec 2010. Downloadable from <http://www.kff.org/kaiserpolls/upload/8127-F.pdf>

**Nov 23:** Optional Class – Review and Discussion

**Nov 25:** No Class, Thanksgiving Break

**Nov 28:** Implementation – Oh yes, Can Governments DO That? And How?

Timothy S. Jost (2011), "Implementing Health Reform: Health Insurance Exchanges" *Health Affairs* Blog: July 12–13.

Part 1: <http://healthaffairs.org/blog/2011/07/12/implementing-health-reform-health-insurance-exchanges/>

Part 2: <http://healthaffairs.org/blog/2011/07/12/implementing-health-reform-health-insurance-exchanges-part-2/>

Part 3: <http://healthaffairs.org/blog/2011/07/13/implementing-health-reform-health-insurance-exchanges-part-3/>

**Nov 30:** The Courts

Timothy S. Jost (2011), "In First Appellate Decision, A Significant Victory for the Affordable Care Act." *Health Affairs* Blog: June 30.

<http://healthaffairs.org/blog/2011/06/30/in-first-appellate-case-a-significant-victory-for-the-affordable-care-act/>

**Papers Due In Class Today**

#### **PART IV: The Public and the Policy Community**

Many experts think health policy would be much better if the public only understood what the experts understand. Yet experts do not exactly agree with each other: policy communities are divided. Experts can be wrong, even if united. And perhaps the ways experts look at issues do not fit what the public

cares about – which, in a democracy, might mean that experts should do a better job of understanding what members of the public might want, and why.

**Dec 2:** Part 1: “Managed Care”

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

**Dec 5:** Part 2: Those Poor Misguided Voters

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.

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>

Carman, K. L. et al. (2010), “Evidence That Consumers Are Skeptical About Evidence–Based Care.” *Health Affairs* 29(7): 1400 – 1410.

**Dec 7:** Part 3: From HMOs to ACOs

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)

Harris Meyer (2011), “Accountable Care Organization Prototypes: Winners and Losers?” *Health Affairs* 30(7): 1227–1231.

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

**Dec 9:** Concluding Discussion.

Study Guide will be distributed at the end of class, and e–mailed the following day to students who do not come to class.

**Final Exam December 13, 9:00 a.m. – 11:30 a.m.**

**POSC 483 Papers Due on December 19**