

American Political Institutions and Health Policy HS 286

UCLA School of Public Health, Department of Health Services
Fall 2007
Monday & Wednesday, 10:00am – 11.30am
Location: School of Public Health 61-262
Office hours: Wednesday 12-1 pm, 31-293A

INSTRUCTOR CONTACT INFORMATION

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I strongly encourage students to meet with me during the quarter

Policy results from the interplay of four factors: interests and values, power, institutions that channel and structure the use of power to pursue interests, and personal relationships that are shaped by, and also cut across, institutional structures. The course requires students to examine how each political institution influences the health policy process. For students in the Department of Health Services policy track, the course is first in a three-course sequence on policy and policy analysis.

LEARNING OBJECTIVES

Students will gain an understanding of:

1. The origin and roles of American political institutions.
2. The strategies and methods used by political actors to influence policy.
3. How changes in political institutions influence policy outcomes over time.
4. How issues are shaped and discussed in the policy process.
5. The institutional context and framework in which health policy is made.
6. The interaction of analysis and policymaking.

ASSIGNMENTS

1 x Final 2-hour exam (35 percent). Short answer and essay questions
3 x Short essays (30 percent), 10 page papers, double-spaced.

- A. Due Monday October 22 at 10am: To what extent can the experience of adopting and then repealing Medicare catastrophic coverage be “explained” using the Kingdon framework?
- B. Due Monday November 5 at 10am: Using the enactment of Medicare as an example, and drawing on the other readings, what makes a President effective in the legislative arena?
- C. Due Monday December 3 at 10am: What are some of the benefits and costs of having health policies shaped by courts?

1 Presentation (20 percent). Students will sign up for one ten minute presentations on cases.

Participation and familiarity with reading material (15 percent). Students will be assessed on their preparation, familiarity with the course readings, insights, and synthesis of relevant information. Participation also involves answering questions effectively, asking pertinent questions, as well as listening to other members of the class, and building effectively upon their contributions.

Note: If a family or other circumstance will keep you from completing an assignment, please discuss it with me in advance. Otherwise, late papers will have a penalty of 5 points per day.

CLASS FORMAT AND TEXTS

The Monday class will set out the key theories, frameworks, and background relating to the topic. The Monday lecture will focus on the scope of government involvement/activity related to health and health care, and identification of the institutions and participants in the policy process. Except for the first week, the Wednesday class will generally examine a specific case or policy in relation to the broader weekly topic. Presentations and discussions are used in the Wednesday class to explore how the case tests, confirms or modifies the general understanding of how decisions are made in American political institutions.

1. Books available From the Health Sciences Bookstore:

- Arnold, R. D. 1990. *The Logic of Congressional Action*. Yale University Press.
 - Kingdon, J.W. 2003 *Agendas, Alternatives, and Public Policies*. 2nd ed. New York: Longman. (Any year is fine if it is the 2nd edition).
 - Weissert, C.S. and W.G. 2006. *Governing Health: The Politics of Health Policy*. Third Edition. Baltimore: Johns Hopkins University Press. Cost: \$29.95 (Please note it is very important that you get the Third Edition).
2. Course Reader: Available from Course Reader Material, 1137 Westwood Boulevard, South of Kinross, North of Lindbrook. Phone 310 443 2202. Open M-F 9-6, Saturdays 10am-4pm
3. Cases: We will use some cases from the Harvard University John F. Kennedy School of Government Case Program. The cases are concise and highly readable. They can be purchased and downloaded from the KSG Case Program website (make sure you indicate you are in the Academic price category): <http://www.ksgcase.harvard.edu>.

COURSE OVERVIEW

October

Monday October 1	Introduction, Government and Health Policy
Wednesday October 3	Federalism and Constitutionalism
Monday October 8	Issues and Stakeholders
Wednesday October 10	Case: Catastrophic Health Insurance for the Elderly I
Monday October 15	Congress and the Legislative Process
Wednesday October 17	Case: Catastrophic Health Insurance for the Elderly II
Monday October 22	The President and Presidency
Wednesday October 24	Case: The Politics of Medicare
Monday October 29	Executive Agencies
Wednesday October 31	Case: David Kessler and the FDA, Tobacco

November

Monday November 5	State, Local Government and Federal Interactions
Wednesday November 7	Case: Expansion of Missouri's Medicaid Program
Monday November 12	No class, Veterans' Day
Wednesday November 14	The Courts
Monday November 19	Case: Obesity, Bone Marrow Transplants for Breast Cancer
Wednesday November 21	Rules and Regulations – Administrative Law (Thanksgiving Thursday November 22)
Monday November 26	Case: Medicare Geographic Cost Practice Index
Wednesday November 28	Policy Analysis in the Policy Process

December

Monday December 3	Case: Office of Technology Assessment
Wednesday December 5 (Last class)	Review Session, course evaluations

UCLA examinations start December 8-9 and conclude December 10-14.

SCHEDULE OF CLASSES AND READINGS

There are usually more readings for the Monday sessions, but you should consider them as readings for the both classes, rather than just the Monday session. In the case discussions we will make use of the Monday readings by applying the concepts and empirical research to particular cases. Some of the Monday sessions have more readings than others. Please make sure you complete all the readings, even for those weeks when there is a heavier reading load.

Monday October 1. Introduction and the Role of Government in Health Policy

Weissert & Weissert, Introduction, and Chapter 6, Web research – see below

1. What are government institutions? What are other political institutions? Provide examples and categories
2. Of these, which branches are responsible for different things; which are the responsibility of the legislature, of the executive, of the courts?
3. Create a specific list of government roles in the health care arena.

4. Which activities fall within the scope of Federal government? Of state government? Of local government? Jointly carried out by two or more levels of government?
5. Who, besides elected and appointed officials, participates in the public policy or government process related to health care? What are the ways people and organized groups participate?
6. Prior to class, look at policy proposals regarding insuring the uninsured at the following websites. How does each organization discuss the issue of the uninsured? What policy proposals are put forward? Which government or private actors are considered important in solving the problem by different organizations? How is the problem of the uninsured perceived differently? Who is the primary audience for the policy proposals put forward?
 - a. American Medical Association (www.ama-assn.org)
 - b. American Nurses Association (<http://nursingworld.org>)
 - c. American Association of Retired Persons (www.aarp.org)
 - d. Urban Institute (<http://www.urban.org>)
 - e. American Enterprise Institute (www.aei.org)
 - f. Robert Wood Johnson Foundation (www.rwjf.org)

Wednesday October 3 Federalism and Constitutionalism

American National Government: An Overview, Congressional Research Service

<http://usinfo.state.gov/usa/infousa/politics/files/ang.pdf>

American Federalism, 1776 to 1997: Significant Events

<http://usinfo.state.gov/usa/infousa/politics/states/federal.htm>

US Constitution, with explanations:

<http://usinfo.state.gov/products/pubs/constitution/constitution.pdf>

Federalist papers 10, 51

<http://www.foundingfathers.info/federalistpapers/>

Tocqueville, *Democracy in America*, Book II, Chapter 5, Of The Use Which The Americans Make Of Public Associations In Civil Life

[http://wyllie.lib.virginia.edu:8086/perl/toccer-](http://wyllie.lib.virginia.edu:8086/perl/toccer-new?id=TocDem2.sgm&images=images/modeng&data=/texts/english/modeng/parsed&tag=public&part=26&division=div2)

[new?id=TocDem2.sgm&images=images/modeng&data=/texts/english/modeng/parsed&tag=public&part=26&division=div2](http://wyllie.lib.virginia.edu:8086/perl/toccer-new?id=TocDem2.sgm&images=images/modeng&data=/texts/english/modeng/parsed&tag=public&part=26&division=div2)

1. Institutions both temper and create power. How does the Constitution do that with respect to the three branches of government? Between the federal and state governments? Between government and private individuals and groups?
2. In what ways does the Constitution leave incomplete the definition of federal processes, leadership, and culture? With what consequences and implications?
3. What is the role of federalism and the states in the US system? What is the role of local government? What is its relationship to state and federal governments?
4. What does the Constitution say about health care? What should it say?

Monday 8th October Issues and Stakeholders

Kingdon, All chapters

Weissert & Weissert, Chapter 3 "Interest Groups"

Arnold, Chapter 2

1. What is Kingdon's main argument about how policy is made?
2. Why is Kingdon's model "modified"?
3. What are interest groups and how do they fit into Kingdon's model?
4. What is missing from his model?
5. How do interest groups interact with participants inside political institutions?
6. What does Arnold's analysis add to our understanding of the policy process?

Wednesday 10th October Case: Catastrophic Health Insurance for the Elderly I

KSG Case: 1278.0, Catastrophic Health Insurance for the Elderly

Coursepack: Kollman, K. 1998. *Outside Lobbying: Public Opinion & Interest Group Strategies* Princeton: Princeton University Press. Chapter 2 Tactics and Strategies. Pp. 28-57.

1. Who was opposed to the legislation, and why?
2. How 'grassroots' was the opposition in the Medicare Catastrophic Act debate?
3. What is 'outside lobbying' and why do groups do it?
4. What role does 'outside lobbying' play in the legislative process?

Monday 15th October: Congress and the Legislative Process

Weissert & Weissert, Chapter 1, Congress
Arnold, Chapters 1, 3, 4, 5, 6 and 10

Course pack: Hardin, J.W. "An Independent Look at Congressional Committee Jurisdiction Surrounding Health Issues," *Journal of Health Politics, Policy and Law* 23(3): 517-550.

Peterson, M.A. 1993 "Congress in the 1990s: From Iron Triangles to Policy Networks" *Journal of Health Politics, Policy and Law* 18 (2): 395-438.

Milligan, S 2004. "Back room dealing a Capitol trend," *Boston Globe* October 3.

Milligan, S. 2004. "Energy bill a special-interests triumph," *Boston Globe* October 4.

Rowland, C. 2004. "Medicare bill a study in D.C. spoils system," *Boston Globe* October 5.

1. How has Congress organized itself to carry out its functions? What resources has it provided itself?
2. How is the work of committees divided? What functions do committees serve?
3. Who has power in Congress? From what sources?
4. How do structure/processes create or influence who has power in Congress?
5. How has the organization or process of Congress changed over time? It has been argued that since 1994, when the Republicans took control of the Congress (after Peterson's paper), Congress has become more polarized, less bipartisan, and the role of the leadership has expanded significantly. How has this been accomplished? Are these changes permanent or reversible?
6. Why has there been a shift away from seniority?

Wednesday 17th October Case: Catastrophic Health Insurance for the Elderly II

KSG Case: 1278.4, Catastrophic Health Insurance for the Elderly: Appendix

Monday 22nd October The President and Presidency

Weissert & Weissert, Chapter 2, The Presidency

Course pack: Pfiffner, J.P. 1994 *The Modern Presidency* pp. 91-151 St. Martin's Press

Chapter 4, The Institutional Presidency, Chapter 5, The Cabinet and Executive Branch, Chapter 6, The President and Congress.

1. What is the President's job? What is his/her role in the legislative process?
2. What resources does the President have to carry out these roles?
3. How does s/he organize his/her office to do it? How has that changed and why? How did changes in the organization of the office impact the President's "effective power" (as opposed to power on paper)?
4. Compare President George W. Bush with other leaders discussed in Pfiffner.

Wednesday 24th October: Case: The Politics of Medicare

Course pack: Marmor, T. *The Politics of Medicare*, Second Edition, Aldine De Gruyter, 2000, Chapters 2, 3, 4, 5.

Using Kingdon's framework, how do you explain the passage of Medicare?

1. How much outside lobbying did groups do?
2. Which institutional characteristics in Congress inhibited or encouraged the power of interest groups in the passage of Medicare?

Monday October 29, Executive Agencies

Weissert & Weissert, Chapter 4, Bureaucracy

Course pack: Heymann, *The Politics of Public Management*, Chapters 1, 6, 7

Mayer, KR and TJ Wecko, "The Institutionalization of Power," in Robert Y. Shapiro, Martha Joynt Kumar and Lawrence R. Jacobs, eds. *Presidential Power: Forging the Presidency for the Twenty-first Century*, 2000 pp. 178-207.

1. What are the federal health agencies and what are their areas of jurisdiction?
2. Heymann speaks of three sources of authority for those in the bureaucracy. How convincing is this? Are there other sources of authority? Of power for bureaucrats and appointed officials?
3. Mayer and Wecko argue that there has been a process of centralization of authority in the Executive Office of the President and diminution of executive agency autonomy. Why did/do executive agencies have autonomy? How is this autonomy constrained by the central executive? How has this change come about? What enables it? Undercuts it? What might be the consequences for programs such as Medicare?
4. What political and legislative constraints do bureaucracies operate under?

Wednesday 31st October Case: David Kessler and the FDA

KSG Case: 1349 Taking on Big Tobacco: David Kessler and the FDA.

Questions

1. To what extent was Kessler's decision to take on big tobacco a) independent, b) a reflection of the President's implicit agenda, or c) a part of the President's explicit agenda?
2. How were his subsequent interactions on this issue and support from the President influenced by his initial posture?

Monday November 5th State and Local Government and State-Federal Interactions

Course pack: Barrilleaux, C., and P. Brace. 2007. Notes from the laboratories of democracy: state government enactments of market- and state-based health insurance reforms in the 1990s. *Journal of Health Politics, Policy and Law* 32: 655-83.

Kousser, T. 2002. The Politics of Discretionary Medicaid Spending, 1980-1993. *Journal of Health Politics, Policy and Law* 27: 639-71.

McDonough, J.E. and R. McGrath, "State Legislatures and Health Policy in the Market Era," in Robert B. Hackey and David A. Rochefort, Eds. *The New State Politics of State Health Policy*, University Press of Kansas, 2001.

Nathan, R.P. 2005. "Federalism and Health Policy" *Health Affairs* Nov/Dec 24(6) 1458-1466.

Schneider, S.K. "Governors and Health Care Policy in the American States," *Policy Studies Journal*, 17:4 (1989:Summer).

1. What are the states' roles in health policy? How much autonomy do states have? How much overlaps federal concerns?
2. What is the relationship between state and local government on health care?
3. State constitutions vary in the relative power given to governors, the legislature, and public referenda. How does this influence policymaking? In California, how does the power of the governor and legislature compare to the power the US President and Congress?

NOTE: A MID-QUARTER COURSE EVALUATION FORM WILL BE CIRCULATED AT THIS SESSION TO PROVIDE PROFESSOR LAUGESEN WITH FEEDBACK ON THE COURSE.

Wednesday 7th November Case: Expansion of Missouri's Medicaid Program

Course pack: Beamer, G. 1999. *Creative Politics: Taxes and Public Goods in a Federal System*, University of Michigan Press, Chapter 7, Health Care: Afflicted Budgets, pages 87-110.

Web: KSG Case: 1489 Financing the Expansion of Missouri's Medicaid Program: 1987 – 1992

Medicaid: State Financing Schemes Again Drive Up Federal Payments (GAO/T-HEHS-00-193) Available at: <http://www.gao.gov/archive/2000/he00193t.pdf>

Questions

1. The interests of states and the Federal government in programs they jointly administer sometimes conflict. Discuss.
2. How did this conflict get resolved with respect to provider taxes?
3. To what extent was the outcome in favor of the states versus the federal government?
4. What factors and forces contributed to the outcome reached?
5. Where does the loyalty of a state's Congressional delegation lie: to the federal interest or state interest?

Wednesday 14th November The Courts

Course pack Anderson, G. F. 1992. The courts and health policy: strengths and limitations. *Health Affairs*. 11 (4): 95-110.

Jacobson, PD. E. Selvin, S. Pomfret 2001. "The Role of the Courts in Shaping Health Policy: An Empirical Analysis" *Journal of Law, Medicine & Ethics* 29 278-289.

Rosenblatt, R. E. 1993. The Courts and the Reconstruction of American Social Legislation. *Journal of Health Politics, Policy and Law* 18 (2):439-476

Stone, D. 2002. Chapter 14, "Rights" in *Policy Paradox: The Art of Political Decision Making* (Revised edition) Norton, New York, pp. 324-353.

Questions

1. What do courts do and what is their role in health policy?
2. How do courts decide? Authority: explicit reasoning vs. goal based.
3. How separate are courts from outside influence?
4. Are courts expert enough to address the questions of policy and science they must address?
5. Which policy issues are most influenced by court cases? Why are courts more influential on some issues than others? Are there some issues that courts are *not* influential on, and if so why?
6. Why do courts have more impact in the United States than in other countries?

Monday 19th November Case: Obesity, Bone Marrow Transplants for Breast Cancer

Kersh, R. and J. Morone. 2005. Obesity, Courts, and the New Politics of Public Health. *Journal of Health Politics, Policy and Law* 30 (5): 839-868.

Mello, M. and T. Brennan. 2001. "The Controversy Over High-Dose Chemotherapy With Autologous Bone Marrow Transplant for Breast Cancer" *Health Affairs* 20(5)101-117.

Welch, H.G. and J. Mogielnicki. 2002. "Presumed benefit: Lessons from the American Experience with marrow transplantation for breast cancer." *British Medical Journal* 324 (4 May):1088-1092.

1. Compare the role of courts in the two cases.
2. What factors led to the courts influencing the diffusion of marrow transplantation for breast cancer?

3. Anderson asks what is the value of a decision making process that focuses on case-by-case specifics rather than going by broad precedent established. Discuss with reference to obesity and bone marrow transplants for breast cancer.

Wednesday 21st November Rules and Regulations – Administrative Law

Kinney, ED. 2002. “Administrative Law and the Public’s Health,” *Journal of Law, Medicine and Ethics*, 30:212-223.

Course pack: Kerwin, C.M. 1999. *Rulemaking. How Government Agencies Write Law and Make Policy*. (Second edition) Washington DC: Congressional Quarterly Press.

Chapter Two: The Process of Rulemaking pp. 40-88

Yackee, S.W. 2005. "Sweet-Talking the Fourth Branch: The Influence of Interest Group Comments on Federal Agency Rulemaking." *Journal of Public Administration Research and Theory* 16:103-124.

1. What is the difference between regulation and administrative law? What are some examples?
2. How are we subject to regulation in our daily lives?
3. How are regulations established and promulgated? Who has the right to review and approve regulations?
4. How does the public comment process function? Who participates? How does one make a public comment on regulation?

Monday 26th November Case: Geographic Practice Cost Index (GPCI) Changes

Federal Register Vol. 61, No. 227 Friday, November 22, 1996.

1. What is a GPCI and why is the GCPI specified in the Federal Register and not law?
2. What makes this level of detail necessary?
3. What types of expertise are needed in the agency to respond to interest groups and other groups that comment?
4. What kind of leadership would you like the agency to have to adequately assess and guide regulatory decision making in this area?

Wednesday 28th November Policy Analysis in the Policy Process

Shick, A. 1991. “Informed Legislation: Policy Research Versus Ordinary Knowledge,” in William H. Robinson and Clay H. Wellborn, (Eds.). *Knowledge, Power and the Congress*, Congressional Quarterly Press. pp. 99-119

Rich, A. 2001. “The Politics of Expertise in Congress and the News Media,” *Social Science Quarterly*, 82:3:583-601.

Shulock, N. 1999. “The Paradox of Policy Analysis: If It Is Not Used, Why Do We Produce So Much ...” *Journal of Policy Analysis and Management*, 18:2 226-244.

1. What is policy analysis?
2. Where does analysis “fit” in policy process?
3. Which organizations and institutions, inside and outside Congress, supply Congress with analysis?
4. Why are interest groups considered both unreliable and reliable sources of policy analysis?
5. What contributes to skepticism or trust in data and analysis among government officials? How does verbal communication and personal relationships affect the level of trust?
6. How willing are people to share information that is accurate, but not useful to them?
7. What factors lead to some sources being considered more trustworthy than others?

Monday 3rd December Case: Office of Technology Assessment

Bimber, B.A. 1996. *The politics of expertise in Congress: the rise and fall of the Office of Technology Assessment*. Albany, NY: State University of New York Press, Chapters 8, 9.

Wednesday 5th (Last class) Review Session, course evaluations