

**Political Science 383/483  
Health Policy and Politics in the U.S.  
Professor Joseph White  
Fall, 2014**

Monday/Wednesday/Friday 10:30 – 11:20 a.m.

Room to be determined

**Syllabus as of August 3, 2014**

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***The Topic:***

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

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

\* It is extremely expensive. In 2012, when the United States spent an estimated 16.2% of its economy on health care, the closest other country, the Netherlands, spent 11.8%.<sup>1</sup>

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

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<sup>1</sup> The estimates are from the Organization for Economic Cooperation and Development (OECD), downloadable from [http://stats.oecd.org/index.aspx?DataSetCode=HEALTH\\_STAT](http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT)

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

\* There is little reason to believe that, in return for the higher costs and much less equal access to care, the United States provides better quality of care. Overall health statistics for the United States are not good at all. For example, the U.S. ranks below all other rich democracies within the OECD (25 other countries) in life expectancy at birth. Much of this performance may be related to social ills that, in addition to poor health care access, make evils such as infant mortality and obesity more likely in the United States. Yet overall, the United States performs poorly on "avoidable" or "amenable" mortality: terms that refer to deaths that could have been prevented with good medical care.<sup>3</sup>

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.

It also involves far more than the issues about health insurance and costs of care. The American Public Health Association in fact calls for "health in all policies" – on the grounds that virtually anything affects health outcomes.<sup>4</sup> From one perspective they are right – national defense, for example, involves killing people or preventing them from getting killed. Yet if "health" applies to everything then it is not a field; it might as well be nothing.<sup>5</sup> In this course we will not take such an unlimited view of "health politics and policy." But it surely involves issues such as access to tobacco or alcohol, safety of the blood supply, and regulation of medical drugs and devices.

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<sup>3</sup> See Ellen Nolte and C. Martin McKee, "Measuring the Health of Nations: Updating an Earlier Analysis," *Health Affairs* 27, no. 1 (2008), pp. 58-71. The United States had the worst performance out of 19 countries. The authors compared more recent data for the U.S., France, Germany, and the United Kingdom in, "In Amenable Mortality--Deaths Avoidable Through Health Care—Progress In the US Lags That Of Three European Countries." *Health Affairs* 31, no. 9 (2012), pp. 2114-2122. That study found the U.S. doing better on preventing cancer deaths but worse overall. For more comparisons of health status between the United States and other countries, see Organization for Economic Cooperation and Development, *Health at a Glance, 2013* (Paris: OECD) Chapter 1, available at <http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf>

<sup>4</sup> See [http://www.apha.org/programs/cba/CBA/health\\_all\\_policies?utm\\_source=Webinar:+Policy&utm\\_medium=Email&utm\\_campaign=Health+in+all+policies+release](http://www.apha.org/programs/cba/CBA/health_all_policies?utm_source=Webinar:+Policy&utm_medium=Email&utm_campaign=Health+in+all+policies+release)

<sup>5</sup> For a similar argument see Aaron Wildavsky, "If Planning is Everything, Maybe it's Nothing," *Policy Sciences* 4 (1973), 127-53.

## *Politics and Public Policy*

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

From the policy process perspective, government decisions result from a process in which political actors select among the world's *conditions*, define some as *problems*, and place them on some form(s) of decision-making *agenda*. Then political actors (maybe the same, maybe different) attempt to attach *policies* (which they call *solutions*) to problems in a way that creates some new *authoritative decision* (such as legislation or a court decision). But no policy simply happens because of a single decision. There is always a further process of *implementation*, resistance, and perhaps *modification*; and one 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 they have to get their ideas from somewhere, and that means that policy areas also involve ***policy communities***, groups of experts, organized interests, journalists, politicians and other public officials who engage continually in problem definition and policy promotion. In order to understand health policy and politics, therefore, we need to look at the ideas about health policy that are promoted in the health policy community.

Such conglomerations influence all fields – there is a defense policy community, an elementary-and-secondary-education community, an energy policy community, and so on. In all cases, policy results from the interaction between the specialist community and other political factors – such as party politics and public opinion. But the politics of health and health care involves an especially complex and divided policy community, with its own very peculiar dynamics. Different people emphasize different "problems" – not only access or cost or quality, but whether the "problem" is health care or health. What we might call

tribes of experts promote their conflicting views of how the world works. Parties and economic actors look for experts whose opinions fit their ideological biases or immediate material interests. Both citizens and political authorities can be bewildered by the resulting range of "solutions" that are proposed.

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

### ***Learning Objectives, Assignments, and Grading:***

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

- \* Simply to introduce you to the field, and perhaps interest some students in working on it further.
- \* To give you a working understanding of key dimensions of public policy that influence the health, or at least access to medical care, of residents of the United States.
- \* To help you understand the value disagreements that shape political conflict. This include understanding why people could disagree with you.
- \* To help you understand what disagreements could in principle be resolved by evidence, and which could not.
- \* To give you a sense of the human stakes and drama in health policy and politics.
- \* To enable you to follow reports about "Obamacare" in particular with a sophisticated understanding of the issues and politics involved.
- \* To introduce you to understanding politics as a policy process.
- \* To help you form an understanding of when policy "reform" is likely to achieve what its advocates claim it will achieve.

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

**Coursework will include reading, three exams, a book review, a policy analysis paper, and class participation.**

**1) Exams: Two in-class exams** will be in short-answer form. For each you will be expected to identify and discuss core concepts or terms from the readings. Study guides will be provided during the class session before each exam. They will be administered on **September 29** and **October 22 in class**.

There will also be **an essay exam about the 2010 health care legislation** – its contents, causes, and aftermath. It will use **half the time scheduled for a final exam**, because it is not meant to be like a final. So that will be **December 9 from 9:15 – 10:45 a.m.** Sample essay questions will be distributed on December 5, and the actual question will be selected from the sample.

**2) Each student will write a book review about one of three books.** Each book is about an important health policy conflict or set of conflicts, written from a personal perspective. The class will be divided into three groups, one for each book. Each student will prepare a report on the book she or he read, which will be due for **delivery by the beginning of class on October 29.** During the class sessions on October 29, October 31 and November 3, each book will be presented to the class by the students who read it. Each of your reports should be **no less than 2000 words, double-spaced.** It should include:

- \* A description of the basic events that the book discusses. This includes what the issues were; key aspects of the policy and political background before the story begins; what the protagonists in the story (which in two cases clearly include the author) were trying to do, and with what results.

- \* A summary of the main political divisions that shaped the decisions made. This includes the core cast of characters, as the story is presented.

- \* The perceptions about how health politics and policy work that stand out from the book.

- \* Your comments on to what extent those perceptions might stand up as broader generalizations, and how one could decide.

The three choices are:

David Kessler, *A Question of Intent: A Great American Battle with a Deadly Industry*. New York: Public Affairs, 2001. Kessler was Commissioner of the Food and Drug Administration and sought to regulate, and so restrict and reduce use of, tobacco.

Richard Kirsch, *Fighting for Our Health: The Epic Battle to Make Health Care a Right in the United States*. Albany: The Rockefeller Institute Press, 2011. Kirsch was national campaign manager for Health Care for America Now (HCAN) during the conflict over what eventually became the Affordable Care Act (as amended).

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

Please note: I would like to have roughly equal proportions of students writing on each book. Therefore I ask that you **submit choices to me by September 8**. Once more than a third (or slightly more, depending on total enrollment) of the class has asked for a given book, I will require that other members of the class choose a different book.

3. Each student will also do a **Policy Analysis of a reform idea, selected from the list below**. These papers will be **due on December 15**, though there is no reason a student could not complete the paper much earlier. Each report should be **at least 2500 words, double-spaced**. It should address the prospects for such reforms in terms of the knowledge (technical capacity), power (institutional capacity) and will (political capacity) needed for it to succeed. The papers therefore should address:

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

Please choose your topics from the following list:

- \* Malpractice "reform"
- \* Accountable Care Organizations
- \* More extensive use of electronic health records ("EHR").
- \* "Single-payer" insurance
- \* "Consumer-directed" insurance.
- \* Use of "big data."
- \* "Payment Reform" (changing the units of and standards for paying medical care providers)
- \* Reducing "disparities"
- \* Reducing obesity

In order to ensure that you do not fall behind, and also to allow you to consult me about your projects and me to give you some feedback, you are expected to **submit your topic choice by September 19**. You should also **submit a preliminary list of sources for the paper by October 13**.

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

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

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

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

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

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

### Extra Assignment for POSC 483 students

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

### **Grades Will Be Calculated as Follows**

	<b>POSC 383</b>	<b>POSC 483</b>
In-class Exams	30%	24%
Final Essay Exam	15%	15%
October 29 Book Paper	20%	15%
Reform Idea Policy Analysis	25%	24%
Participation	10%	10%
December 1 Book Paper		12%

### ***Classroom Procedures and Academic Integrity***

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



Some of the topics of this class are quite politically controversial. I have my own views, and they will likely be obvious (since I write pieces that are both analytical and, to some extent, advocacy). We should all understand that views about government policies relating to health and health care will be shaped in part by deeply held beliefs about both values and facts. These include, for example, the importance of equality; under what circumstances government's power can legitimately be used to take from some people and give to others; and how well "government" and "markets" tend to work. We must be very careful to recognize that people legitimately have different values.

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

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

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

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

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

There 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)

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

### ***Introduction***

*Aug 25 Introduction and explanation of the course.*

*Aug 27 Politics and Policy Analysis: Fundamentals*

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

*Aug 29 A First View of the Issues*

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

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

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

Governor Bill Clinton, "The Clinton Health Care Plan"

Alain C. Enthoven, "Measuring the Candidates on Health Care"

Uwe E. Reinhardt, "Politics and the Health Care System"

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

**(You should post your first "proposition" before this class)**

*Sept 1 No Class, Labor Day*

*Sept 3 Values*

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

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

*Sept 5 The Assumptive World of "Rationality" and "Reform"*

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

Lynn M. Etheredge (2013), "Rapid Learning: A Breakthrough Agenda". *Health Affairs* 33(7): 1155–1162.

*Sept 8 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.

**Note: Students should have submitted their book choices by today**

***The Health Care "System"***

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

*Sept 10 Finance and Access in the U.S.*

B & G, Preface, Chapters 1–3; pp. v–vii, 1–30

*Sept 12 Medicare*

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

*Sept 15 Medicaid*

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

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

Kaiser Commission on Medicaid and the Uninsured (June 2014), "Medicaid Moving Forward." Please download from

<http://kaiserfamilyfoundation.files.wordpress.com/2014/06/7235-07-medicaid-moving-forward2.pdf>

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

Optional: If you would like more information on long-term care, please see the same source (July 2014), "Medicaid and Long-Term Services and Supports: A Primer".

[http://kaiserfamilyfoundation.files.wordpress.com/2014/07/8617-medicaid-and-long-term-services-and-supports\\_a-primer.pdf](http://kaiserfamilyfoundation.files.wordpress.com/2014/07/8617-medicaid-and-long-term-services-and-supports_a-primer.pdf)

*Sept 17 The Health Care Workforce*

B&G Chapter 7, pp. 73-90

Gail R. Wilensky and Donald M. Berwick, "Reforming the Financing and Governance of GME," *The New England Journal of Medicine* Vol. 371 (online July 30, 2014)

David A. Asch and Debra F. Weinstein, "Innovation in Medical Education," *The New England Journal of Medicine* Vol. 371 (online July 30, 2014)

*Sept 19 Issues About Delivering Care*

B&G, Chapters 5-6, pp. 43-72.

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

**Policy Analysis Topic Choice Due Today**

*Sept 22 Paying for Care and Controlling Costs (1)*

B & G, Chapter 4, "Reimbursing Health Care Providers," and Chapter 8, "Painful vs. Painless Cost Control," and "Mechanisms for Controlling Costs," pp. 31–42, 91–102.

*Sept 24 Paying for Care and Controlling Spending (2)*

B&G, Chapter 9, "Mechanisms for Controlling Costs," pp. 103–114  
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)

*Sept 26 Paying for Care and Controlling Spending (3)*

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>

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

Optional Reading: 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. I will lecture based on this reading.

*Sept 29 First Exam, in Class*

*Oct 1 Comparing the United States to Other Countries (1)*

B&G Chapter 14, "Health Care in Four Nations," pp. 169 – 186.

*Oct 3 Comparing the United States to Other Countries (2)*

Joseph White, "American Health Care in International Perspective," Chapter 25 in Morone and Ehlke, *Health Politics and Policy* 5<sup>th</sup> ed., pp. 366–384.

*Oct 6 Quality, Part 1*

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

*Oct 8 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.

*Oct 10 Pharmaceutical Regulation*

Anthony D. Dell'Aera, "Prescription Drugs: How a Pill Becomes the Law." Chapter 21 in Morone and Ehlke eds, *Health Politics and Policy*, pp. 328–348.

*Oct 13 Too Much Health Care, Not Enough Health?*

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

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

### **Submit Preliminary Policy Analysis Sources List Today**

*Oct 15 Too Much Health Care, Not Enough Care?*

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

*Oct 17 Experts and the Persistent Dream of "Managed Care"*

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

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)

*Oct 20 The Public and "Managed 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>

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.

**Oct 22**      ***Second In-Class Exam***

***Living Health Policy and Health Politics***

In this short section of the course, we pause and look at health policy from the standpoint of participant observers. We will discuss three books, each of which is a nonfiction story that reads much like a novel.

**Oct 24**      ***Experiences***

Excerpts from James A. Morone and Daniel C. Ehlke, *Health Politics and Policy 5<sup>th</sup> ed.* (Stamford, CT: Cengage Learning, 2013): "Dilemmas of Representation: How a Member of Congress Sees Reform" (pp. 123–24); "Confessions of a State Health Regulator" (pp. 210–12); "Adventures With Informed Consent" (pp. 362–63).

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

**Oct 27**      ***No Class, Spring Break***

*(Note: No posting about a proposition required this week)*

**Oct 29**      **Written Book Analyses Due**

Class Presentations on David Kessler, *A Question of Intent*

**Oct 31**      **Book Discussions Continued**

Class Presentations on Richard Kirsch, *Fighting For Our Health*

**Nov 3**      **Book Discussions Continued**

Class Presentations on Randy Shilts, *And the Band Played On*

***"Health Care Reform" – The "Affordable Care Act" and Beyond (or Back)***

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

*Nov 5 Assumptive Worlds: Health Economics*

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.

*Nov 7 Tactics That Passed Legislation (1)*

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.

*Nov 10 What They Passed*

Kaiser Family Foundation, "Summary of the Affordable Care Act" (including legislative changes as of April 23, 2013). Please download from <http://kaiserfamilyfoundation.files.wordpress.com/2011/04/8061-021.pdf>

Timothy Jost, "Income Verification on the Exchanges: The Broader Policy Picture" (*Health Affairs* Blog Post, July 14, 2014)

*Nov 12 Tactics That Passed Legislation (2)*

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.



*Nov 14 Backlash (1)*

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 17 Backlash (2)*

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)

Optional Reading: My comments during the classes November 14–19 will reflect in part the arguments I made in "The Absence of Cost Control in the ACA: Why, and Why It Matters." Prepared for annual meeting of the Midwest Political Science Association, April 2012.

*Nov 19 Cost Control, or Not*

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

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

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

*Nov 21 Implementation Issues – Federalism and the Exchanges*

David K. Jones, Katharine W. V. Bradley and Jonathan Oberlander (2014). "Pascal's Wager: Health Insurance Exchanges, Obamacare, and the Republican

Dilemma." *Journal of Health Politics, Policy and Law* Vol. 39, No. 1. Download from <http://jhppl.dukejournals.org/content/39/1/97.full.pdf+html>

*Nov 24 Implementation Issues – The Case of Essential Health Benefits*  
Institute of Medicine (August 29, 2011). *Perspectives on Essential Health Benefits: Workshop Report*. "Summary" and Chapter 2 (pp. 1–11, 17–25). (On Blackboard; entire report can be downloaded from <http://www.iom.edu/Reports/2011/Perspectives-on-Essential-Health-Benefits-Workshop-Report.aspx> )

Nicholas Bagley and Helen Levy (2014). "Essential Health Benefits and the Affordable Care Act: Law and Process." *Journal of Health Politics, Policy and Law* Vol. 39, No. 2 (April), pp. 441–465. Download from <http://jhppl.dukejournals.org/content/39/1/97.full.pdf+html>

*Nov 26 Optional Class*

*Nov 28 No Class, Thanksgiving Break*

*Dec 1 Litigation: Attempts to Kill the ACA in the Courts*  
Timothy Jost, assorted blog posts on *NFIB v. Sebelius*.  
Blog posts by Jonathan Adler and Michael Cannon and by Timothy Jost on *Halbig v. Sebelius* and *King v. Sebelius*.

**POSC 483 Second Book Review Due**

*Dec 3 Implementation and the Courts: The Case of Contraception*  
Timothy Jost, blog posts on contraceptive coverage final regulations and on *Hobby Lobby v. Burrell*.

*Dec 5 Review and Wrap-Up Discussion*

***Essay Exam, In Classroom, 9:15 –10:45 a.m. December 9***

***Policy Analysis Paper Due December 15, Noon***