Welcome to the class. I am sure you have many questions about your course. This message will answer many of them and don’t forget - I am here to provide additional information should you need it. See above for “Contact Information“. I hope that you find this course intellectually challenging and relevant to your academic and professional interests, as well as manageable within the semester timeframe.

Normally, each week a Unit Assignment will be posted on the class Blackboard site: “Assignments for Each Unit…..”. You will be asked to complete the assignments for that week’s Unit before class. How to do this is explained in the Syllabus section titled How to Approach the Unit Assignments each week; Process.

My promise: I want this course to be valuable for you and I will try to make it fun. It is also designed to be intellectually challenging, interactive and relevant to your needs now and in the future. I hope that at the end of the course you can honestly say that you like health policy better than you did when you started the class. You will also obtain essential knowledge about the new U.S. health reform legislation because the US health system is, literally, being transformed as a result of this law. Whether one favors or opposes the law, it is a reality that we need to know about. And this course is designed to help you pass the national Association of Schools of Public Health credentialing exam, just in case you wish to take it at some point in the future. In preparing the syllabus for this term I have reviewed past copies of the exam, checked out sample questions, and consulted the (Certified in Public Health) CPH Study Guide.

I will ask for feedback from you as to how the course is going from time to time. The goal is to make the course better in the future but also to adjust it as we go forward so that you will have a better experience – this is all about “total quality improvement”.

**Your email addresses are set:** we have no choice but to communicate with you via your University of Texas School of Public Health – for most people it is the one that goes like this [Your.Name@uth.tmc.edu](mailto:Your.Name@uth.tmc.edu). Blackboard uses it and so do I. **Please check it often.** And please accept my apology if you have another email address that you prefer– it just isn’t possible.
Disclosure: There is a LOT of reading, viewing and listening assigned in this course but that is balanced off by the fact that there is no term paper and by the fact that the exam is, mostly, student designed. Also – please note that the work starting in Mid-November is reduced.

Textbooks: Order now! Textbooks are to be made available online at the SPH website (free), in Houston at the bookstore for purchase, on 3 hour reserve at the SPH library in Houston, and for purchase from the standard online bookstores like Barnes and Nobles and Amazon, etc.

There are a couple of restrictions with regard to the SPH’s online free copies of textbooks: only one person can read the online library copy at a time (and there are 30 students in the class!) and in theory nothing can be printed from the online copies. Several students tell me that they can be printed but that it is very slow. You may have to cut and paste the links below into the browser – at least I find that to be the case – and sometimes you have to sign in as well. By the way – one of your class mates may have access to an electronic copy of the Weisset and Weissert book – if you use it and download it please don’t make this know to the professor who does not want anything to do with the legal liability potentially involved.

Used copies online of this edition cost about $15.00

Bodenheimer and Grumbach Understanding Health Policy; A Clinical Approach, Fifth edition August 2008


Teaching Assistant: information pending. I will send you an email about this later.

How much time should you set aside for this course?

Because the Fall Semester has 15 weeks we will have 13 Units to complete for this term which starts September 1st. Unit 1 is posted now. It has some optional background suggestions at the end of the last page for students without much background on US health policy and they may need extra time. We will have a holiday that falls on a Thursday this year - Thanksgiving

Graduate courses require a minimum 8 to 10 hours per week and in this case that will be dedicated to reading, writing, and attending class. I will ask you to keep me informed as to how much time you find you have to spend on the class so please keep track. Thank you in
advance for doing this – it provides me with important feedback. In addition, I can adjust the assignments as we go along if it becomes necessary.

**Learning style and Pedagogy:** Some believe that we each learn in different ways – some by listening, some by reading and some by viewing.

But others are skeptical and say this has not been validated: ([http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=131465627&m=131465655](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=131465627&m=131465655)). This course gives you the variety of learning styles that both the skeptics and the believers about learning styles agree are important. I have tried to mix and match learning styles in this class. Occasionally identical learning materials are available in more than one format and in these cases students are offered a choice. In some cases this makes for repetition but once you have determined your own learning style, you can try to align the assignments with your primary learning style on several occasions. The following article might help you determine your own “learning style.”

Below is a list of websites to help you discover even more about your own learning style; if interested, do follow up – this information and these links are entirely optional but could benefit you in many life-situations:

- [http://www.engr.ncsu.edu/learningstyles/ilsweb.html](http://www.engr.ncsu.edu/learningstyles/ilsweb.html)

Here is what we know and don’t know about study habits:

“Cognitive scientists do not deny that honest-to-goodness cramming can lead to a better grade on a given exam. But hurriedly jam-packing a brain is akin to speed-packing a cheap suitcase, as most students quickly learn — it holds its new load for a while, then most everything falls out.

“With many students, it’s not like they can’t remember the material” when they move to a more advanced class, said Henry L. Roediger III, a psychologist at Washington University in St. Louis. “It’s like they’ve never seen it before.”

When the neural suitcase is packed carefully and gradually, it holds its contents for far, far longer. An hour of study tonight, an hour on the weekend, another session a week from now: such so-called spacing improves later recall, without requiring students to put in more overall study effort or pay more attention, dozens of studies have found.

No one knows for sure why. It may be that the brain, when it revisits material at a later time, has to relearn some of what it has absorbed before adding new stuff — and that that process is itself self-reinforcing.

“The idea is that forgetting is the friend of learning,” said Dr. Kornell. “When you forget something, it allows you to relearn, and do so effectively, the next time you see it.”
That’s one reason cognitive scientists see testing itself — or practice tests and quizzes — as a powerful tool of learning, rather than merely assessment. The process of retrieving an idea is not like pulling a book from a shelf; it seems to fundamentally alter the way the information is subsequently stored, making it far more accessible in the future.

Want to read more on this topic? See this article by Carey, “Forget What You Know About Good Study Habits”, *New York Times*, September 6, 2010


**Expectations**

I have high expectations for myself and for you. I am well prepared for this course and you deserve to be taught by someone who takes teaching seriously! Most importantly – please keep up with the course. The course requires a commitment to putting in the time necessary to complete the assignments week after week - the course schedule is heavy. I have never been forced to ask a student who got behind to withdraw from the class and I certainly hope that this record continues this term. The pace of the course will seem furious – you may feel you “just got one week’s assignment done and here comes another one.” And there is no denying that this is true to some extent.

I hope to balance the rapid pace off with some very interesting content. And you couldn’t pick a better time to take this course. We will witness some rather important historical public health policy events in the next few years. If you stick with the course all semester you may end up being a social “Health Policy Star” – the person that your family, colleagues and friends turn to when they are confused and need an explanation about what is happening as the new health reform legislation is “rolled out” – implemented. All this depends, of course, on whether or not the legislation is deemed “Constitutional” by the Supreme Court. Since so many of the states are taking the case against this legislation to the Supreme Court no one knows what will happen, but you will be in a good position to understand it, no matter what the outcome.

Students ask me: what is the best way to prepare for the exam? The answer is simple: the best way to prepare for the exam is to keep up with the weekly assignments! Please see the statement above this section so that you will understand why I want you to work on the Unit Assignments – week after week consistently – you will learn more that way. So I will "nudge" everyone along the way and hope I can do this without too much "nagging."

**Contacting Me:** Flexible Office Hours Are Monday, Tuesday, Wednesday, Thursday, and Friday: 12-1PM Central Standard Time.

The best way to communicate with me is via a well-timed email via Blackboard email. I check email often, even during the few periods when I am out of town at a conference. Here is my office phone number 713 500 9491 – don’t hesitate to call during Office Hours (above). If you are in Houston you can come by my Office at the SPH (R915) during these hours. But telephone first to avoid inconvenience if I am out of the office for a few minutes. If these Office Hours don’t work, we can make an appointment at a mutually convenient time to speak by telephone or visit in person.
Disclaimer: If you have problems or questions regarding a Unit Assignment please submit them to me by Friday and I will do my best to respond promptly. But I may not be available after 5PM on Friday to respond to your questions. If you have problems with the assignment you may be on your own if you wait until the last minute to look at it.

Assignments & Pedagogical Strategy: We will use a lot of video and audio material as well as parts of two textbooks. Regrettably textbooks are not always up to date, especially in the field of health policy. Publishers are reluctant to bring out a new, updated edition of any textbook before the health reform legislation is implemented and the Supreme Court has “weighed in”. Therefore, timely readings from peer reviewed journals and top newspapers in the country are assigned. Many of the articles for these newspapers are written by serious academics! This is a new trend and one that I like. Some journalists write extensive articles that include background information that is very useful for students and where this is the case I have not hesitated to assign them. Recent issues of peer reviewed journals such as the New England Journal of Medicine and JAMA (which have excellent health policy articles from time to time) are also assigned. It is good personal policy to read a newspaper by registering: New York Times, Wall Street Journal, Washington Post, and the Los Angeles Times. There will be some power point presentations assigned for you to view as well – look for my comments and additional information in the “notes” section of the power point presentations. I will also assign some power point presentations that colleagues and other professors, who are experts in the policy field, have agreed to permit me to share with you. These presentations do not have notes. Many of them are not “required reading” but “recommended” because they are really very entertaining.

Now take a look at the Syllabus and read each section with care. I recommend reading them well before the first week of class and in the following order:

1) Syllabus: Topics by Week
2) Syllabus: Textbooks, Requirements, Evaluation, Due Dates, and Course Objectives
3) Syllabus: How to Approach the Unit Assignments each week; Process

Additional Preparation for PH 3810 for those who feel they need it:
Students frequently ask about what to study to prepare for this course. There are no prerequisites for PH 3810; however, for those with very little experience with the US health system I recommend please check the end of the Unit 1 Assignment where you will find some basic material to prepare you for the course.

Unit 1 for PH3810: Introduction: Expect 8 hours for time-on-task all inclusive for this unit;
Welcome to the class! The first unit will prepare you for the study of how health policy is made in the US and how it relates to public health. The best policy is based on evidence and focuses on outcomes. Community involvement is also critical for successful implementation of policy, but policy is seldom ever final, even when adopted and implemented. There are, inevitably, unintended consequences of any new policy. Evaluation and assessment of existing policy help revise and reformulate public health policy for the future.

Some students are already comfortable with terminology and familiar with the basics of the US health system. But for others, this may be entirely new. The class is large and heterogeneous. And there are no prerequisites for this course. This means that some students will find the course assignments very difficult and others may see them as not so challenging. Please be patient. And don’t forget that it is very important to do the assignments each week so as to provide a common basis for discussion and interaction.

Throughout the course, we’ll refer to the health system reform legislation adopted by Congress in March 2010 and signed by the President shortly thereafter. This legislation is comprehensive and, if the Supreme Court does not judge it unconstitutional, it will have an important impact on much of the health system. Some say it is the most significant piece of health policy legislation since Medicare (1965). Therefore, it makes sense to include some information about the new health reform legislation in Unit 1 of the course. You are asked to read a summary of it and you will learn a little about the history of the legislation through the assigned timeline for implementation. If you weren’t convinced of the reform legislation’s complexity already, these readings will make that point!

This Unit 1 assignment also includes readings that compare the US health system performance with that of other countries - it allows us to consider the question: Was health system reform necessary in the US? (Anderson)

I have asked you to watch the film, “Obama’s Deal” for Unit 1. It provides background information of the health reform legislation – it is a concrete example of how health policy is made in the U.S. However, you may choose to read, instead, a brief history of how the legislation was adopted.

There is a brief reading on Critical Thinking at the end. If you are not familiar with this topic – please read it.

Assignment

Background & Introduction to the Policy Process


& http://www.auburn.edu/~johnspm/gloss/incrementalism (10 mins)

Wikipedia, “Incrementalism.”(10 mins)
http://en.wikipedia.org/wiki/Incrementalism#Contrasts_to_other_planning_methodologies

Was Health Reform Necessary?


Kaiser health news summarizes the evidence from Muennig and Gilied “What Changes In Survival Rates Tell Us About US Health Care” November 2010 vol 29, #1 Health Affairs Health Affairs: What Changes In Survival Rates Tell Us About US Health Care -- Proponents of changes in the U.S. health system have often pointed to studies that find health outcomes in this country are worse than other developed nations, even though the United States “spends well over twice the median expenditure of industrialized nations on health care, and far more than any other country as a percentage of its gross domestic product.” Others point to high rates of smoking, obesity and traffic fatalities.

This study, which reviews 15-year survival rates in the U.S. and 12 other developed nations, “found that none of the prevailing excuses for the poor performance of the US health care system are likely to be valid.” However, the authors said, ”It is possible that rising US health spending is itself responsible for the observed relative decline in survival” because rising health spending increases the number of people who cannot afford insurance, diverts government money from public health and education campaigns and ”unregulated fee-for-service reimbursement and an emphasis on specialty care may contribute to high US health spending, while leading to unneeded procedures and fragmentation of care” (Muennig and Glied, 10/7).

Doctoral students - please read the full article at: (20 mins) try the link below – or see the document attached in the Unit 1 folder.

http://content.healthaffairs.org/www5.sph.uth.tmc.edu:2048/content/29/11/2105


Introducing Health System Reform Legislation 2010: A Summary and Overview
First: do the Quiz: [http://healthreform.kff.org/Quizzes/Health-Reform-Quiz.aspx](http://healthreform.kff.org/Quizzes/Health-Reform-Quiz.aspx) (10 mins)

Write your score down so that you remember it. You will need this later in the course. “As with other sweeping pieces of legislation, it can be hard to get the real facts about what it does. And it is all too easy for misinformation about the law to spread. Take our short, 10-question quiz to test your knowledge of the law, and then find out how you compare to the rest of the country, as represented by the findings of the Kaiser Family Foundation's monthly Health Tracking Poll (March, 2011).”

Watch: Kaiser, “Health Reform Hits Main Street” (10 min) [http://healthreform.kff.org/the-animation.aspx](http://healthreform.kff.org/the-animation.aspx) “Confused about how the new health reform law really works? This short, animated movie -- featuring the "YouToons" -- explains the problems with the current health care system, the changes that are happening now, and the big changes coming in 2014.”


OR


Check out one of the timelines carefully:


[http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx](http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx)

**Graphic view: (10 mins)**


**Text View: (30 mins)**

[http://www.commonwealthfund.org/~media/Files/Publications/Other/2010/Timeline%20System%20Reform_040110_v5_rev%20051310.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Other/2010/Timeline%20System%20Reform_040110_v5_rev%20051310.pdf)

**History of the 2010 health system legislation:** Your Choice: either watch the film or read about it in the New York Times compilation below (policy wonks may want to do both but that is not required):
Frontline, “Obama’s Deal; Inside the backroom deals and hardball politics that got Obama his health care bill”, April 2010. (56 minutes) This film will serve as reference for several units in the class. It is a history of the health care reform bill in the USA and an example of how health policy is made. Note the lucid explanation of the behind-the-scene agreements between the policy makers and the stakeholders.

http://video.pbs.org/video/1468710007/


http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insurance_andManagedCare/health_care_reform/index.html A short history of the USA health insurance reform; DON’T FORGET TO CLICK ON “READ MORE” to access the full article when you arrive at the advertisements.

See the interactive time line for attempts to change the US health system going back to 1920 at (50 mins)


Want to see what the entire piece of legislation looked like? For your curiosity: this is NOT required reading: The health reform bills: PPACA & HCERA, Public Laws 111-148&111-152


For a simplified explanation of the ACA in non-legal terms see “CCH’s Law Explanation and Analysis of the Patient Protection and Affordable Care Act: Including Reconciliation Act Impact, Law, Explanation and Analysis” It is on reserve at the SPH library - Two volume set - Edition 1, 2010, Commerce clearing House Inc.

This book is not available in an electronic version so you will need to have the exact Section Number of the bill that is of interest to you to access information. You can search the full text of the bill at the link above for the exact section number

PREPARING for THIS COURSE:
Suggestions for those who are new to the field of policy:
You may also wish to study/skim the Kaiser Family Foundation “glossary of terms” at the link http://www.kff.org/healthreform/upload/7909.pdf (15 mins); The list of “Health Policy and Management – definitions” in the “CPH Study Guide; Certified in Public Health” (27 pps.) is also useful to review, especially if you are planning on taking the national CPH certification exam.

http://www.asph.org/userfiles/version2.3.pdf Please note that it takes a long time for this book to download.
Another helpful Glossary is that prepared by the European Observatory: (30 mins)

If you have not taken courses in the policy sector in the past please review this power point presentation: (30 mins)

For those with little background – please watch this Virtual Guest Lecture by Tricia Neuman, VP and Director of Kaiser Family Foundation on “Medicare 101: The Basics” June 2009 (16 minutes) Describes Medicare as we currently know it without changes accruing from the 2009-10 health reform.  http://www.kaiseredu.org/tutorials/Medicare101/player.html

For those with little background – please watch this Virtual Guest Lecture by Diane Rowland, “Medicaid, The Basics” (17 mins) http://www.kaiseredu.org/tutorials/medicaidbasics2009/player.html

“Brief Summaries of Medicare & Medicaid: Title XVIII and Title XIX of the Social Security Act, as of November 1, 2010.” The following document by the Centers for Medicare and Medicaid Services is electronic and searchable (50 mins) http://www.cms.gov/MedicareProgramRatesStats/downloads/MedicareMedicaidSummaries2009.pdf

CRITICAL THINKING – please read this document;

Unit Study Questions - find the answers as you complete the readings assignments listed below.  Hints and my comments about each reading are in RED. Try to limit your answers to the suggested TWO PAGE total limit Short answers are fine (aim for a maximum of two pages for the entire assignment).

1) What is health policy? Is health policy legislation always clear, concrete, and explicit? (Weissert )
2) Is there any basis for believing that there was a need for the 2010 health reform legislation? Compare the performance of the US health system with that of other countries in one or two sentences? (Anderson).
3) What, in your opinion, was the most important element in the health reform legislation of March 2010? Why? (George Washington University, Kaiser Family Foundation, and Commonwealth Fund).
4) What is the difference between incremental and rational-comprehensive health (planned) policy change? In your opinion is the US health system reform incremental or comprehensive? (Johnson, Wikipedia, Weissert & Weissert)
5) After reading a summary of the reform and once you know a bit about its legislative history, were you surprised that Congress adopted health reform legislation in March 2010? In your opinion was it necessary for Obama to make deals to get the health reform bill adopted in 2010 (Frontline video OR the NYT article).

6) Does the description of policy making in the book by Weissert and Weissert help you understand the attempts in 2010 to reform the US health system? If so, how? Give one concrete example where you apply something Weissert and Weissert point out about policy to the health reform legislation.

Unit 2: The Cost of Health Care Is Important for Public Health Policy

Expect 6.6 hours for time-on-task all inclusive for this unit; September 5th – 11th, 2011.

This week we review what is known about the cost of health from the peer-reviewed literature and our textbooks. Then we examine some suggestions for controlling costs. We will also look at the consequences of the 2010 health system reform for the high US healthcare costs: cost control mechanisms in the health care reform bill include the tax on Cadillac plans, the Independent Payment Board, etc. Next week, we will discuss its implications for quality. An exercise will help you determine how much health insurance will cost individuals if the health reform legislation is fully implemented. Finally, we look at public health theoretical propositions and assess whether or not they are useful for understanding elements of the 2010 health system reform.

Assignment: Unit 2 Cost

General

Read:

Squires (July 2011) “The U.S. Health System in Perspective: A Comparison of Twelve Industrialized Nations,” The Commonwealth Fund, “This analysis concentrated on 2010 OECD health data for Australia, Canada, Denmark, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States.” It gives insight into why the US health system is so expensive (30 minutes)


Gusmano, “Do We Really Want to Control Health Care Spending?” Journal of Health Politics, Policy and Law, June 2011. (10 mins)
Bodenheimer and Grumbach; pp 1-6, Chapter 8, and Chapter 9 (total = 29 pp) (50 mins.)


Listen or Download and Read the full transcript: Rovner, “A Painless Way to Hold down Health Costs?” June 29, 2009 NPR. (Audio) 5 minutes

Cost Sharing: Will It Control Costs?


Cost and Health Care Reform

Commonwealth Fund, “Timeline for Health Care Reform Implementation: Revenue Provisions” April 2010 (View either the text or graphic)
During the 2009–2010 health reform debate, secretary of Health and Human Services Kathleen Sebelius contended that “every cost-cutting idea that every health economist has brought to the table is in this bill” (Gregory et al. 2010).

That assertion had considerable merit. The Patient Protection and Affordable Care Act (ACA) contained numerous items on health services researchers’ and health economists’ wish lists, including policies to promote accountable care organizations (ACOs), primary care medical homes, bundled payment, pay for performance (P4P), comparative effectiveness research (CER), and health information technology (HIT). Even economists’ longtime Holy Grail — limiting the tax exclusion for employer-sponsored insurance — made it, against the political odds, into the ACA. So too did proposals to create an independent Medicare commission and an innovation center, while the Obama administration additionally promised to authorize an Institute of Medicine study on reducing the geographic disparities in Medicare payment made (in)famous by Dartmouth researchers (Weinberg, Fisher, and Skinner 2002).

Not surprisingly, many policy analysts lavished praise on the new law’s promise to “bend the cost curve.”

Is there, then, reason to believe that the ACA will decisively rein in U.S. medical care spending? Alas, probably not. The enthusiasm for the cost-containment provisions in health reform is striking precisely because so many of those provisions are tepid. Put simply, the Affordable Care Act lacks system-wide, reliable cost control. It is in fact a retreat from the cost-control ambitions of the 1993–1994 Clinton plans, which had, whatever one thinks of managed competition, a serious theory of how to slow health care spending, and, beyond that, a National Health Board and a budget to enforce expenditure targets. That some analysts believe the new law encompasses all available cost-containment ideas says more about the parochialism of U.S.
health policy and its inattention to international experience than it does about the robustness of the ACA’s spending limits.

But slowing federal expenditures on Medicare is not the same as controlling spending in the broader U.S. health care system that encompasses private insurance and other public programs (Marmor and Oberlander 2009). Outside of asserting Medicare’s powers, the ACA has three major policies that purport to control costs. The establishment of health insurance exchanges is expected to generate savings by concentrating purchasing power, reducing administrative costs, and promoting competition among health insurers. Yet the scope of the exchanges, and consequently their likely impact on national health expenditures, is limited: the Congressional Budget Office (CBO 2010) projects 24 million Americans will participate in them by 2019 (though enrollment could expand significantly over time). Moreover, Massachusetts’s experience to date with its Health Connector program provides little ground for believing that the exchanges will slow spending in the broader health system.

The second major cost-control instrument is the 40 percent marginal tax that will be imposed on high-cost insurance plans (policies exceeding $10,200 for individuals and $27,500 for families). The so-called Cadillac tax reflects many economists’ deeply held belief that insulating patients from costs leads to overconsumption of and higher spending on medical care (Vladeck and Rice 2009). That other nations spend much less than the United States on health care despite having comprehensive benefits and, in some cases, no cost sharing has so far not disturbed the view that moral hazard is the root of our high costs. Tax health insurance, advocates believe, and insurers and employers will trim overly generous benefits, patients will consume less medical care, and national health spending will slow.

The final piece of the ACA’s cost-control strategy is delivery system reform. Here the idea is to “modernize” U.S. medical care (Buntin and Cutler 2009) by providing better information and new incentives (CER, HIT), reorganizing how care is delivered (ACOs, medical homes), and changing how it is paid for (bundled payment, P4P). In addition, the law embraces prevention, including a new requirement that insurers must cover recommended preventive services without any cost sharing.

However, little evidence exists that any of these reforms — as politically appealing as their promise to improve health outcomes and health care delivery may be — will generate sizable savings in the short term (Marmor, Oberlander, and White 2009; Tanenbaum 2009). Moreover, in many cases the reforms are initially envisioned only as Medicare pilots and demonstrations, with the hope that they would spread throughout the program and then to the rest of the health system. This strategy for controlling costs is akin to throwing darts. Evidently, the idea is that since we don’t know how well any of these policies will work, we should try them all at once and see which ones actually stick.

There is good reason to be skeptical that delivery system reform will by itself provide reliable cost control. After all, other Organisation for Economic Co-operation and Development nations that spend less on medical care than the United States do so largely through concentrated purchasing, budgeting, and price regulation (Jost, Dawson, and den Exter 2006; Marmor,
Oberlander, and White 2009; Vladeck and Rice 2009; White 1995, 2010). The ACA does not move the United States closer to that international standard (White 1995) as much as it maintains the American tradition of searching for technical fixes to the fundamentally political problem of slowing the flow of income to the health care industry (Barer and Evans 1992; Morone 1990; Reinhardt 1990; Vladeck and Rice 2009).

Thus, many American policy analysts continue to lament fee-for-service payment and argue for the “necessity” of switching to a “fee-for-value” system if costs are to be controlled — never mind that other nations that pay doctors fee-for-service, including Canada, control costs much better than we do. The American debate has lost sight of a crucial fact: it is not just about how you pay for medical care, but how much you pay for services. Rather than emulating policies that actually work to constrain spending abroad (e.g., global budgets, fee schedules) the United States seems intent on reinventing and reorganizing its way out of the cost crisis. Yesterday’s conviction that capitation and integrated delivery systems held the key to stemming medical costs has been resurrected in the current fad for accountable care organizations and bundling, with scant acknowledgment that we have been down this road before. An ever-increasing list of abbreviations (HMOs, HSAs, HIT, P4P, and so on) bear witness to Americans’ elusive, and now four-decade-long, search for magic bullets.

Proponents of the ACA have attempted to turn the absence of reliable cost control into a strength. The law is, they contend, diverse and flexible. By trying many approaches, “it does not rely on just one policy for effective cost control” (Orszag and Emanuel 2010: 603). Yet combining a series of potentially ineffective reforms does not make them any more effective. Moreover, the rationale for experimenting with an array of delivery systems and payment reforms reflects a sort of policy agnosticism, since, as Jon Gruber argues, “health policy experts can’t really say for sure how governments should best go about slowing cost growth” (Gruber 2010: 189). But international experience suggests that other nations do know how to slow medical spending; the United States is simply unable or unwilling to adopt those policies. Americans are, in other words, determined to try all available cost-control options — except those that actually succeed elsewhere. Ultimately, the insistence that the United States has to try everything because nothing is certain to contain medical costs sounds less like agnosticism or intellectual curiosity and more like ignorance.

**Pharmaceutical Costs**

Hensley, “3 In 4 U.S. Prescriptions Are Now For Generic Drugs” April 20th, 2011
[http://www.npr.org/blogs/health/2011/05/16/135538006/3-in-4-prescriptions-are-now-for-generic-drugs](http://www.npr.org/blogs/health/2011/05/16/135538006/3-in-4-prescriptions-are-now-for-generic-drugs) (5 mins)

“The brand-name pharmaceutical industry has a drug problem. All 10 of the most prescribed medicines in the U.S. last year were generics, led by the defending champion generic equivalents of Vicodin (hydrocodone plus acetaminophen). ... Big Pharma’s losses have meant savings for consumers, insurers and employers that pay for health coverage. The average copayment fell 20 cents to $10.73 last year compared with 2009. The biggest factor in the decline was greater use of generics, which typically require the lowest copayment from consumers”

http://online.wsj.com/article/SB10001424052748704629104576190621185676798.html

Even as government and private health plans push to restrain spending on medicines, the prices of brand name prescriptions are climbing rapidly, reaching the steepest rate of the decade last year. (6 mins)

**The Independent Payments Advisory Board and Healthcare Costs**

Rovner, “Medicare Payment Board Draws Brickbats” National Public Radio, July 12, 2011, LISTEN or READ the transcript (5 minutes) http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=137774959&m=137783945


Aaron, “The Independent Payment Advisory Board,” May 11, 2011 NEJM. (10 mins)

Ebeler et al, “Medicare Policy: The Independent Payment Advisory Board; A New Approach to Controlling Medicare Spending”, Kaiser Family Foundation, April, 2011 only pp 1-5 and 22 are required http://www.kff.org/medicare/upload/8150.pdf (20 mins)


“Echoes of the once-familiar drumbeat to “repeal and replace” the health care reform law returned to Capitol Hill this week as GOP lawmakers focused on bringing down one of the law's key pillars. The Independent Payment Advisory Board (IPAB) drew the ire of lawmakers from both sides of the aisle as the panel and its ability to sidestep Congress to implement Medicare cuts became the focus of two congressional committee hearings. Called everything from a "pernicious" ration board to realistic price control, the independent committee will recommend cuts to the ballooning Medicare system that would automatically take effect when Congress fails to implement cost-saving measures of its own”


Republicans can't seem to decide whether they want to lambaste the health reform law's Independent Payment Advisory Board or present a more moderate tone. In theory, Republicans say they're convinced that repealing the IPAB will be easier if they don't make it political -- or as nonpolitical as anyone can make health care reform. But it might be too tempting for some lawmakers to let it go quietly.
For the past year, Democrats have been mostly united on health care issues, especially in the face of Republican efforts to repeal President Barack Obama's landmark law. But this week, House Republicans plan to fire their opening salvos against.

Stawicki, “Minn. health providers worry over possible Medicare cuts”
July 13, 2011, Minnesota Public Radio, Listen to the vita or read the transcript.

Audio and Transcript: http://minnesota.publicradio.org/display/web/2011/07/12/health-care-reform-ipab/ (5 mins)

When the proposal for the advisory board first surfaced during the federal health care law, a number of the Minnesota's doctors were open to the concept, said Dave Renner of the Minnesota Medical Association. ... Welcome changed to worry when details of how the board would work were revealed, Renner said. The board couldn't touch most hospital payments for several years, or scale back Medicare:

PHD students only


This article will help you pass the credentialing exam for Public Health. But it also summarizes systems theory and other theories as they apply public health and health policy. (30mins)

Unit Study Questions - find the answers as you complete the assignments. Short answers are fine as long as they demonstrate that you understood the readings/videos/audios. Look for hints as to where to find the answers to the “Unit Study Questions”. Once you have completed the assignment don’t hesitate to express your disagreement with the readings/audios in your answers to the Unit Study Questions! That is valued because we want to cultivate Critical Thinking in this class!

1. Why is the US health system so expensive and does it matter anyway? (Squires and Gusmano)
2. What role do individual, private insurance and the government play in paying for health services in the US? (Limit your answer to 100 words) (Bodenheimer)
3. Describe one positive and one negative aspect of having health insurance. (Bodenheimer)
4. Name and explain three painless mechanisms of cost control (Bodenheimer & Rovner “painless”)?
5. “Cost sharing will reduce the rate of growth of health care spending and control costs.” Do you agree or disagree? Justify your answer (Limit you answer to 150 words) (Swartz)
6. Do you think that the ACA (health reform legislation) will influence US health system costs? How? (Gruber, Cutler and Commonwealth, Oberlander)

7. Is the cost of prescription medication a major problem in the rising health system costs (Hensley & Rockoff)?

8. Will the Independent Payments Advisory Board help control health care costs? Who supports it and who does not? (Rovner “Medicare Payment”, Aaron, Ebeler, Kane, “Haberkorn, Stawicki) It will take a good paragraph to weave these readings into a coherent answer. Don’t worry about that.

9. Required only of doctoral students and MPH students intending to take the Association of Schools of Public Health Credentialing Exam: Take one theoretical proposition (stated in the form of a sentence) from the Sterman article and indicate how the health system reform process illustrates the usefulness or the uselessness of the theoretical proposition. Try for an example that relates to cost of health care. Here are a few of the hundreds of theoretical statements from this article that you might choose: for example: “new information about the state of the world causes us to revise our perceptions and …decisions.” OR “Learning in complex systems is often weak and slow.” Or “Failure to focus on feedback in policy design has critical consequences”. OR give an example of “policy resistance” or “ignoring feedback”, or “barriers to learning.”

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Assignment for Unit 3: Quality of Health Care & Public Health Policy

Expect 6.5 hours for time-on-task

This week we review what is known about quality and health policy from the peer-reviewed literature. Quality is complicated to define and measure in public health. You are asked to experiment with an interactive web site that is designed to help patients assess hospital quality. We will also look at the consequences of health system reform for US healthcare quality. Then we examine some suggestions for improving quality. P4P (pay for performance) are given special consideration. The possibility that health services are over-supplied is considered because this would not be high quality healthcare (Dartmouth Study). This Unit concludes with a reflection on the social determinants of health and quality in the context of population health.

Introduction to Quality

Bodenheimer and Grumbach; Chapters 10 and 11 – on improving quality of care and prevention of illness, which is what quality is all about…. (Time taken 45 mins)


http://www.commonwealthfund.org/~/media/Files/Publications/Other/2010/Timeline%20System%20Reform%20041110_v5_rev%20051310.pdf (40 mins)


**Activity Hospital Choice Quality Exercise**: Check and compare the hospitals in the Texas Medical Center area on quality. Which one would you choose for yourself or a family member and why? Check the zip code 77303 [http://www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/) (10 mins)


**Pay for Performance**

**Watch Power Point presentation**: by Rosenau and Lako “Pay-For- Performance to Reduce Costs and Improve quality,” presentation to the IPSA Santiago, Chile, July, 2009 - see notes by right clicking on the object, click on “presentation of object”, then choose “open” – you will see the notes. (25 mins)

Paying for Performance in Population Health: Lessons from Health Care Settings” *Preventing Chronic Disease; Public Health Research, Practice, and Policy* September 2010; Volume 7: No. 5,

[http://www.cdc.gov/pcd/issues/2010/sep/10_0038.htm](http://www.cdc.gov/pcd/issues/2010/sep/10_0038.htm) (20 mins)


[http://www.bmj.com/content/340/bmj.c1898.full.pdf](http://www.bmj.com/content/340/bmj.c1898.full.pdf) (20 mins)
What happens when doctors who are accustomed to pay-for-performance are no longer compensated to “do the right things?” The “test” reported here is surprising and a disappointment to those who hope that P4P will act as a “training” device.

The Dartmouth Atlas Debate and John Wennberg:

The Dartmouth Atlas Research – its role in the health system reform 2010 and why it may or may not be a basis for evidence-based-policy designed to improve quality. We will examine an exchange of perspectives in several parts.

Dartmouth Researchers lay out their thesis that 20-30% of health care delivered in the US today does not help the patient (quality consideration). They also argue that spending more does not lead to better outcomes. These findings influenced the health system reform and you will see why by reading this article. This research follows on the first Dartmouth Atlas of Health Care, edited by John E. Wennberg and Megan Cooper in 1996, which described the variations in practice and spending observed across U.S. regions.

Abelson and Harris, “Critics Question Study Cited in Health Debate,” June 2, 2010, An excellent summary of those who criticize the Dartmouth group’s research and findings.
http://www.nytimes.com/2010/06/03/business/03dartmouth.html (15mins)

(Only required by PhD students)

“In selling the health care overhaul to Congress, the Obama administration cited a once obscure research group at Dartmouth College to claim that it could not only cut billions in wasteful health care spending but make people healthier by doing so....”
The article, suggests that there was little statistically valid evidence to support the Dartmouth work.

Beyond Health Care Quality....

Evans, “Introduction,” , pp 1-15 in Evans RG, Barer ML, Marmor TR. Why Are Some People Healthy and Others Not? The Determinants of Health of Populations. New York : Aldine De Gruyter; 1994. You will need to print this article out as it is very difficult to read on the computer. Sorry about that. This article is assigned because it is an example that could serve as the basis for evidence-based policy and because it is recommended reading for those taking the credentialing exam. At the same time it presents an important challenge to public health policy.
(40 mins)
Unit Study Questions - find the answers as you complete the assignments.

Short answers are fine as long as they demonstrate that you understood the readings/videos/audios. Look for hints as to where to find the answers to the “Unit Study Questions”. Once you have completed the assignment don’t hesitate to express your disagreement with the readings/audios in your answers to the Unit Study Questions! That is valued because we want to cultivate Critical Thinking in this class!

1. What is quality? (Clancy)
2. Explain briefly what you think is the best proposal for improving quality of care? Are there any drawbacks? (Bodenheimer and Clancy)
3. Does “pay for performance” improve health services quality? Should policymakers encourage it or not? Name one obstacle to effective P4P? How can it be avoided? (Bodenheimer, Lester, and Rosenau PowerPoint presentation).
4. Check the Commonwealth health system Timeline, “System and Delivery Reform Provisions” Is Pay for Performance part of the package?
5. A new policy that is expected to improve quality will permit greater public access to medical outcomes data. Why is this what Ferris and Torchiana call a “double edged sword”? (Ferris and Torchiana)
6. Do the “hospital choice exercise”. Which hospital would you choose for yourself or a family member in the 77030 zip code area with respect to quality? What criteria are important to you?
7. Name two of the key findings in the Relationship between Patients' Perception of Care and Measures of Hospital Quality and Safety. (Isaac et al)
8. Is hospital volume important for quality of care? (Birkmeyer)
9. What is the major premise of the Dartmouth Atlas group’s research and why is it important to public health today? Name the main point of controversy regarding the Dartmouth Atlas’s research and whether you find their response adequate. Why is/was this debate critical for health reform in the US? (Skinner and Abelson)
10. A) What does Evans suggest influences health? And why does this perspective challenge Public Health? (MPH Students answer part A of this question) B) If he is accurate, are the time and money spent on improving health care quality really justified? (Evans) Doctoral students (and MPH students intending to take the Association of Schools of Public Health Credentialing Exam), please answer both Part A and Part B of this question.

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Unit 4: Access and Health Insurance

Expect 6.5 hours for time-on-task
This unit examines health insurance and access to health services via insurance in the USA today. It would be a lot shorter Unit if there weren’t so many types of health insurance in the US health system. In addition, the health reform legislation means we have to learn about what is going to change. My apologies, but in any case we will come to understand the “Who, When, Where and Why” of access and insurance in Unit 4. We will see how valuable it is and how access and health insurance are linked. A virtual guest lecture gives an introduction to the topic and two others discuss important types of health insurance: private health insurance market and Medicare. We will study Medicaid insurance in Unit 11 on Federalism because the states play an important role. Both these forms of health insurance will be modified substantially by the 2010 health insurance reform law if it is fully implemented. Most people receive their health insurance from their employer and a very recent survey gives us a quick update on it. When we look at how insurance will change due to the reform, we will give special attention to Medicare Advantage and to the new health insurance “exchanges”. We will close this week’s unit by learning more about a tool designed to help assure access – the new HealthCare.gov website.

ASSIGNMENT
Bodenheimer and Grumbach; “Conflict and Change in America’s Health Care System”
Chapter 16 (12 pp.) This chapter puts the role of insurance into perspective, historically (30 mins)

Today’s health insurance system:


View and Listen: Virtual Guest Lecture by Karen Pollitz, “Private Health Insurance”, Georgetown University, August 2006 (25 minutes). This presentation was prepared before health system reform and it reminds us of the situation that generated pressure to change the US health system [http://www.kaiseredu.org/tutorials/privateinsurance/player.html]


This annual survey of employers provides a detailed look at trends in employer-sponsored health coverage, including premiums, employee contributions, cost-sharing provisions, and
other relevant information. The survey continued to document the prevalence of high-deductible health plans associated with a savings option and included questions on wellness benefits and health risk assessments.

http://online.wsj.com/article/SB10001424052748704814204575507900382491036.html?mod=WSJ_hpp_sections_personalfinance


This article provides an evidence based assessment of what might happen if Medicaid is expanded as anticipated in 2014. It also explains what it means to be poor and not have health insurance today. “In 2008, a group of uninsured low-income adults in Oregon was selected by lottery to be given the chance to apply for Medicaid. This lottery provides a unique opportunity to gauge the effects of expanding access to public health insurance on the health care use, financial strain, and health of low-income adults using a randomized controlled design.

“Doctoral students should also read the original research article or the report in the NEJM.

Baicker, “The Effects of Medicaid Coverage –Learning from the Oregon Experiment” NEJM, Online July 20, 2011

Or browse


And the Transition:


http://www.kaiserhealthnews.org/Stories/2010/September/23/8-changes-health-reform.aspx (5mins) this article reviews the topics in the reform bill that have already been implemented?

Leonhardt, “Health Care’s Uneven Road to a New Era” NYT, October 5, 2010;
Tomorrow’s health insurance system – post-reform

Introduction

Kaiser Family Foundation, Health Reform, Health Reform Infographics
http://healthreform.kff.org/Infographics.aspx


Medicare
Listen or read the power points for this Virtual Lecture by Tricia Neuman from the Kaiser Family Foundation, “Health Reform and Medicare: Overview of Key Provisions,” July 2010 http://www.kaiseredu.org/tutorials/Medicare-and-health-reform/player.html (25 min) skip power points that repeat her previous virtual lecture assigned in Unit1.

See her recent updates presented at the Academy health Meetings in June 2011 entitled: “Medicare Reform Options: Implications for Beneficiaries and Medicare’s Future” (start with “exhibit 12”)

Bishop et al, “Declines in Physician Acceptance of Medicare and Private Coverage”, Archives of Internal Medicine, June 27, 2011 (15 mins)

Will physicians accept Medicare patients in the future? “A number of articles in the lay and medical press report a decline in the number of physicians who accept patients with Medicare” http://archinte.ama-assn.org/cgi/content/full/171/12/1117

Results of the most recent study: The percentage of physicians accepting new patients did not vary significantly between 2005 and 2008, ranging from 94.2% to 95.3%. Physician acceptance of new Medicare patients dropped from 95.5% in 2005 to 92.9% in 2008 (P = .01). Physicians in private practice were largely responsible for the declining acceptance of Medicare patients as determined in stratified analyses (95.5% in 2005 vs 93.0% in 2008; P = .01) (eTable).

There was a more pronounced decline in physician acceptance of patients with private noncapitated insurance (93.3% in 2005 vs 87.8% in 2008; P < .001). A smaller percentage
of adult primary care physicians accepted private noncapitated patients over the study period (97.3% in 2005 vs 89.9% in 2008; P < .001).

Rates of acceptance of new Medicaid and private capitated patients were lower than Medicare and private noncapitated insurance, but also showed a decline over the study period. Acceptance of self-paying patients was more than 96% in all years and did not change significantly over the study period.

While reports in the press highlight physicians’ dissatisfaction with Medicare, we found only a small decline in physician acceptance of Medicare patients between 2005 and 2008. In contrast, the decline in physician acceptance of noncapitated privately insured patients was more pronounced. Physicians continued to accept patients who were self-paying.

Although physician reimbursement under Medicare is often cited as the reason why physicians turn away Medicare patients, our findings that more than 90% of physicians continue to accept Medicare patients despite marginal increases in reimbursement suggest that anecdotal reports may be overstating access problems.

The observed decline in acceptance of private noncapitated insurance was unexpected and could be related to reimbursement but also to administrative burden. Acceptance rates of capitated insurance were lower and may reflect lower reimbursement in this model. Finally, the low and declining acceptance of new Medicaid patients is not surprising given the program's historically poor reimbursement rate. Low rates of Medicaid acceptance may threaten access to care for the estimated 16 million Americans who will receive Medicaid coverage as a result of the Patient Protection and Affordable Care Act.

Medicare Advantage

Kaiser Family Foundation, “Medicare Advantage Fact Sheet” September 2010
http://www.kff.org/medicare/upload/2052-14.pdf describes the program and outlines the changes for Medicare Advantage in the reform legislation (10 mins)


“MA payment reductions included in the ACA have an empirical base and will lead to a stronger and more equitable Medicare program. There also currently is little evidence to support concerns that the MA program is imploding, though that cannot be ruled out. While those opposing the MA cuts raise some legitimate points, their arguments seem insufficient to justify the additional resources it would take to offset the cuts at a time when federal budget expenditures of all kinds are under scrutiny” (20 min)

Gold et al, “Medicare Advantage Enrollment Market Update” September 2011,
http://www.kff.org/medicare/upload/8228.pdf Enrollment is up (25% of Medicare recipients are in Medicare Advantage and cost of premiums is down in 2011)

Employer Insurance

The Big Issue: “Nearly a third of employers will "definitely or probably" stop offering health coverage to their workers when the bulk of the health care overhaul takes effect in 2014, according to a new study by McKinsey & Co. And more than 50 percent with a "high awareness of reform" would seek alternatives to offering coverage. McKinsey's survey of 1,300 employers found that a full 30 percent claimed they would gain economically from dropping coverage - even if they are forced to pay a penalty of $2,000 per worker. As the Obama administration was quick to point out, the results are much steeper than similar studies by The Rand Corporation, The Urban Institute, and Mercer. On the White House blog Wednesday morning, Deputy Chief of Staff Nancy Ann DeParle called the McKinsey study "an outlier" that's "at odds with history" and should be "taken with a grain of salt." Still, Republicans didn't miss the opportunity to label one of the basic pillars of the reform ineffective. Via Twitter, GOP candidate Newt Gingrich wrote: "30%+ employers could eliminate coverage b/c Obamacare ... So much for 'if you like your coverage you can keep it.' (National public radio – nightly news June 10, 2010) “

Haberkorn, “Health Affairs Health Policy Brief,” March 9, 2011. (15 mins) Employers and Health Care Reform. The Affordable Care Act will assess taxes on companies that fail to offer their employees health coverage.


Insurance Exchanges and Choosing Insurance (Individual):


Kingsdale, “Health Insurance Exchanges – Key Link in a Better-Value Chain” New England Journal of Medicine, May 12, 2010 (15 mins)

Read the article by Kimberly Lankford “Health-care answers are just a click away”, July 18, 2010, Washington Post 2010 www.washingtonpost.com/wp-dyn/content/article/2010/07/16/AR2010071606803.html. In the website www.HealthCare.gov, enter information about yourself (such as your state, age range and health status) and this website will “list all of the private insurance plans in your area, as well as public programs you may qualify for." "This is the first time that all of the public and private options have been listed in one place and personalized, which was a major undertaking, because some health-care programs are national, some state-based and some local." (Lankford, 7/18) (10 mins)

Woodruff, “Utah's Health Insurance Experiment Built Around Small Businesses” Listen to the program or read the transcript, PBS, Aug. 2, 2011, (10 mins) http://www.pbs.org/newshour/bb/health/july-dec11/utahhealth_08-02.html “Under the federal health care reform law, all states will be required to set up a health insurance exchange starting in 2014”. This is a report about “one state that is ahead of the game, and how the new system is helping small businesses.”

Now do the Interactive Exercise: using the tools in the website http://finder.healthcare.gov/ find the insurance options for a 28 yr old unemployed MPH student in Houston, Texas. What did you discover? (5 mins) and compare the result you get with the subsidy calculator from the Kaiser Family Foundation at: http://healthreform.kff.org/subsidycalculator.aspx. Also - feel free to substitute your own situation/demographics for those of the above indicated example if you like.

Study Questions for this unit - find the answers as you complete the assignments. Short answers are fine.

1. What according to Bodenheimer, is the fundamental challenge facing the health care system in the United States? (Bodenheimer)

2. Who has health insurance and who are the uninsured today? (Kaiser Family Foundation, Hoffman)

3. Required only of Doctoral students: Appraise one change or potential change between pre-health reform Medicare and post-health reform Medicare. Then estimate whether you believe it to be an improvement or not and why (2 lectures by Neuman & Commonwealth Timeline)

4. Can anyone who wants to buy health insurance today? If not, why not? (Pollitz)
5. How much have premiums increased for workers with employer based insurance in the last 10 years? (Kaiser Family Foundation, “Employer Health Benefits). Are employers aiming for value, not just low costs, when they contract for insurance for their employees (Rosenthal)

6. In your opinion how the transition in the US health care system is working out (Appleby, Carey, Aaron, Abelson and Leonhardt) (suggest 150 words)

8. What do you think will happen to Medicare Advantage as a result of health system reform (Kaiser, “Fact Sheet” & Gold)

9. Do you think that large employers drop health insurance for their employees and pay the penalty instead? (Haberkorn and Freudenheim)

10. Will “exchanges” help individuals do a good job searching our “value” when they buy their own insurance if the reform is implemented? (Kingsdale, Kaiser and Pear)

11. Will “exchanges” help small businesses offer health insurance to their workers (Woodruff)

12. Explore HealthCare.gov and indicate if you think it will help assure access (Lankford and Seabrook)

13. What were the insurance options for a 28yr old unemployed MPH student,( or yourself) in the interactive exercise? (healthcare.gov and Kaiser family foundation subsidy calculator)

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Unit 5: The President Makes Health Policy

In this Unit we examine the President’s health policymaking options from a historical perspective and with regard to the current occupant of that office. Some presidents look for lessons from history to enhance their leadership while others ignore it and strike out on their own path. Presidents differ on how they define their job, on their personal management style, and on the amount of political capital that they bring to the office. A president has some control over these variables but doesn’t have complete control of all of them. Each of these factors influences a president’s accomplishments.

Theories of presidential power are explored in this Unit. The theory of the Unitary Executive is assessed. A president’s use of special policymaking instruments such as “executive orders” and “signing statements” may help them optimize their health-policy-making capacity in some situations. We will find out when this is the case and when using these devices is counterproductive. Finally, we will consider the presidency in the context of the 2012. We will study this upcoming election in Unit 8 in greater detail. It matters a lot to a president that his political party controls the Senate and the House of Representatives. At the same time there is competition between Presidents and Congress for power no matter which political party controls Congress. We will study this in the next Unit.

ASSIGNMENT

General background on the Presidency
The Obama presidential management style and historical lessons applied or not?

Lesley Stahl interviews ex-president Jimmy Carter September 19, 2010. Please listen to the entire interview (15 minutes) or read the transcript – seldom have presidents been so honest about their experience in the White House during their lifetime. This interview suggests how the president is expected to interact with Congress (sorry I couldn’t find a way to skip the ads.....)

http://www.cbsnews.com/video/watch/?id=6881954n

KING and WEISMAN “A President as Micromanager: How Much Detail Is Enough?” WSJ August 12, 2009. (15 minutes)

http://online.wsj.com/article/SB125003045380123953.html

Insightful article on President Obama’s leadership style but between now and the end of the year there will be changes in important advisory and cabinet positions – no changes in health policy leadership are likely.


Obama’s health care decision in the aftermath of the 2010 Senate election in Massachusetts shows the determination, perseverance, and political skills: it also indicates his willingness to go the extra mile when he personalizes an issue... Do you agree?

Blumenthal, “The Lessons of Success – Revisiting the Medicare Story,” The New England Journal of Medicine, November 27, 2008. This brilliant article about how the Medicare bill was adopted lists 6 lessons from that experience. Did President Obama follow them? (20 mins)

**Presidential Leadership, Political Capital, and Control of Congress and Elections**

Baker, “In Losing the Midterms, There May Be Winning”, October 23, 2010, (10 mins)

“President Obama Job Approval” Real Clear Politics (5 mins)
http://www.realclearpolitics.com/epolls/other/president_obama_job_approval-1044.html

**The “Theory of Presidential Power”, the Unitary Executive, Executive Orders, and Signing Statements**

Wikipedia, the free encyclopedia “Unitary Executive Theory”; a quick explanation and summary of the theory http://en.wikipedia.org/wiki/Unitary_executive_theory (10 mins)

Rosenau: “Executive Orders in health policy” (10 mins)

Cohen, CNN, “Obama uses executive orders as a political tool” November 2, 2011


Kelley and Marshall, “Going It Alone: The Politics of Signing Statements from Reagan to Bush I” Social Science Quarterly, Vol 91, #1, March 2010 summary of research on signing statements and some new research results (1hr)


Joyce Green, JD, “Presidential Signing Statement – browse this interactive website. http://www.coherentbabble.com/ss2011.htm This website allows you to compares the signing statements of George Bush and Barack Obama. The text of each signing statement is available. For more information about the lawyer who maintains the webpage see: http://www.coherentbabble.com/about.htm. This webpage was set up in 2006 and the author says, “when the media was just beginning to report about signing statements and scholarly writing about the statements was relatively scarce. I built the website for two reasons: (1) to provide free, convenient public access to the signing statements; and (2) to provide an objective, nonpartisan, and reliable research tool for reporters, scholars, lawyers, and anyone who is interested in signing statements. My purpose is not to guide opinion about signing statements, but to equip members of the public to explore the topic and form their own opinions. The legal and political issues raised by signing statements are not partisan issues. Rather, they affect the presidency itself, regardless of who occupies the post. They affect the balance of power and rule of law in American government and, thus, the functioning of democracy itself.”(15 mins)

Study Questions for this unit - find the answers as you complete the assignments.

1) What is the Presidents role in the policy making process? (M. Fix power points and Weissert & Weissert)

2) What is a president’s political capital? How does political capital aid in the policy making process? What outcome in the 2012 election would increase President Obama’s political capital (Weissert)? Keep your answer to 3-5 sentences please. Review your answer in light of President Obama’s job rating (Real Clear Politics).
3) What is a veto and when can the President use it? (Weissert)
4) Describe President Obama’s leadership style and what he might learn from Jimmy Carter’s experience in the White House concerning relations with Congress if he reads Jimmy Carter’s new book? (Wayne, King & Stahl)
5) Obama’s decision to pursue health system reform in the aftermath of the 2010 Senate election in Massachusetts showed the determination, perseverance, and political skills: it also indicated his willingness to go the extra mile when he personalizes an issue…Do you agree or disagree and why? (Wayne) (Not more than 75 words). Name two lessons learned from the adoption of the Medicare legislation in 1965 (the answer is at the end of the Blumenthal article). Doctoral students only: assess whether Obama learned from that lesson or not as evidence by the passage of the health reform legislation in 2010.
6) According to Peterson, what are the two key strategic choices and two essential tactical decisions that President Obama made that probably led to the enactment of the Affordable Care Act? (Peterson)
7) What is the Unitary Executive Theory (expansive powers) and does Obama subscribe to this theory? (Wikipedia & Baker)
8) What is the difference between “executive orders” and “signing statements” (Weisert & Kelley, Obama & Rosenau)
9) Compare Obama’s use of “Signing Statements” with that of George Bush (Savage & Wikipedia, Garvey & Green). Because the Democrats lost the House and the Senate in the midterm elections, based on the article by Kelley and Marshall, do you think that Obama will use “signing statements” more often or less often?

Unit 6: Congress Makes Health Policy
Time-on-Task = 6.5 hours

Congress makes health policy but it is a complicated institution and this unit begins with a general overview. We also consider Congress in light of the recent US health system reform legislation. Throughout this unit congressional strategic-planning approaches to legislation are considered, each of which influences public health, directly and indirectly. We judge the performance of Congress and examine Congressional “job approval” ratings. Practices such as the filibuster, cloture, and earmarks are studied. We learn about the role of congressional staff and the potential conflicts of interest that may emerge from staff/stakeholders links. Finally, we take a look at the timely topic of redistricting – a practice that follows the recently completed 2010 census.

ASSIGNMENT

General Introduction to Congress and Health Policy

For those who do not know much about the US health system – this Power Point presentation by Michael Fix provides a review of Congress and its history (1 hr)
Virtual Guest Lecture by Sheila: RN, MPA, COO of the Smithsonian Institution, 29 June 2011, “The US Congress and Health Policy” (15 minutes) http://www.kaiseredu.org/Tutorials-and-Presentations/US-Congress-and-Health-Policy.aspx In this narrated slide tutorial, Sheila Burke of Harvard’s Kennedy School of Government and Georgetown University, discusses the role of Congress in formulating health policy. Ms. Burke, former chief of staff to Senator Robert Dole, describes major differences between the House and Senate, key committees involved in the development of health policy and the recent health reform law, and suggestions for those who plan to get involved in Congressional policy-making. (kaiserEDU.org)

Virtual guest Lecture by Alan Schlobohm, “Health Care Reform; A Retrospective,” (Kaiser Family Foundation, August 2010 (This lecture is about how the health care reform legislation was adopted in Congress- specific to the bill) (20 minutes)


Weissert and Weissert: Congress: pp 21-74 and pp. 78-80 Some of this reading repeats what is covered in the virtual guest lecture – my apology to those of you who are familiar with how the US Congress works. Please read it again if this is the first course you have had on this topic. (1hr 40 min)

Volden and Wiseman “Breaking Gridlock: The Determinants of Health Policy Change in Congress.” Journal of Health Politics, Policy and Law, vol 36, #2, April 2011 this article empirically tests some important hypothesis about health policy? (1 hour).

Who Has the Most Power: Congress or the President? Last week we read about the “Theory of Presidential Power”, the Unitary Executive and Signing Statements”. The article below by Califano takes the point of view of Congress.

Califano, “Imperial Congress” NYT Magazine, January 23rd, 1994; Written 15 years ago the author of this article argues that Congress has more power than the president and tries to explain why. Pardon the mark-up on this scanned copy. I could not find a clean copy and it is not posted on the NYT website. (10 mins)
Congress; Public Opinion, and Performance; Does It Matter?

Real Clear Politics; “Congressional Job Approval,”
http://www.realclearpolitics.com/epolls/other/congressional_job_approval-903.html

Explore this website that posts the poll results on the “job approval” of Congress. (15 mins)


Congress has an “image” problem and this article says that is because it has lost the fine art of compromise; here is a short history of compromise or its absence in the Congress. (15 mins)


Hulse, “Meant to be Broken? Maybe Not This Time,” NYT, February 6, 2011.
http://www.nytimes.com/2011/02/06/us/politics/06cong.html (10 mins) Do you think that Congress is getting better at compromising?

Congressional Earmarks:

Republicans proposed to ban earmarks in November 2010, in part because the new Republican Tea Party contingent pushed for it. But the Senate rejected the Earmark Ban in 56-39 vote. President Obama proposed a partial Budget freeze and an earmark ban in January 2011, which led to the Senate passing a two year moratorium in earmark spending. Read the following articles to understand how Earmarks affects legislation.

PBS, The Newshour “Congress Struggles to Settle on Earmarks” June 15, 2007,
(5 minutes) http://www.pbs.org/newshour/bb/politics/jan-june07/earmarks_06-15.html

BACKGROUND: David Heath’s, “Promises, Promises” January 9, 2009, A PBS expose: this is a follow up on a program aired in 2008 about “pork barrel politics” and “earmarks”
http://www.pbs.org/wnet/expose/2009/01/mr-heath-goes-to-washington-pa.html (15 minutes) Explore the website with more information and the original program (optional)
“Mr. Heath Goes to Washington” if you are interested in this topic.
http://www.pbs.org/wnet/expose/2008/02/301-index.html (24 minutes). We will study about Media in Unit 8.

Steinhauer, “Lawmakers’ End of Earmarks Affects Local Programs Large and Small,”

NYT, February 7, 2011.(10 mins)

Local groups across the country are realizing that when Congress banned earmarks, it was talking about their money.

http://www.nytimes.com/2010/12/28/us/politics/28earmarks.html (15 mins) Watch for the terms “lettermarking” and “phonemarking” and be sure you understand these terms please.

Conflicts of Interest: Congressional Staff and Stakeholders

Calmes, Jackie “Many in Congress Hold Stakes in Health Industry” NYT, June 14, 2009; Members of Congress have potential conflicts of interest related to their wealth and family connections when it comes to health policy making. (10 mins)

Senator Max Baucus, “Thank you Liz Fowler” C-Span 2; the video was removed Youtube. But is now available on C-Span: http://www.c-spanvideo.org/program/SenateSession4575/start/14361/stop/14585
Bill Moyer’s puts it into perspective http://www.youtube.com/watch?v=hZ5tj4cN9Jk

The 2010 Census Is “History”; how the “Lines” get drawn and how Congressional constituencies are “constructed”.

Kwame Holman, “Cartographic Clout: GOP, Democrats View for Redistricting Dominance” PBS Newshour, October 20, 2010. New Census numbers being crunched, state legislatures are poised to redraw American’s political maps for the next decade. With new Census numbers being crunched, state legislatures are poised to redraw America’s political maps for the next decade. Kwame Holman reports on the battle between Republicans and Democrats to win control of statehouses across the country as population shifts promise to shake up some congressional districts.

Any trouble with this link? Try the following which is second best:


Ramsey, “The Texas Tribune: Redistricting Was Done, but Certainty Is Lacking,” July 8, 2011. (10 mins)

http://www.nytimes.com/2011/07/08/us/08ttramsey.html?_r=1&emc=eta1

This is a brief summary about Redistricting done in Texas.

Study Questions for this Week - find the answers as you complete the assignments. Short answers are fine

1) Judge which is most powerful – Congress or the President – when it comes to making health policy? (compare Califano with the reading about the power of the president assigned last week: “The “Theory of Presidential Power”, the Unitary Executive and Signing Statements”)

2) Assess which professional/occupation group is the most “over-represented in Congress” (Michael Fix power point) and were you surprised to know this?

3) Who has power within Congress when it comes to health policy? (Weissert and Weissert) and what are the key committees for public health (Burke virtual lecture).

4) How important are congressional, personal, and committee staff and why? (Weissert and Weissert). Use what Weissert and Weissert have to say about congressional staff to assess the examples of Congressional conflicts of interest studied in this Unit (Calmes, Baucus, and the information from the Am. Academy of Family Physicians link). Do ties that bind members of Congress (and their staffs’) to those who will be affected by legislation influence the outcome of the policy process? Is this necessarily bad?

5) Name the leadership positions in the Congress that you think is the most important – say why in one sentence? (Weissert and Weissert)

6) What did you learn about Congressional Committees or subcommittees that surprised you the most? (Weissert and Weissert)

7) Where you surprised by the results of the various hypotheses tested by Volden and Wiseman about how health policy bills make their way through Congress? Does this research suggest that Obama’s moderate and bipartisan approach to health policy is optimal?

8) Estimate why “earmarks” have been so important to members of Congress and what is replacing them? (PBS Newshour, Lichtblau, Heath, Nixon, Steinhauser and page 37 of Weissert)
9) What is a “Conference Committee” in Congress and what do you conclude is important about it in general? (Weissert and Weissert)

10) Is the “job approval” rating of Congress a problem? (Real Clear Politics). Do you think this has anything to do with the willingness to compromise in Congress? Historically has compromise been important in Congress and what has happened in recent years (Stolberg & Beth and Bach)? Do you see any new trends in compromise in your opinion – explain briefly (Hulse)?

11) Analyze the reconciliation process in Congress? Why was it important for health insurance reform in the US in 2010 reform legislation? (Weissert and Weissert)

12) Assess what Weissert and Weissert have to say about whether or not elected members of Congress are more or less “loyal” to their political party over the last several decades? (Weissert and Weissert & Stolberg)

13) Please relate one strength and/or weakness of the filibuster process in the Senate. (Several readings) Justify your answer with a concrete example.

14) What do you think of the current way Congressional districts are drawn up today? Why do you think the process is ok – state why. If you don’t think it is ok, is there an alternative?

Unit 6: Congress Makes Health Policy
Time-on-Task = 6.5 hours

Congress makes health policy but it is a complicated institution and this unit begins with a general overview. We also consider Congress in light of the recent US health system reform legislation. Throughout this unit congressional strategic-planning approaches to legislation are considered, each of which influences public health, directly and indirectly. We judge the performance of Congress and examine Congressional “job approval” ratings. Practices such as the filibuster, cloture, and earmarks are studied. We learn about the role of congressional staff and the potential conflicts of interest that may emerge from staff/stakeholders links. Finally, we take a look at the timely topic of redistricting – a practice that follows the recently completed 2010 census.

ASSIGNMENT

General Introduction to Congress and Health Policy

For those who do not know much about the US health system – this Power Point presentation by Michael Fix provides a review of Congress and its history (1 hr)

Burke of Harvard’s Kennedy School of Government and Georgetown University, discusses the role of Congress in formulating health policy. Ms. Burke, former chief of staff to Senator Robert Dole, describes major differences between the House and Senate, key committees involved in the development of health policy and the recent health reform law, and suggestions for those who plan to get involved in Congressional policy-making. (kaiserEDU.org)

Virtual guest Lecture by Alan Schlobohm, “Health Care Reform; A Retrospective,” (Kaiser Family Foundation, August 2010 (This lecture is about how the health care reform legislation was adopted in Congress- specific to the bill) (20 minutes)


Weissert and Weissert: Congress: pp 21-74 and pp. 78-80 Some of this reading repeats what is covered in the virtual guest lecture – my apology to those of you who are familiar with how the US Congress works. Please read it again if this is the first course you have had on this topic. (1hr 40 min)

Volden and Wiseman “Breaking Gridlock: The Determinants of Health Policy Change in Congress.” Journal of Health Politics, Policy and Law, vol 36, #2, April 2011 this article empirically tests some important hypothesis about health policy? (1 hour).

Who Has the Most Power: Congress or the President? Last week we read about the “Theory of Presidential Power”, the Unitary Executive and Signing Statements”. The article below by Califano takes the point of view of Congress.

Califano, “Imperial Congress” NYT Magazine, January 23rd, 1994; Written 15 years ago the author of this article argues that Congress has more power than the president and tries to explain why. Pardon the mark-up on this scanned copy. I could not find a clean copy and it is not posted on the NYT website. (10 mins)

Congress; Public Opinion, and Performance; Does It Matter?

Real Clear Politics; “Congressional Job Approval,”
http://www.realclearpolitics.com/epolls/other/congressional_job_approval-903.html

Explore this website that posts the poll results on the “job approval” of Congress. (15 mins)


Congress has an “image” problem and this article says that is because it has lost the fine art of compromise; here is a short history of compromise or its absence in the Congress. (15 mins)


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(10 mins) Do you think that Congress is getting better at compromising?

**Congressional Earmarks:**

Republicans proposed to ban earmarks in November 2010, in part because the new Republican Tea Party contingent pushed for it. But the Senate rejected the Earmark Ban in 56-39 vote. President Obama proposed a partial Budget freeze and an earmark ban in January 2011, which led to the Senate passing a two year moratorium in earmark spending. Read the following articles to understand how Earmarks affects legislation.

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**BACKGROUND:** David Heath’s, “Promises, Promises “ January 9, 2009, A PBS expose: this is a follow up on a program aired in 2008 about “pork barrel politics” and “earmarks”
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Senator Max Baucus, “Thank you Liz Fowler” C-Span 2; the video was removed Youtube. But is now available on C-Span: http://www.c-spanvideo.org/program/SenateSession4575/start/14361/stop/14585
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The 2010 Census Is “History”; how the “Lines” get drawn and how Congressional constituencies are “constructed”.

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Michael Cooper, “How to Tilt an Election through Redistricting,” *New York Times*, September 25th, 2010. It is the “season” for redrawing the map of Congressional districts. It happens periodically – after each census in the US. Technically it is “redistricting but in reality it is the “once-in –a –decade exercise in creative cartography”. For the best view please print the top link below in PDF color version : it is truly a lesson in gerrymandering:

Any trouble with this link? Try the following which is second best:

This is a brief summary about Redistricting done in Texas.

Study Questions for this Week - find the answers as you complete the assignments. Short answers are fine

1) Judge which is most powerful – Congress or the President – when it comes to making health policy? (compare Califano with the reading about the power of the president assigned last week: “The “Theory of Presidential Power”, the Unitary Executive and Signing Statements”)

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Unit 8: Communications: The Media, Public Opinion, and Elections

Time-on-Task = 6.5 hours

This unit takes on the topic of how three types of “communication” influence health policy: public opinion, the media, and elections. While we may not think of these as forms of communication, they are, indeed! Each of them sends messages and information to decision makers who formulate health policy and to citizens/taxpayers. After a general introduction to public opinion and elections, a virtual guest lecture outlines the links between public opinion and health care reform. Next, we check out some of the research on political bias in the media. Do you believe what you read in the newspaper or do you think it is slanted? We view a broad sampling of political ads including negative campaign ads and “attack” ads aired in recent elections. The historic ads that successfully influenced health policy during the 1993-94 health reform efforts are included. Several of the ads illustrate the role of fear, negativism, and emotion in the media and in election campaigns. Are these types of ads an effective means to change public opinion? We consider whether there is any logic or rationality at work in public policy discourse in the health sector. We ask: “who votes” and why do people bother to vote at all in elections – is it rational? (We look at some comparative evidence). We examine whether policy research is scientific or not and if public opinion polls can be trusted. We ask: do the mass media and money successfully influence public opinion and voting? One important section in this Unit follows – it offers you, personally, tips on how to work with the media as a public health professional. We consider elections next: how the new technology influences the conduct of elections, and several sources that seek to “predict” election results – we talked about Intrade before. We look at the electoral map and how it might have an unanticipated effect on the 2012 election results. Finally we consider how previous health policy experience is affecting the race to be the Republican nominee for the Presidency. An optional reading at the end provides an excellent summary of research on how biology influences an individual’s political participation, their opinions, and how they vote.

Assignment

Background: watch the power point lectures by Michael Fix for basic information on public opinion, elections and the role of money in politics. Click on the links below (right click and open “presentation object, then “open” to see the note pages) (1 hr)

Public_Opinion.ppt  Elections.ppt

Public Opinion and Health Care

Virtual Guest Lectures: Mollyann Brodie, “The Public and Health Care Reform; from the perspective of public opinion,” March 2009, [http://www.kaiseredu.org/tutorials/reform/player.html](http://www.kaiseredu.org/tutorials/reform/player.html) (16 minutes) This presentation provides a “broad overview of public attitudes toward health reform”. Please keep in mind that this guest lecture was prepared prior to the adoption of the 2010 reform legislation. And note the caveat by Brodie at power point # 1; it is important. Does this power point presentation suggest that public opinion isn’t so important and that “political will” and “political capital” and “leadership” count a lot more in some cases? Does the fact that health reform legislation was actually adopted confirm or call into question the guest lecturers many points and final conclusions?

Evidence about political bias in the media: the articles in this section disagree – what do you think?

Groseclose and Milyo “A Measure of Media Bias” *The Quarterly Journal of Economics*, November 2005, **Only Figure II. Page 1228 is assigned**; (5mins) [http://www.sscnet.ucla.edu/polisci/faculty/groseclose/pdfs/MediaBias.pdf](http://www.sscnet.ucla.edu/polisci/faculty/groseclose/pdfs/MediaBias.pdf) Figure II may surprise you or confirm what you already knew - please keep in mind that the data refer only to the **news sections** of these media sources, not the opinion pages/programs.

Gentzkow and Shapiro, “What Drives Media Slant? Evidence from US Daily Newspapers,” *Econometrica*, January 2010, **only the ABSTRACT is assigned for MPH Students (5 mins); Doctoral students please also read the introduction and conclusion (20 mins).** [http://faculty.chicagobooth.edu/matthew.gentzkow/research/biasmeas.pdf](http://faculty.chicagobooth.edu/matthew.gentzkow/research/biasmeas.pdf)


**Political Ads – Historical and Contemporary – Emotion and Fear**

Harry and Louise ads: View these videos to get a sense of how the policy context in the health sector changed over 15 years. Does this mean that the policy “window of opportunity” changed?
Media’s role in 1993 health reform: [http://www.youtube.com/watch?v=Dt31nhleeCg](http://www.youtube.com/watch?v=Dt31nhleeCg)

Media’s role in 2008-2010 [http://www.youtube.com/watch?v=ZhJQ5Viya7U&NR=1](http://www.youtube.com/watch?v=ZhJQ5Viya7U&NR=1) (5mins)

Bowman “Health Reform: Undecided Democrats Caught in Crossfire of Health Reform Ads” March 17, 2010 PBS  You are not required to read this article but please click on the windows to view the “embedded ads” that appear in this article (1min)  
[http://www.pbs.org/newshour/rundown/2010/03/undecided-democrats-are-in-the-health-reform-ad-crossfire.html#more](http://www.pbs.org/newshour/rundown/2010/03/undecided-democrats-are-in-the-health-reform-ad-crossfire.html#more) This video documents the cost and character of ads aired while the health reform legislation was being considered in Congress in 2010 –These are examples of how advertizing attempts to influence public opinion on public health issues. And let’s hear what you think of them on the Discussion Board!

“Ad Audit”: Conservatives for Patients’ Rights "Squeezes" The Truth

[http://www.kaiserhealthnews.org/AdAudit/080309squeeze.aspx](http://www.kaiserhealthnews.org/AdAudit/080309squeeze.aspx)  Click on the arrow in the picture at the top! Did this ad grab your attention? (1 min)

“Dirty Ads Smear Opponents” 10-27-2006

[http://www.pbs.org/newshour/bb/media/july-dec06/ads_10-27.html](http://www.pbs.org/newshour/bb/media/july-dec06/ads_10-27.html) transcript  OR  

Again – negative ads or “attack ads” (some completely false) play a very important role in elections – this film relates to the 2006 election and gives concrete examples. It documents the prevalence of this approach to policy. It also asks university experts on the topic of public opinion to analyze these ads (15 min).

Listen to Jonathan Oberlander and others: “In Health Care Debate, Fear Trumps Logic; 4/28/2009, about fear messages, transmitted via the media, and how they work.  

Logic and Rationality in policy discourse and in voting

[http://www.nytimes.com/2005/11/06/magazine/06freak.html](http://www.nytimes.com/2005/11/06/magazine/06freak.html) . A study from Switzerland suggests that voting is more about social factors than actually assessing rational self interest. (10mins)

[http://dmitriwilliams.com/JOCInfSeeking.pdf](http://dmitriwilliams.com/JOCInfSeeking.pdf)

Kathleen Hall Jamieson interview on “Towards a Healthier Debate on Health Reform,” *Bill Moyers Journal*, August 14, 2009. (only minutes 15 through 30 are required viewing)  
Kathleen Hall Jamieson (Annenberg Public Policy Center at the University of Pennsylvania ) and Drew Altman (President and CEO of the Kaiser Family foundation) analyze ads aired in 2009 regarding health care reform and speak out for “civil discourse”.


Is policy research scientific and are polls about policy topics to be trusted? When the answer is “Yes” and when is it “No”?

Gawiser and Witt, “20 Questions a Journalist Should Ask about Poll Results” National Council on Public Polls, February 16, 2004 http://www.ncpp.org/?q=node/4 All public health professionals should also ask these questions about a poll. (20 mins)


Where Is The Public On Medicare? Depends How You Ask the Question Depending on which side of the debate you're on, you can point to a poll right now that shows support for making major changes to the Medicare program, and one that shows major opposition. How come? Mostly because the questions used different wording (Rovner, 4/27) (NPR). Doctoral students also see the report prepared by Kaiser Family Foundation. http://www.kff.org/kaiserpolls/upload/8183.pdf (20mins) Surveys conducted by five different polling organizations in the last two months have attempted to gauge the level of public support for such a plan, and their results have varied widely, ranging from strong support for keeping Medicare as is, to a roughly even split, to a leaned preference for changing the system. Looking at the five organizations (including KFF) that have released polls on this proposed change to Medicare since the beginning of March, this data note points to several specific aspects of question wording that might be contributing to differences in the results. (Kaiser Family Foundation)

Optional: Check out these three cartoons about public opinion polling – is this any way to “make policy” – no please don’t answer that question.... (5 mins)

Cartoon1-3.ppt

Issenberg, “Nudge the Vote: What's even better than getting Lady Gaga to play your Election Day rally? Sending out a mailing that applies a subtle dose of peer pressure . How behavioral science is remaking politics” NYT Magazine, October 29, 2010. (10 mins)


Do the media and money influence public opinion and voting?

This article describes the extent to which advertising is assumed to influence public opinion by those on the left, the right, and the center. (This article talks about ads aired just prior to the adoption of the health reform bill by Congress at the end of March 2010.


Tips on encounters with the Media – best you be prepared!

Jackie Judd – VP for Communications Kaiser Family Foundation, “Health Policy Communications” this presentation is about how to be “Media Savvy” and it is excellent for public health professionals http://www.kaiseredu.org/tutorials/media/player.html (15 minutes)

Elections and Voting:


Predicting elections is an art – more than a science. There are some very good polls that are carried out weekly. But there is also some evidence that the internet gambling websites are better predictors than are public opinion polls! Why might this be the case?


Intrade, What is the probability that Romney or Perry or Cain will be the Republican nominee for President of the United States in 2012; http://www.intrade.com/v4/markets/?searchQuery=republican+presidential+nominee

See also: Intrade, http://www.intrade.com/v4/markets/?searchQuery=which+republican+can+beat+obama%3F

See also: real clear politics: http://www.realclearpolitics.com/epolls/2012/president/us/general_election_president_obama_vs_republican_candidate-1745.html
see also Paddy power


2012 Presidential Elections:

Gerald F. Seib “Blue-State Math Is Boon to Obama, Target for GOP” Wall Street Journal
Sep 27, 2011;  Read the article or listen to the video

SUMMARY: Examining the electoral college math, it appears that President Barack Obama has an advantage in the 2012 presidential race. If Obama carries the 18 states plus the District of Columbia where Democrats have won the last five presidential elections, he will garner 242 electoral votes while Republicans would gain only 102 electoral votes from the 13 states they carried in the last five elections. Several other states have gone to Democrats in the last four or five presidential elections. If the president is able to hold these, he will easily win with 281 electoral votes. However, with the weak economy, Obama is in danger of losing one or more of the industrial states of Michigan, Pennsylvania, or Wisconsin, considered competitive states. Republicans could also pick off Iowa, New Hampshire, or Ohio with Ohio being the largest electoral vote loss for the Democrats. If the Democrats should lose Ohio, they could still win by a close margin if they gained Colorado, which Obama won in 2008 after Democrats had lost the state in three of the past four presidential elections. Presidential elections are not nationwide popular vote contests. By focusing on prospects state by state, Democrats can strategically use their resources, including visits by Obama and Vice President Joe Biden, to gain an electoral college advantage.

Question: Gerald F. Seib’s Capital Journal piece can be the basis for an interesting discussion compare the advantages and drawbacks of replacing the electoral college with a national popular vote system or modifying it by using proportional or congressional district awarding of votes.

Obama Targeting a Few, Crucial States
by: Laura Meckler and Carol E. Lee
Oct 17, 2011

SUMMARY: Based upon demographic changes, President Barack Obama is targeting states that have increased the number of Hispanic and white, professional workers that supported him in 2008. Particular on his campaign agenda are North Carolina and Virginia in the East and Colorado, New Mexico, and Nevada in the Mountain West. If Obama can win these states, it would less critical to capture the big electoral vote states of Ohio and Florida. Indiana, which Democrats won in 2008, and Missouri, which they narrowly lost, are doubtful for Obama in 2012. Republicans argue that they have new opportunities in the Great Lakes states of Pennsylvania, Michigan, and Wisconsin plus additional electoral votes in states that are GOP-leaning states.

CLASSROOM APPLICATION: Laura Meckler and Carol E. Lee’s article gives an additional opportunity to reflect on the impact of the Electoral College on parties’ campaign strategies. The class can discuss the strategic effect of states’ using the winner-take-all system in contrast to what it would be if each state either divided its electoral vote proportionally among the candidates or by congressional districts. Under this system some big electoral vote states may see less attention while others may see more. For example, Republican expected loss in California results in their playing less attention there would change if they would be able to gain a substantial percent of electoral votes even if they were short of a majority of California votes. Students can also analyze demographic changes in states that could improve Democratic fortunes in these states. Especially significant is the growing Latino population, which...
is affecting states in the West but also others such as North Carolina. Virginia can also receive attention, speculating on electoral changes with the growth of the urban population in Northern Virginia and the decline of rural areas. Examining the South, which at one time voted Democratic and now Republican, the class can cite states that have the potential to turn back in the blue column.

QUESTIONS:
1. (Introductory) Laura Meckler and Carol E. Lee write that the growth of the Hispanic population could help President Barack Obama in a number of states. Do you agree that he will receive overwhelming support from Hispanics or are there issues that may mute this support?

2. (Advanced) How do you believe the strategic thinking of parties would change if all the states divided their electoral vote proportionally among the candidates?

3. (Introductory) Laura Meckler and Carol Lee note that former Governor Romney has potential in Michigan because his father had been governor of the state. However, Michigan is an urban industrial state with its largest population base being in the cities of the south. What is your view regarding the prospects of the parties in Michigan?

4. (Advanced) Several states that President Obama won in 2008 now have a Republican governor. Does this make any difference in Obama’s ability to carry these states?

5. (Advanced) Should the Electoral College be eliminated with a national popular vote to be substituted? How would this change presidential candidates' strategies?

Reviewed By: Edward Miller, University of Wisconsin-Stevens Point

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OPTIONAL: Hotz, “The Biology of Ideology; Studies Suggest Many of Our Political Choices May Be Traced to Genetic Traits” Wall Street Journal, Sept 4, 2008. (10 mins) http://online.wsj.com/article/SB122047003725696177.html This excellent summary of the literature on genetics and political orientation seems to indicate that genes mold political preference? Are you convinced?

***************

Study Questions for this unit

1) Michael Fix offers several theories exist to elucidate the gender gap in public opinion and values. Do these same variables help explain some of the partisan health policy differences outlined in the guest lecture by Mollyann Brodie? Give at least one concrete example from that PowerPoint presentation.

2) Is the Electoral College (Michael Fix’s lecture on elections) an impediment to democracy or a necessary device? Please give one reason why or why not.

3) Compare two of the political ads on public health policy issues in this week’s assignment and last weeks as well (including Bowman, Louise and Harry, “Ad Audit”, and “Dirty Ads Smear Opponents”).

4) In which assignment did you discover whether Americans are self sacrificing or not when it comes to universal health insurance? Name one other finding in this assignment that surprised you.

5) Do emotion and “fear” influence public opinion about health policy and what is your opinion about using them in ads if the end result is “positive”? How about negative ads or “attack ads”? (Oberlander and “Dirty Ads Smear Opponents”)

6) Is there political bias in media reporting? What does the evidence suggest? (Gentzkow, Groseclose, and Allen)

7) A study from Switzerland suggests that voting is more about social factors than actually
assessing rational self interest. Do you agree with Dubner and Levitt that social factor might explain voting patterns and can this be applied to USA?(Dubner)

8) **Are elections, voting, and policy discussions rational or largely emotional?** (Dubner, Valentino, and Jamieson)? If the “least aware are the most susceptible to persuasion via ads”, what should be done from a policy point of view?

9) Is policy research scientific and are polls about policy topics to be trusted? When the answer is “Yes” and when is it “No”? (Gawiser, Rovner & Rosenthal)

10) Can behavioral science manipulate the vote? How? (Issenberg)

11) Do the media and money influence public opinion and voting? (McKinnon and Della Vigna)

12) **What is the most important thing to remember if you are being interviewed for a television or radio show** (Judd)?

13) **Name two of the most recent approaches for getting elected?** (Hendricks)

14) Who would be the best candidate that the Republicans could name to run against President Obama? Should Governor Perry run for elections in 2012? (Real Clear Politics; Intrade)

15) What are fair rules for the right to vote? (cooper)

16) **If Romney is the Republican nominee for the presidency will this experience in Massachusetts hinder him or help him** (cite what you read from among the options offered to you in the Assignments and indicate that in your response).

17) **What factors increase or decrease Obama’s chances of re-election?** (Meckler and Seib)

Unit 9: Public Health Advocacy: Interest Groups, Lobbying, Stakeholders, and Campaign Finance Reform

Time on Task = 7 hours

In this unit we look at building partnerships between public health communities and stakeholders. We learn about the importance of stakeholders in the policy process and take a quick look at the history of lobbying in the USA. We read about some unexpected but effective coalitions between patients and pharmaceutical manufacturers, and between government and insurance companies. We will study the influence of advocacy and lobbying during the health reform legislation in the US (2009-2010). And we will look at the lobbying efforts associated with the implementation of the legislation. Leadership skills are taught for optimizing advocacy efforts that benefit public health – here the focus is on how to best represent vulnerable populations. The legal requirements that govern public health advocacy and lobbying are studied. Best-practice and empirically-based strategies for public health lobbying are emphasized. The fact that stakeholders and lobbying groups influence health policy is widely acknowledge, but experts disagree about the extent of this influence and whether or not it is positive or negative – arguments from both side are included in this unit. We will read case studies of successful public health advocacy and study the approaches employed by both stakeholders who support and those that oppose a public health point of view. The topic of campaign finance reform is explored briefly in the context of the recent Supreme Court decision, “Citizens United”.
Please note that there is no reading assignment in the textbooks this week – but more is assigned from recent media sources. Therefore, while this Assignment looks longer than the others, it really won’t take much more time that those previous assignments. NOTE: we will do Section C, “Transparency and Stakeholders; Do We Need It and Does It Matter” in class together. Also – my introductory lecture, Section A, will be covered in class. It is provided in advance so that those of you new to the US health system can view it. Also – we can go over it quickly and there will be no need to take notes.

ASSIGNMENT

Read, View, or Listen:

A) General Introduction to Advocacy and Lobbying in Public Health

Professor’s Power Point presentation for this unit. We will go over it in class. NO NEED TO LOOK at it before class unless you wish to. It is a general introduction and summary of the policy issues that will be studied this week. It includes a quick overview of some of the assigned materials (please see the “note pages” at the bottom of each power point – these are included to clarify what is in the power point presentation) (40 mins)

IMPORTANT: To view this power presentation with the notes you MUST right click on the object below, choose “presentation object”, and then choose “open”.

Johnson, “Iron Triangles“ A Glossary of Political Economy Terms, 1 page - you will need to know what this term means – look at: (5 mins)
http://www.auburn.edu/~johnspm/gloss/iron_triangles

B) History of Advocacy/Lobbying and Some Very Strange Alliances

Kazin, Michael “The Nation: One Political Constant” NYT April, 2001; brief history of lobbying and influence on policy making in the USA by a professor from George Washington University http://www.nytimes.com/2001/04/01/weekinreview/the-nation-one-political-constant.html (10mins)

Ginsberg, “Donations tie drug firms and nonprofits: Many patient groups reveal few, if any, details on relationships with pharmaceutical donors,” Philadelphia Inquirer May 28, 2006. This article is about the “strange alliances” that bind individuals and groups into issue coalitions and the increasingly issue-specific nature of US health policy (12 mins)
Nocera, Kate “insurer Creates Red-State Strategy” Politico, 10/6/2011

Pear, “Two Health Care Adversaries Find a Need to Collaborate”, NYT June 3, 2010
Another example of a strange “collaboration” between stakeholder and government that has not been observed in recent history. (10 mins)

Amy Marcus, “Advocacy Overload? Activists Seek to Unify Efforts of Groups Targeting Diseases; A Brain-Tumor Collaborative” October 10, 2006 Wall street journal
http://online.wsj.com/article/SB116044170691587611.html This article discusses the complex world of disease-specific advocacy. There really are 141 patient-advocacy groups that cover brain tumors! Do you think that there can be too much of a good thing? (10 mins)

a. Transparency and Stakeholders; Do We Need It and Does It Matter? We will do this UNIT IN CLASS. There are no questions in the study question for it!

“Payback” – did the campaign contribution make any difference? Opensecrets.org

http://www.opensecrets.org/payback/ Check out whether campaign contributions make any difference in terms of the legislation that Congress produces? Click on the “health sector”. This website balances Weissert and Weissert’s contention, in an earlier Unit Assignment, that financial contributions do NOT influence votes in Congress. (10 mins)

Do you know what a Sunshine Act is? Did you know about the Physician Payment Sunshine Act, part of the health reform legislation? http://www.prescriptionproject.org/sunshine_act (30 mins) and

http://www.pbs.org/nbr/blog/2010/03/pfizer_lists_payments_to_docto.html (5 mins)

Darren Gersh for Nightly Business Report, a joint report by ProPublica; Journalism in the Public Interest, PBS, NPR, the Chicago Tribune, The Boston Globe and Consumer Reports● “Dollars for Docs: What Drug Companies Are Paying Your Doctor”. View the “Big Pharma and Physicians video (8 minutes) and browse the website (and maybe even check out your own doctor?) at:
http://www.pbs.org/nbr/site/features/special/pharmaceutical_companies_dollars_docs
Or Read the transcript of this program at:
http://www.pbs.org/nbr/site/features/archives/pharmaceutical_companies/big_pharma_and_physicians_101019/

Check out Pro Publica’s web page http://projects.propublica.org/docdollars/ (10 mins)

Payments to Houston doctors – long list starts at the bottom of this page and goes on for several pages: http://projects.propublica.org/docdollars/states/texas?page=4&sort=city&sort_order=0

“Presidential donor look-up” Opensecrets.org
http://www.opensecrets.org/pres08/search_donor.php (10 mins)


(5 mins)

C) Advocating and Lobbying for the Health System Reform and the 2010 election.


“4,525 Means Eight Lobbyists for Each Member of Congress” while the health care reform legislation was being consider by Congress. This is an excellent report on lobbying in the health sector as the health system reform bill moved through Congress - move the cursor on the interactive diagram and “touch” the bars of the graph with the mouse for more information. 3.47 billion, was spend on lobbyists in 2009; possible as much as $12 Billion total for lobbying on the health legislation” http://www.chron.com/disp/story.mpl/metropolitan/7208566.html (10 mins)


The pharmaceutical industry hopes to hold on to concessions it won from Democrats during their recent brief reign in Congress, while benefiting from antiregulatory sentiment among Republicans who captured the House, industry lobbyists said. (10 mins)


Rovner “Health Care May Not Want Itself Repealed”, November 20, 2010, NPR  

“Many incoming House Republicans say they want to repeal large chunks of the new federal health care law. But much of the health care industry supported the law and, as NPR's Julie Rovner tells host Scott Simon, they still do. That could complicate the GOP's campaign for repeal.”

**Advocacy and Lobbying the Implementation Process**

Lobbying doesn’t cease now that the health system reform bill has been adopted. It continues but now the focus in on how the rules will be written to implement and enforce the legislation. “Now that the health care bill is law, an array of groups -- representing doctors, insurers, small businesses and others -- have switched to their post-passage game plans” The following Two articles assess this matter:

Pear, “Health Insurance Companies Try to Shape Rules” NYT 5/15/ 2010 (6 mins)  

http://www.kaiserhealthnews.org/Stories/2010/May/14/Health-Lobbying.aspx


**E) Tips on How to Lobby for Public Health**

Do you know what public health nonprofits can and cannot do when it comes to lobbying? Read/view ONE of the following two:

2) Staff from the *Center for Lobbying in the Public Interest*, “The Law and Lobbying by Nonprofits” Power point presentation [view attached power point:](#) (12 mins)

Deutsch, M. “The Resolution of Conflict” Constructive and Destructive Processes. New Haven: Yale Press, 1973, pp. 388-401. **How to advocate for the underdog:** a strategic plan is offered for managing situations where there is a large power differential – i.e. most public health groups. (Please rotate view clockwise in pdf to read document thanks) (30 mins)

**Rules and Advice for Lobbying** (Read or view **ONE** of the following **FOUR**) (15 mins)

1. “John Porter’s Advice for Meetings on Capitol Hill”, *Research Amer!ca.*


3. Center for Lobbying in the Public Interest staff at [centerforlobbying@clpi.org](mailto:centerforlobbying@clpi.org) **“LOBBYING BY NONPROFITS: THE HOW TOs”** power point is posted at:
   [http://www.blue.isoph.com/courses/CLPI/Lobby_how_to.ppt](http://www.blue.isoph.com/courses/CLPI/Lobby_how_to.ppt) **OR** view the attached power point version.


[http://www.blue.isoph.com/courses/CLPI/Lobby_how_to.ppt](http://www.blue.isoph.com/courses/CLPI/Lobby_how_to.ppt)
F) Notable Examples of Successful Lobbying for and Against Public Health
Case studies for successfully advocacy in public health. (30mins)

http://ajph.aphapublications.org/cgi/content/abstract/98/12/2123

Public health research about anti-public health “lobbying” by the tobacco industry: “To counter negative publicity about Philip Morris has widely publicized its philanthropy initiatives”

G) Money, Advocacy, and “Citizens United” Decision
http://www.nytimes.com/2007/07/08/magazine/08wwlede-t.html the recent background and brief “history” of campaign spending laws (5 mins)

Luo, “Money Talks Louder than Ever in Midterms” October 7, 2010. Watch the summary video at the top and read the article to get a sense of the issue involved in the “Citizens United” Supreme Court Decision last January. (10 mins)

Abramson, “Return of the Secret Donors” NYT October 17th, 2010
This article links Citizens United to the Watergate period of US History. It argues that “campaign finance laws that were the foundation for many Watergate convictions are all but obsolete”. (5 mins)

“Citizens United” Supreme Court Decision:

1) Bravin, “Court Kills Limits on Corporate Politicking” WSJ January 22, 2010
The Supreme Court’s “Citizens United” decision will have a effects on spending in the 2010 election. Click on the two boxes “Changing the Rules” in this article for an excellent summary.
http://online.wsj.com/article/SB10001424052748703699204575016942930090152.html (15 mins)

2) Siegel, Kelley, Gonyea and Liasson, “GOP Gains Advantage after ‘Citizen United’ Ruling.” This NPR piece discusses how the Supreme Court “Citizens United” decision is having on the Republican Party and the Democratic Party.
H) “Campaign finance reform – Is It Needed, Who Says so?”

Mullins, “Push for Public Funds to Finance Campaigns” WSJ, July 9, 2010;
http://online.wsj.com/article/SB100014240527487045004575353420549899504.html

This article outlines the ongoing failure of campaign finance reform in Congress. This is the latest effort. (6 mins)

“Tracking Campaign Money: A Guide. Who’s Giving and Where’s It Going”, NYT October 8th,
http://www.nytimes.com/interactive/2010/10/08/us/politics/DONATE.html This diagram sketches out the “new rules” of campaign contributions.(5 mins)

Study Questions: find the answers as you complete the assignment. Short answers are fine:

1) What is an “iron triangle” and why is it important in public health. (Johnson)
2) When did stakeholders begin to play a role in policy? (Kazin)
3) Now that health reform legislation has been adopted will advocacy and lobbying efforts by stakeholder cease? Give two examples to justify your answer referring specifically to the assigned readings (Pear “Health insurance tries to shape the rules” Rau and Appleby)
4) We looked at some unusual advocacy, stakeholder, or lobbying coalitions in the health sector – name them explain the ties that link them together (Pear, “Two Health Care Adversaries...” and Ginsberg “donations tie drug firms” & Nocera)
5) Name two important points to remember if you are involved in public health advocacy? (any of the four articles in Rules and Advice for Lobbying section of the assignment and please name the source that you choose to read)
6) Is having a large number of lobbying organizations working on the same “specific disease advocacy topic sometimes counterproductive? (Marcus)
7) What is the difference between lobbying and advocating? (Vernick or Staff from the Center for Lobbying in the Public Interest – section E of the assignment)
8) What did Campbell Soup want? Is this a public health issue? (Eaton & Pell, “lobbyists swarm...” – be sure to read both page 1 and page 2 to find the answer at this webpage).
9) Name one issue that lobbying effectively changed in the health reform legislation (PBS Newshour “Exploring the Big Money behind Health Care Reform)
10) How did stakeholders feel about the healthcare reform bill once it was passed? And did this change their relationship with Republican Party and Democratic Party? (Mundy, Vaida and Rovner “health care”)”
11) Name TWO important “lessons” you learned from this week’s assignment about how to successfully advocate for public health? One lesson from each of these readings: Isaacs and Deutsch. What did you think of the “negative” approach to public health lobbying evidence in the article by Tesler?
12) Was the Supreme Court’s decision call in the Citizen’s United case important for public health? Tell why or why not in 2 sentences (Bravin and Siegel).
13) What are the most important developments in the advocacy in the last year (Rosen, Luo, and Abramson) and where is the money going? ("Tracking Campaign Money" & Mullins’ "Democrats...")?
14) Is campaign reform legislation needed? If yes, why and how? If not, why not? (Mullins, "Push...")

Unit 10- The Public Bureaucracy Makes Health Policy

Time on task = 6.0 hours

The public bureaucracy and the White House administrative apparatus are studied in this unit. We look at the role of the federal public bureaucracy with respect to public health. The principles of program planning, development, budgeting, and management are considered briefly. The goal here is to review what is known about how the public bureaucracy functions, the extent of its power, its internal conflicts, and the effect of the political environment on it. We will study state-federal relationships that involve the public bureaucracy in the next Unit – Unit 11. This week we will examine the role of the bureaucracy in the policy process. The link between science and policy is discussed. As examples of the federal bureaucracy we will look at the FDA and the CDC. Special attention is given to the implementation of the 2010 health reform legislation. We assess how that implementation process is progressing and we will consider the wisdom of the many waivers being issued. Finally we will look at disagreements within the federal bureaucracy as to implementation of the ACA. Watch for the Sections marked: OPTIONAL and CHOOSE AT LEAST ONE OF THE FOLLOWING. These will reduce the reading.

ASSIGNMENT

A) Introduction and how the Federal Register:

View the Power Point by Michael Fix on the bureaucracy; this covers background material for those in the class who do not have a lot of prior knowledge about the US health system. It is a good review for those with lots of experience. Right click, choose “file object” and then say open to access the “notes view”. And please check the Documents section of Unit 10 for the version of this PowerPoint with narration.

Weissert and Weissert: “Bureaucracy” pp. 189-212, 222-230 (1hr)

Berwick, “Making Good on ACO’s Promise - the Final Rule for the Medicare Shared Savings Program” NEJM, online advance publication- October 20, 2011. Is the bureaucracy responsive? Berwick says it is...


- this article offers a timely example of how the implementation process works at its most response: legislation, publication of rules in the Federal Registrar and revision of the rules. See Weissert and Weissert for a definition and role of the Federal Register. In brief: “The Federal Register (since March 14, 1936), abbreviated FR, or sometimes Fed. Reg.) It publishes a list of the new rules and regulations and the final rules associated with the implementation of legislation that has been adopt by Congress and signed by the President. It also publishes updates and changes to existing rules. The intent is for those affected by these rules to have a chance to give feedback to the bureaucracy and participate in the formulation of new rules before they are implemented through an advance process of comment.

B) The Federal Bureaucracy, Science, Policy, and Public Health OPTIONAL

Fielding and Briss, “Promoting Evidence-Based Public Health Policy: Can We Have Better Evidence and More Action? Health Affairs, July/August 2006. This article lays out the guidelines for how evidence should/could influence public health policy. (40 mins)


The Obama administration has issued its science policy. Separating out science and politics is always difficult. Spend a few minutes looking over the guidelines after you read the NYT article: http://www.whitehouse.gov/sites/default/files/microsites/ostp/scientific-integrity-memo-12172010.pdf (15mins)

C) The Historical Debates between Science and Politics within the Public Bureaucracy; the example of the Federal Advisory Committee system OPTIONAL

Steinbrook – “Science, Politics, and Federal Advisory Committees” NEJM 2004; “Federal advisory committees are meant to provide independent, expert, and objective advice on policy, the funding of research, and other issues.” But should that advice be based on science or politics? Should it be free of “ideological, political, and economic bias?” This article reviews the Bush Administrations views and those of its critics. It also considers proposals for changes in the federal advisory committee system. (20 mins)
D) The FDA and the C.D.C. as examples of the political complexity that surrounds policy making by the public bureaucracy

Susan Okie, “Reviving the FDA,” October 14, 2010, NEJM, The author argues that the FDA has huge responsibilities, is slow to change, and has meager resources to cope with its many mandates http://www.nejm.org/doi/pdf/10.1056/NEJMp1009686 (15 mins)

Harris, “Obama’s C.D.C. Director, Wielding a Big Broom” March 16, 2010, The White House plays a huge role in determining how the public bureaucracy performs its role in the public health sector. See this link for an example. (15 mins)
http://www.nytimes.com/2010/03/16/health/16prof.html

E) The bureaucracy implements the ACA; Formulating Rules, Backing Down, and Continuing forward on the Path to Health Reform

Your choice: Listen, read the transcript or podcast WE WILL DO THIS TOGETHER IN CLASS _ NO NEED TO LISTEN TO IT IN ADVANCE

Kaufman: “Federal Agencies to Iron out Health Care Details” NPR March 25, 2010


http://www.washingtonpost.com/wp-dyn/content/article/2010/06/02/AR2010060204452.html

This article outlines the implications of the health reform legislation for the public bureaucracy in Washington DC; the administration is taking on the huge task of writing regulations and implementing the health reform legislation. After Congress passed the legislation, one labor official recalls getting an email from a health department friend: "Roll up your sleeves, my friend. Now the hard work begins"

i) The wisdom of waivers Please READ all of the introductory material in RED in this section and at Least One of the Articles in this section. Read more if you can.... AND be prepared to tell the class in a few sentences what the article you read was about (in addition to my introduction).

The health reform legislation included many new regulations, so many that the public bureaucracy appeared to be overwhelmed. In the first year of implementation of the health reform bill rule making and implementation was postponed as well because of stakeholder “push back”. Read about some of those waivers that were granted initially and why the waiver program has ended. Please read all of the short summaries of these articles below. If you are curious you can access the detailed version of the news item by holding down the control key and, while doing so, (keep it down), put the mouse on the blue underlined element in the paragraph, and click – they then open right up. (1hr)
The total number of health law waivers granted by the Department of Health and Human Services is now 1,472 and a new wave of waivers was initiated in August 2011.

**The Hill:** HHS Grants 106 New Health Care Waivers
The Obama administration granted another 106 waivers last month from part of the health care reform law — the first round of three-year waivers the Health and Human Services Department has approved. The new approvals bring the total number of waivers to 1,472, according to HHS. Those figures cover waivers granted through the end of July. HHS will stop granting new waivers after September. Some health care plans, usually offered to low-wage workers, place caps on how much the policy will pay out in benefits over a year. The health care reform law gradually bans those limits, but allows HHS to grant waivers to companies that would be more likely to stop offering coverage altogether than to provide more robust coverage (Baker, 8/19).

**CQ Health Beat:** HHS Rolls Out A New Wave Of Waivers
New figures out Friday show that the Department of Health and Human Services last month approved additional waivers from annual benefit standards in the health care law for "mini-med" plans. The website for the HHS Center for Consumer Information & Insurance Oversight said that as of the end of July, 1,472 one-year waivers and 106 three-year waivers have been approved. That means 3.4 million Americans now are enrolled in plans with annual limit waivers, or about two percent of all Americans with private health insurance. On Friday, the Centers for Medicare and Medicaid Services (CMS) also published supplemental guidance for Health Reimbursement Arrangements that exempts HRAs that are subject to the annual limits from having to apply individually for annual limit waivers (Norman, 8/19).

Why waivers???? Read this excellent introduction to the topic. “As Obama administration officials put into place some of the new rules that go into effect under the federal health care law, they are issuing more waivers to try to prevent some insurers and employers from dropping coverage and also promising to modify other rules because many of the existing policies would not meet new standards.”

Pear, “Making Exceptions in Obama's Health Care Act Draws Kudos, and Criticism”; NYT
March 20, 2011
http://query.nytimes.com/gst/fullpage.html?res=9801E1DB1731F933A15750C0A9679D8B63&pagewanted=print  Obama administration officials say they were expecting praise from critics of the new health care law when they offered to exempt selected employers and labor unions from a requirement to provide at least $750,000 in coverage to each person in their health insurance plans this year. Instead, Republicans have seized on the waivers as just more evidence that the law is fundamentally flawed because, they say, it requires so many exceptions. To date, for example, the administration has relaxed the $750,000 standard for more than 1,000 health plans covering 2.6 million people.

“The Obama administration has allowed 222 employers, insurers and unions to opt out of a key mandate in the new health care law -- a number that has grown exponentially in the past two months. Employers like McDonald's, Waffle House and Universal Orlando are among the companies that have received a one-year waiver, allowing them to maintain minimal coverage below the new law's standards.” (foxnews.com)

“Federal rule makers, long the neglected stepchildren of Washington bureaucrats, suddenly find themselves at the center of power as they scramble to work out details of hundreds of sweeping financial and health care regulations that will ultimately affect most Americans” This article argues that waivers might water down the new law.

Norman, “Year One for the Health Care Law: Expecting the Unexpected”, Commonwealth Fund, 3 March 2011. Only the part about Waivers is assigned.

http://www.commonwealthfund.org/Content/Newsletters/Washington-Health-Policy-in-Review/2011/Mar/March-21-2011/Year-One-for-the-Health-Care-Law.aspx “The word "waiver" does not appear in the section of the health care overhaul law that bans insurers from imposing lifetime or annual limits on benefits. But the 1,040 waivers covering 2.6 million people -- granted by the Department of Health and Human Services for so-called "mini-med" plans -- are an example of an unexpected development and a source of controversy in the rollout of the first year of the landmark law. While any major piece of legislation will bring surprises as it's put in place, the overhaul measure -- which never went through a final scrubbing or conference committee -- has encountered more than its share of turmoil in its first year of life. Other somewhat surprising events that have shaped the implementation debate included loud protests by cash-strapped states over Medicaid maintenance-of-effort requirements, the difficulties of fashioning a financially stable program for long-term care and a Republican takeover of the House that accelerated the drive for repeal. Then there's been the rapidly expanding court battle over the law's constitutionality.”

ii) Year two of implementation --- have waivers come to an end....?.

http://online.wsj.com/article/SB10001424052702303635604576392200148966610.html?mod=djemHL_t The Obama administration set September 2011 as the final date for applying for a waiver to the health care law.

Adams, “Washington Health Policy Week in Review In Year Two of the Health Care Overhaul, the Wonks Will Really Go to Work,” March 11, 2011 CQ Healthbeat – posted by Commonwealth Fund
http://www.commonwealthfund.org/Content/Newsletters/Washington-Health-Policy-in-Review/2011/Mar/March-14-2011/Year-Two-of-Health-Care-Overhaul.aspx (6mins) “Federal regulators face dual challenges as they head into the second year of implementing the health care overhaul. They must continue the methodical work of preparing for change while defending the law against opponents in Congress, the states and the courts. The next regulatory steps will be largely invisible to the public, in contrast to the law’s inaugural year — which ends March 23 — when high-profile benefits and consumer protections attracted widespread publicity and scrutiny. Department of Health and Human Services (HHS) officials will create a Medicare initiative to encourage hospitals and physicians to coordinate more closely on patient care in the coming year. Regulators will start deciding which medical services health plans must cover as of 2014. Negotiations between federal and state officials will escalate as states prepare to launch the health insurance markets that will expand coverage. And researchers will get federal money to find the most effective way to treat diseases “summary by CQHealthBeat

iii) State Flexibility - Key Issue In Health Law Implementation
The Washington Post reports on how some states want to move past the 2010 measure in advancing their own health reforms. Meanwhile, as states build their health insurance exchanges, a key variable will be the degree of competition within their own insurance marketplaces.

Kliff, Sarah, “Some States Seek Flexibility to Push Health-Care Overhaul Further” The Washington Post: Oct 16, 2011, “A handful of states are pursuing health measures that go far beyond the Obama administration's signature legislative accomplishment, the Affordable Care Act. They stand in contrast to Republican governors, who have aggressively opposed the law. Twenty-seven states are challenging the law in the courts as unconstitutional, while two, Florida and Louisiana, have just refused to implement much of the law (Kliff, 10/16).”


iv) Is the federal bureaucracy always in agreement on how to implement the health reform law?

Catan, “This Takeover Battle Pits Bureaucrat vs. Bureaucrat”, Wall Street Journal, Apr 12, 2011(15 mins)
http://online.wsj.com/article/SB10001424052748703784004576221100894386950.html?mod=djem_jie wr_PS_domainid

“In the world of anti-trust reviews, two federal agencies, Department of Justice and the Federal Trade Commission (FTC), have jurisdiction. The Justice Department and the Federal Trade Commission have feuded over examination of proposed business acquisitions and mergers. Justice traditionally has been more lenient than the independent Federal Trade Commission. Legal processes differ for the two agencies with Justice having to work through the federal court system while the FTC takes cases initially to their own administrative law judges. Although FTC cases can be appealed to the federal courts, many businesses either abandon the deal or seek a settlement prior to the appeal. The conflict between the agencies is emerging over the review of Accountable Care Organizations (ACO), collaborations between physicians and hospitals envisioned by the Patient Protection and Affordability Act. Although coordination of medical care is viewed as improving its quality in the health care reform act, the anti-trust question will be whether it also results in too much consolidation leading to fixing of prices. The Department of Justice seems more willing to accept ACOs because of their benefit to patients than the FTC, which could be more focused on anti-trust concerns.” (Summary by Edward Miller)

**Study Questions for this unit - find the answers as you complete the assignments. Short answers are fine**

**HOW MANY HOURS DID IT TAKE YOU TO DO THIS UNIT ASSIGNMENT?_____**

1) How does Johnson identify bureaucracy? Identify one advantage and one problem associated with the public bureaucracy when it comes to formulating and implementing health policy? Identify the readings that inspired your answer (Michael Fix’s power point, and Weissert)

2) Why does “implementation” matter (Michael Fix's power points)

3) List two ways that the public bureaucracy influences the policy process. Identify how these are critical for public health policy? (Weissert)

4) Define the Federal Register and explain its role in the implementation of Congressional legislation? (Weissert and Kaufman)
5) Do you agree with Berwick’s assessment of the final rules for Accountable Healthcare Organizations? Will these rule changes increase the number of ACOs established to care for Medicare patients in the future?

6) Should evidence inform policy (Fielding)? Does the Obama administration’s science policy incorporate an evidence-based perspective in your opinion? (Chang). OPTIONAL

7) Describe the dilemma surrounding the relative importance of science and politics in the Federal Advisory Committees and explain briefly how would you resolve it (Steinbrook, “Science, Politics ...”) OPTIONAL

8) Susan Okie argues that public bureaucracies are slow to change. Do you agree? Illustrate your answer with examples from both the CDC and the FDA since President Obama took office (Okie & Harris). Consider the possibility that Susan Okie’s assessment may not be accurate.

9) Does the public bureaucracy ever fail to implement legislation adopted by Congress? (Weissert, Aizenman, and other readings). In your opinion, might the public bureaucracy, in the future, fail to implement parts of the 2010 health system reform legislation? Defend you policy analysis on this topic

10) In your opinion what are the advantages and disadvantages of granting waivers for the ACA? (The Hill, CQ, Abelson, Pear, FoxNews, Lichtblau, Adamy. and Adams). Use the article(s) you selected to read from this section of the assignment to answer the question—also refer to Adamy and Adams which everyone read. Thank you.

11) Does the US bureaucracy tolerate variation across the states? (Kliff)

12) Name one thing that agencies within the federal bureaucracy disagree about concerning the ACA? Is the US bureaucracy a rational, united, and consistent entity? (Catlan)

Unit 11: Federalism and the States Influence Health Policy

Time on Task = 8.8 hours

This unit is about how the states and the federal government do, or do not; interact to formulate public health policy. There is huge variation across the states regarding health status and health policy. We look at the tension between these two levels of government and the advantages and disadvantages each side brings to the formulation of health policy. State health systems have been innovating for decades. Does the 2010 national health reform legislation incorporates some of the lessons learned from the state experiments about health policy? Maybe, but not always.... We will also examine how the 2010 health reform legislation will impact federal-state relationships. States are charged with setting up insurance exchanges, monitoring and regulating insurers to a greater extent than in the past. The state-federal partnership program, Medicaid, is to be expanded. Many states have officially designated a task force or committee to oversee implementation but just as many are challenging the legality of the reform bill. Some are doing both!
Please note: Massachusetts and its 2006 health system reform --which is structured much like the federal plan-- will not be covered this term to compensate for the increase in content about Texas in this Unit Assignment. Massachusetts will be covered in the “Healthcare Payment Systems and Policy” course, to be offered in spring 2012 – Houston Campus.

ASSIGNMENT

1) Background:

Kroft, “State Budgets: The Day of Reckoning,” 60 minutes, December 19, 2010. (14 mins) Listen or read the transcript: What does this tell us about states’ ability to work on health policy? Turn down the volume during the ads which I find very annoying http://www.cbsnews.com/video/watch/?id=7166293n&tag=contentMain;contentBody

Weissert and Weissert: “The States and Health Care Reform” pp. 236-263, 287-297 (75 mins)

Virtual Guest Lecture: Alan Weill, Executive Director of the National Academy for State Health Policy, “Role of States in Health Policy” December 2006: This 14 minutes power point presentation gives the role of the states in health policy prior to the 2010 health system reform - as you watch it note that much is expected to change over the next several years. http://www.kaiseredu.org/tutorials/StateHealth/player.html

Browse and then do the assigned interactive exercise:

Kaiser, “Health Reform; Create Customized Health Reform Fact Sheets Using the Latest Data ...” : http://www.statehealthfacts.org/healthreform.jsp (10 mins); Kaiser: “Follow up on individual states” http://www.statehealthfacts.org/ (10 mins) And this link compares Texas with the USA on Health Coverage and Uninsured:
http://www.statehealthfacts.org/comparecat.jsp?cat=3&rgn=45&rgn=1

And this one: http://healthreform.kff.org/the-states.aspx

(10 mins)

State Medicaid fact sheet; http://www.statehealthfacts.org/medicaid.jsp (10 mins)

Healthcare.gov, “Health Insurance Premium Grants: Detailed State by State Summary of Proposed Activities” http://www.healthcare.gov/news/factsheets/rateschart.html#t. Scroll down to the bottom of the link to find two states that you wish to compare or click on the first letter in the names of two states; compare these two states on how “each State intends to overhaul its health insurance premium review process” as part of the 2010 reform. (15 mins)

View the Videos: Commonwealth Fund: “Where You Live Matters: 2009 State Scorecard Finds” (3 min). The title says it all – our type of federalism allows for vast differences across the country. Will this change under the ACA?

http://link.brightcove.com/services/player/bcpid26618258001?bctid=51407943001
Silow-Carroll, “Lessons from High- and Low-Performing States for Raising Overall Health System Performance” May 3, 2011 Commonwealth Fund, http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2011/May/High-and-Low-Performing-States.aspx “Lessons From High-And-Low Performing States For Raising Overall Health System Performance -- This issue brief looks at which factors act as barriers in states with poor health systems and which are benefiting states with high performing health systems. Researchers looked at the highest- and lowest-ranking states and conducted interviews with a variety of groups, including "state health policy centers/institutes, Medicaid agencies, health care commissions and collaboratives," hospitals, insurers, advocacy groups and others. They found that high-performing states are more likely to have a long-time commitment to reform, a collaborative system among the many health stakeholder groups, transparent price and quality information, leadership for improvement and "a congruent set of policies that focus on system improvement." The authors offer suggestions on what low performing states can do to improve” (20 mins)

Rascoe, “New Brief Finds States Can't Afford to Cut Smart Early Childhood Programs” Jan. 19, 2011, Pew Center on the States, http://www.pewcenteronthestates.org/news_room_detail.aspx?id=56845 (5 mins) Why are policies and programs such as the one described in this article that lower costs so difficult to get adopted?


John A. Kastor, Eli Y. Adashi, “Maryland’s Hospital Cost Review Commission at 40

A Model for the Country” JAMA, September 14, 2011—Vol 306, No. 10 1137-8. (20 mins) this is a case study of health policy in Maryland. It is cost effective.

Hospital costs in Maryland.pdf...


READ One of the following THREE

Marcy, “Vermont Edges Toward Single Payer Health Care”, October 2, 2011,Kaiser health news, Starting now. Vermont begins building a single-payer health system that will move many state residents into a publicly financed insurance program and pay hospitals, doctors and other providers a set fee to care for patients.
A Harvard group of economists formulated a new health system for Vermont. They contend that a “single-payer health care systems consist of publicly financed insurance that provides basic benefits for all citizens. The design is intended to achieve universal coverage and allow greater cost control. Many states have attempted to reform their systems around single-payer principles, but none succeeded until Vermont enacted a law in May 2011. In this article we describe how our team developed a viable single-payer proposal that served as the foundation of Vermont’s law. According to our estimates, after the first full year of operation in 2015, our proposed single-payer system is expected to produce an annual savings of 25.3 percent when compared to current state health spending levels” (20 mins)

Please review the Volden article assign for Unit 6—especially the last hypothesis

Volden and Wiseman “Breaking Gridlock: The Determinants of Health Policy Change in Congress.” Journal of Health Politics, Policy and Law, vol 36, #2, April 2011, ONLY the Abstract, pp 234-5 and 254-5 about the Federalism Hypothesis, and the conclusion are assigned reading. This article empirically tests some important hypothesis about health policy? (15 minutes)

3) Health Care Reform 2010 and the States –problems around Medicaid and Workforce Issues

Virtual Guest lecture by Robin Rudowitz, Kaiser Family Foundation, “Health Reform; How will Medicaid Change?” (13 min), August 2010


Listen or read the transcript – your choice: This video explains what awaits the states in the new health system reform. “Governors are complaining about the new financial burdens that will be imposed on states by a major Medicaid expansion included in the new health law. But a new study by researchers from the Urban Institute finds that the vast majority of the costs will be borne by the federal government, and some states could even save money as a result.” Do you agree?

Fifield, “Washington to Enforce Health Reform” Financial Times, August 18, 2010

http://www.ft.com/cms/s/c5e5bab2-aae7-11df-9e6b-00144feabdc0,dwp_uuid=c59753ec-d316-11db-829f-00b5df10621,print=yes.html# You can listen to the video (11 minutes) but please also read the article because the most inflammatory part of the interview is highlighted in the newspaper article and that is the part that reflects on US federalism.

4) Does the Federal Government Need the States for Health Reform to Succeed?
States will establish the insurance exchanges and state insurance commissioners will be powerful players in the health reform implementation. States can set requirements for participation in the exchanges, outsource it to the private sector or let the federal government set up and run the state’s insurance exchange. States can disallow insurance rate increases. They can change the medical-loss ratio with approval of the DHHS. The state governors and legislatures oversee Medicaid which will be expanded to cover many more of the poor.

Jennings and Hayes, “Health Insurance Reform and the Tensions of Federalism”, The New England Journal of Medicine, vol. 362, # 19, May 13 online and published, Jun 17, 2010. Vol. 362, Issue 24; p. 2244 “Although the political far right may characterize” the 2010 health reform legislation “as a one-size-fits-all government takeover of our health care system — and the far left may wish it were — the insurance reforms in fact embrace a hybrid federal–state approach”.


CHOOSE AT LEAST ONE of the following Three topics a), b), or c) But read the notes in RED for all the sections.

a) States to set up and manage health insurance exchanges
KFF “Implementing Health Insurance Exchanges; State Profiles”, Oct 4, 2011

http://www.kff.org/healthreform/8223.cfm explore TWO states and where they are now

Some states already have an exchange: View the exchange websites of the two states that already have on: Utah and Massachusetts: www.mahealthconnector.org/portal/site/connector/

www.exchange.utah.gov/

This article helps us understand how the federal government gets the states to collaborate in projects.

Weisman, “Health Law Puts Governors In Pickle” The Wall Street Journal: Aug 26, 2011 “Texas Gov. Rick Perry…..faces a dilemma: Do they apply for millions of dollars in federal grants by September to begin establishing state-run health insurance exchanges, or let the deadline slide, lose the federal money and risk falling into a federally run exchange?
Republican governors are unanimous in their condemnation of President Barack Obama's health care law. But one by one, many of them are moving forward to build state exchanges, which are intended to help people not covered by large-company plans buy private health insurance at subsidized rates”
http://online.wsj.com/article/SB10001424053111904009304576530431914779852.html?KEYWORDS=health+law

b) Rate Reviews; states to monitor and review insurance companies proposed premium increases


The Patient Protection and Affordable Care Act create a new federal role to examine “unreasonable increases” in the premiums charged for certain individual and small group health plans. Under the health reform law, the U.S. Department of Health and Human Services (HHS) will work with state insurance departments to conduct an annual review of unreasonable rate increases, and insurers must provide justification for such increases to HHS and to the public via their websites. The new law also allots $250 million for state insurance departments to enhance their process for reviewing proposed rate increases.
This study examines the existing laws and regulations in all 50 states that currently govern the
review process for health insurance rates. It finds dramatic variations across states, with some
states having with no authority at all and others with robust authority to review and approve or
disapprove rates before they are implemented. Researchers also interviewed insurance
regulators in 10 states (Alaska, Connecticut, Colorado, Idaho, Louisiana, Maine, Ohio,
Pennsylvania, South Carolina, and Wisconsin) to see how different levels of rate regulation work
in practice.

Only the executive summary is assigned: 2 pages: http://www.kff.org/healthreform/8122.cfm
(10 mins)

CMS, The Center for Consumer Information & Insurance Oversight, “Health Insurance Rate
Reviews: Lowering Costs for American Consumers and Businesses,” July 2011 (10 mins)

c) States Can Substitute a Different Health Policy for “The Mandate”

Millman – “Backers doubt states will find alternatives to healthcare mandate” The Hill, 03/05/11
http://thehill.com/blogs/healthwatch/health-reform-implementation/147653-supporters-doubt-
states-will-find-alternatives-to-healthcare-mandate (10 mins)

law-mandates-by-matching-coverage-1-.html (10 mins)

U.S. states will be able to avoid mandates in the health care overhaul starting in 2017 by
matching or exceeding the law's expansion of insurance coverage and maintaining its
consumer protections. Under rules to be issued today by the Obama administration, states
may dodge provisions that have sparked debate such as a mandate that most Americans
purchase insurance. To gain approval, the states also will have to prove their plans won't
add to the deficit. Vermont's governor, Democrat Peter Shumlin, has said he seeks to use
an escape clause in the law to create a government-run health system that would cover
every resident and put private insurers, including Cigna Corp., out of business in that state
(Wayne, 3/10/2011)

5) OPTIONAL The Local, Community Level of Federalism and The Health Policy
Connection

HHS, Affordable Care Act funding opportunities for local communities, June 16, 2011,
and September 9, 2011:
(10 mins)

Eli Y. Adashi, M.D., H. Jack Geiger, M.D., and Michael D. Fine, M.D.

“Health Care Reform and Primary Care — The Growing Importance of the Community Health
Center,” New England Journal of Medicine, June 3, 2010, Vol 362; 22 Communities as well as
states are part Federalism as practiced in the U.S. – see the following article for an explanation of how community level organizations will play a role in the new US health system (10 mins)

http://content.nejm.org/cgi/reprint/NEJMp1003729.pdf?ssource=hcrc


Policy Question: is this grant program an effort to head off the shortage of primary care providers that is anticipated in 2014?

Kaiser Commission on Medicaid and the Uninsured, “Community Health Centers; Opportunities and Challenges of Health Reform” publication #8098 August 2010 (25 mins) Where will Medicaid patients get healthcare after 2014? Is there a plan in place and is this it? Can these local, community clinics help alleviate the shortage of primary care services expected in January 2014? http://www.kff.org/uninsured/upload/8098.pdf

www.Healthcare.gov, “$100 million in Affordable Care Act grants to help create healthier U.S. communities” Fri, 13 May 2011 The U.S. Department of Health and Human Services announced today the availability of over $100 million in funding for up to 75 Community Transformation Grants. Created by the Affordable Care Act, these grants are aimed at helping communities implement projects proven to reduce chronic diseases – such as diabetes and heart disease. By promoting healthy lifestyles and communities, especially among population groups experiencing the greatest burden of chronic disease, these grants will help improve health, reduce health disparities, and lower health care costs. (20 mins) www.HealthCare.gov/news/factsheets/prevention02092011a.html. Click on the Texas link

Garson, “Texas Has Top Medical Centers but Provides Poor Health Care; True or False” Houston Chronicle, Sept 17, 2011 http://www.chron.com/opinion/outlook/article/Texas-has-top-medical-centers-but-provides-poor-2174885.php

6) OPTIONAL Federalism, Health Policy and Texas

Garrett, “Federal Health Care Law Keeps Sending More Money In Texas” Dallas Morning News:, August 25th 2011: “The Obamacare money just keeps rolling into Texas, protestations that it's evil seed notwithstanding. On Thursday, U.S. Health and Human Services Secretary Kathleen Sebelius announced the nationwide distribution of another $137 million from the Affordable Care Act. Nearly $1 million of the grant funds will flow to Texas, for support of smoking cessation and immunization programs. The move brings to about $80 million the grants Texas has received from the law, which the state's GOP leaders fiercely oppose. “http://trailblazersblog.dallasnews.com/archives/2011/08/federal-health-care-law-keeps.html

NPR Staff, “Texas Gov. Rick Perry Is 'Fed Up!'” listen to the video or read the transcript


Kaiser Family Foundation, “Medicaid Coverage and Spending in Health Reform; Executive Summary” a report on the state-by-state impact of the reform legislation on
Medicaid costs, May 2010. This analysis projects steep decreases in uninsured, with federal government covering vast majority of costs. Their basic message is that states will come out ahead, especially Texas – do you agree? (25 mins)

CPPP (The Center for Public Policy Priorities), “Something Old, Something New: Texas’ Two High-Risk Pools” July 19, 2010, http://www.cppp.org/files/3/10_07_highriskpools.pdf This analysis compares the opportunities available to those with preexisting condition to obtain health insurance from the Texas Health Insurance Pool or from the Federal Pre-Existing Condition Insurance Plan. This is an example of a state and the federal government working side-by-side rather than in unison. The CPPP is a Think Tank in Austin. It advocates for “nonpartisan, nonprofit 501(c)(3) causes and it is a “policy institute committed to improving public policies to better the economic and social conditions of low- and moderate-income Texans”. In 2008 the Houston Chronicle describe it as a think tank and social-services lobbying organization that was founded in 1985 by the Congregation of Benedictine Sisters to promote improved health care access for the poor. The center has expanded its role to include lobbying on budgetary issues involving social services, education and the protection of children. The center raised $1.5 million in 2006. Major donors included foundations associated with retired Houston petrochemical executive David Swalm, $237,000; Dallas oilman Fikes, $100,000; former Lt. Gov. Bill Hobby, $75,000; and the Brown Foundation of Houston, $50,000. (15 mins)

Ramshaw, “Texas Medicaid Costs Vary Widely by Hospital Area” The Texas Tribune, 3 March, 2011. http://www.texastribune.org/texas-health-resources/health-reform-and-texas/texas-medicaid-costs-vary-widely-by-hospital-area/print/ A routine delivery at St. Luke’s The Woodlands Hospital costs Texas Medicaid twice as much as at Christus St. Catherine Hospital in Katy, just 50 miles away. The Laredo Medical Center bills Medicaid nearly $5,500 more for a coronary bypass than the Harlingen Medical Center, though both hospitals are along the Texas-Mexico border. The disparity in pricing is the result of a payment formula that gives each Texas hospital its own individual rate, a system that appears to be losing support in the Legislature. State health officials, seeking ways to curb Medicaid costs and address the concerns of hospitals on the lower end of the payment spectrum, have proposed a single base rate for all hospitals -- with a variety of allowances for expensive-to-operate facilities like children's hospitals and state-owned (Ramshaw, 3/26). (10 mins)

Murphy and Aaronson, “Interactive: What Medicaid Pays Texas Hospitals for Select Procedures,” The Texas Tribune, 27 March 2011. (10 mins) How much common medical procedures cost Medicaid -- the joint state-federal health care program for indigent children, the disabled and the very poor -- varies wildly from hospital to hospital and region to region, according to a Texas Tribune analysis of claims and payments to every hospital in the state. Use our interactive to compare how much Medicaid paid individual hospitals in fiscal year 2009 for 17 common conditions and procedures, ranging from appendectomies to broken bones (Murphy and Aaronson, 3/27).
Study Questions find the answers as you complete the Unit Assignment. Short answers are fine:

1) Describe how the state and federal government are different regarding budget constraints, democracy, and media coverage (Weissert) and state the current situation that states are experiencing that may or may not influence their ability to make health policy (Kroft). Is cutting programs always the best response by a state? (Rascoe)

2) How does Texas rank on “Direct Democracy” – as that term is defined by Weissert and Weissert? (Weissert).

3) Does the federal government learn from state experiments? (Kastor, Hsiao and/or Wallack and Volden). Do Weissert and Weissert have anything to say on this topic?

4) What can a state do to improve its health policy performance? (Silow-Carroll)

5) According to Weil what is the role of the states in health policy today: regulator, purchaser, and provider? Anything else? Would Weissert and Weissert agree?

6) What did you learn from the “interactive web pages” assigned for this Unit? Using the available state data compare two states. What did you discover? Please compare two states, using website data assigned in this unit, as to how they regulate health insurance premiums. (Kaiser “Health Reform”, State Health Facts, healthcare.gov, and Commonwealth Fund).

7) Name three problems in state-federal relations that have emerged from the 2010 health system reform and that involve Medicaid (Rudowitz; Rovner, Weissert, and Fifield)

8) Do the lessons from Massachusetts’ health reform concerning the workforce changes apply to US as a whole as the ACA is implemented? (Staiger)

9) In your opinion, which has the greater power in the health policy sector – the states or the federal government? (Rudowitz, Rovner, Weissert, and Fifield)

10) Are the Republican-lead states more likely or less likely, than the states with Democratic Party leadership, to challenge the federal government on health care reform? Does this make sense? In short – does political party affiliation affect the relationship between states and the federal government? (Weissert)

11) Name three responsibilities of the states designated in the ACA (Jennings and all other relevant material assigned).

Choose the question relevant for the section you choose to read under Topic Number 4

12) States seem to be having a hard time deciding whether or not to set up a health insurance exchange under the ACA. Why? KFF, HHS “affordable”, HHS “States leading the way”, Weisman)

13) What is a “rate review” and what role do the states play in this process? (Pecquet “Democrats…; Mills, Kaiser…Rate Review..spotlight, CMS)

14) Can Texas avoid setting up an exchange and figure out its own alternative to the “mandate”? (Millman and Wayne).

15) Optional What does the federal government indicate that it is doing to help Texans (www.healthcare.gov, “…$100 million”). Assess the significance for public health of federal government funds spent in Texas (Garrett)

16) Optional How big an impact will the health reform 2010 have on Texas? What does Governor Perry think (NPR staff; Kaiser, “Medicaid coverage and spending.


18) Optional What problem does Texas have with variation in hospital payments and what solutions are available. How is this related to health reform and Texas Medicaid payments (Ramshaw and Murphy).
Optional What role will local level community clinics play in the US health system in the future and do you consider this part of federalism? (Adashi, HHS, and Kaiser ...“Community Health Clinics”).

Optional What is your answer to the question that Garson asks (Garson, “Texas Has Top Medical Centers but Provides Poor Health Care; True or False”)

Unit 12: Public Health and the Law: The Legal System and the Supreme Court Make Health Policy

Time-on-task 5.5 hours

This unit demonstrates the amazing importance of the judicial system in the making of health policy. The Supreme Court has a huge impact on health policy and its role is likely to be even more significant in the coming year. In this unit the complexity of the judicial system is described and consider in its historical context. The role of the Supreme Court is explained and the evolution of its philosophical direction over the last decades described and evaluated. We consider and rate how judges make decisions. We appraise and criticize the basis by which they are named: election or appointment. We ask: does it matter? We examine two critical public health topics where the courts and the judicial system in general have made health policy: firearms and malpractice. The role of the Supreme Court regarding the future of the Accountable Care Act will be assessed with an eye to the future viability of that legislation. I have invited Carl Hacker to be our guest lecturer/resource person for this session; from 3-4:30PM.

Assignment:

Background to the US judicial system as policy maker: The PowerPoint is excellent – it covers material that is unavailable in the textbooks. The judiciary makes health policy at both the state and federal levels – view the power point below by Michael Fix from the University of South Carolina; Please note that this material is especially important because the ACA is being appealed to the Supreme Court and this power point presentations explains the institutions and processes involved in that appeal. This presentation prepared by Michael Fix with notes and narration by the professor is posted in the documents section of the Unit 12 Assignment on Blackboard – the file is too large to post here where you will find the PP presentation with notes: IMPORTANT: To view these power point presentations with the notes you MUST right click on the object below, choose “presentation object”, and then choose “open”. I have added definitions and links to help those of you who are new to this topic. (45 mins)
The Role of the Supreme Court

Weissert and Weissert pp 77-78 and 248-250 (review – it was assigned last week) (6mins)

We will do this In Class; Ifill, Interview with Justices Breyer and O'Connor, “Supreme Court Justices Reflect on Judicial Independence,” PBS NewsHour, September 26, 2006. (Report on the 2005-2006 Supreme Court Term) September 26, 2006 (10 mins)


Learn about the Recent History of the Supreme Court and What Is to Come in 2011-2012:

A brief but up to date history of the ever-evolving US Supreme Court and its policy orientation

2011- 2012 Supreme Court cases
Read/listen to ONE of the following THREE

Liptak, In New Term, Supreme Court Shifts Focus to Crime and First Amendment, New York Times, October 1, 2011 ( 10 Min)

Bravin, “Hot Topics Before High Court ; Health-Care Law Looms Large as Justices Tackle Host of Big Issues in New Term”, Wall Street Journal, October 3, 2011 ( 5 min)
http://online.wsj.com/article/SB10001424052970203405504576601261585175534.html

Totenberg, “New Term, Supreme Court To Tackle Divisive Issues” National Public Radio, October 3, 2011 ( 8 min)

OPTIONAL: Supreme Court: 2010-2011
Coyle and Goldstein, Roberts Court Wraps up Term, Leaving Significant Conservative Mark, PBS, June 28, 2011, http://www.pbs.org/newshour/bb/law/jan-june11/scotus_06-28.html “a year of action in which its conservative majority left a significant legal mark. In several instances, the high court favored businesses over consumers and employees, most notably in throwing out a class action lawsuit against Wal-Mart. It was also a big free speech term for the court, as justices voted to allow protests at military funerals, roll back campaign finance laws, and reject a ban on violent video games”. (10 Minutes)
Was health care a “key case” during this session? What about public health?

OPTIONAL: **Supreme Court: 2009-2010**

Totenberg, “Supreme Court Review: Campaign Cash, Controversy, *NPR* July 13, 2010 your choice; view video, listen to the audio, read the transcripts, or download the podcast  

This is a summary and assessment of the Supreme Court’s *2009-2010 terms*; *what* are the most important decisions of the Supreme Court in the last year? (8 minutes)

**Election or Appointment of Judges**

PBS “How Should Judges Be Selected?” Justice for Sale Series  
http://www.pbs.org/wgbh/pages/frontline/shows/justice/howshould/ Click and read some of the material about Texas. (5 mins)

Transcript or audio – your choice.  
Listen to the audio or read the transcript (4 mins)  

Goldschmidt, “Merit Selection: Current Status, Procedures & Issues”, extracted from the *University of Miami Law Review*, Fall 1994; (10 mins)  
http://www.pbs.org/wgbh/pages/frontline/shows/justice/howshould/merit.html

PBS “Justice for Sale”

“Excerpt on the Elections of Texas Supreme Court Justices,” *Frontline:*  
(3 minutes) this is the second from the top in this list of videos,  
http://www.pbs.org/wgbh/pages/frontline/shows/justice/etc/video.html

Excerpts of an interview with U. S. Supreme Court Justices Breyer and Anthony Kennedy,” on the threat to judicial integrity and independence from campaign money in judicial races (or read the transcript of this interview)”. (5 minutes)  
http://www.pbs.org/wgbh/pages/frontline/shows/justice/etc/video.html

Yeager, “ELECTING JUDGES?” WBHM audio, NPR 2008 Discusses the issues surrounding the election or appointment of judges: your choice, listen to the audio or read the transcript  
http://www.wbhm.org/News/2008/electingjudges.html  
(5 mins)
Liptak, “Justices Tell Judges Not to Rule on Major Backers” NYT June 9, 2009
http://www.nytimes.com/2009/06/09/us/politics/09scotus.html Elected judges have to worry about conflict of interest issues (2 mins)

National Center for State Courts (NCSC): “How does each state choose its judges?” and
“What is the case for merit selection, or appointment, vs. election of judges?”
See this website for a list of the advantages of merit election vs. appointment. With merit selection, the judge is initially appointed by the governor but later faces retention elections (10 mins)

Public Health Issues: Firearms and the Supreme Court


Bravin, “Rethinking Original Intent” WSJ March 14, 2009 (4 mins)
http://online.wsj.com/article/SB123699111292226669.html unusual alliances are common in the Supreme Court and it’s all about fire-arms. This article places the issue in context and recounts a bit of history about this issue.

Public Health Issues: Tort Reform and Malpractice

Republicans argue in favor of malpractice reform, including a cap on "pain and suffering" awards surrounding malpractice cases. And Democrats disagree – they see malpractice is an essential recourse for injured patients and they contend that it does not contribute a great deal to the national health care costs.

“Physician and insurer groups like to collapse all conversations about cost growth in health care to malpractice reform, while their opponents trivialize the role of defensive medicine,” Amitabh Chandra, a co-author of the study and professor of public policy at Harvard’s Kennedy School of Government, said in a statement. "Our study demonstrates that both these simplifications are wrong — the amount of defensive medicine is not trivial, but it’s unlikely to be a source of significant savings."


Read ONE of these TWO – your choice:


Who Benefits from Malpractice Suits?


Only the Abstract of this **classic study** is assigned for MPH students; Doctoral students should read the entire article. [http://www.nejm.org/doi/pdf/10.1056/NEJM199107253250405](http://www.nejm.org/doi/pdf/10.1056/NEJM199107253250405)

Baker, Tom “Reconsidering the Harvard Medical Practice Study Conclusions about the Validity of Medical Malpractice Claims” *Journal of Law, Medicine & Ethics* Fall 2005 pp. 501-514 *(5 mins)*

http://lsr.nellco.org/uconn_wps/59/ *(Only the Abstract is assigned for all students)*

Studdard et al “Claims, Errors, and Compensation Payments in Medical Malpractice Litigation” New England Journal of Medicine May 11, 2006 **Only the Abstract** is assigned for MPH students; Doctoral students should read the entire article.(5 mins)

[http://content.nejm.org/cgi/content/abstract/354/19/2024](http://content.nejm.org/cgi/content/abstract/354/19/2024)


[http://online.wsj.com/article/SB10001424052748703416204575145683793783008.html?mod=djemHL_t#articleOnly](http://online.wsj.com/article/SB10001424052748703416204575145683793783008.html?mod=djemHL_t#articleOnly) (5 mins)
Healthcare Reform Legislation: Its future under the ACA law? Is it Constitutional? Are there alternatives to the Mandate?

What is the Supreme Court Doing? Regardless Of Outcome, High Court Health Law Decision Will Be Landmark Ruling

Read one from the following lists.

As Barack Obama battled Hillary Rodham Clinton over health care during the Democratic presidential primaries of 2008, he was adamant about one thing: Americans, he insisted, should not be required to buy health insurance. ... Now President Obama may wish he had stuck to those words. On Monday, the Supreme Court agreed to take up a constitutional challenge to his landmark health care bill, and a decision could come in the midst of Mr. Obama's 2012 re-election campaign (Stolberg, 11/15).

St. Louis Beacon: No Matter How It Decides, Health Care Ruling Will Be Landmark Supreme Court Decision
It is possible the court could decide almost nothing. One threshold question it agreed to spend 60 minutes hearing is whether it was premature to challenge the individual mandate, which requires everyone to purchase health care or pay a penalty. ... But Alan Howard, a constitutional law professor at Saint Louis University law school, doesn't expect such an anti-climactic result. "If at least five justices (and certainly if more than five) can agree on the constitutionality or unconstitutionality of the individual mandate provision, then I think they will reach the merits and not punt on ripeness grounds," he wrote in an email. (Freivogel, 11/15).

WBUR: 'Obamacare' Will Rank Among The Longest Supreme Court Arguments Ever
When the United States Supreme Court agreed Monday to hear a challenge to the health care reform law, the Court also announced that the parties would have more than the usual one hour to argue the case before the justices. That is not unheard of in particularly important cases — Bush v. Gore was allotted ninety minutes. ... Since the 1970 rule went into effect limiting time to thirty minutes per side, only two cases have come close to the time allotted for health care (Christy, 11/15).

The Hill: Sessions Presses Holder On Justice Kagan's Involvement With Health Law
Sen. Jeff Sessions (R-Ala.) on Tuesday pressed Attorney General Eric Holder for more information about Supreme Court Justice Elena Kagan's involvement with the health care reform law after new emails emerged showing her rooting for the law when she was solicitor general. Administration emails recently obtained by the conservative CNSNews.com through a Freedom of Information Act request show Kagan telling a former colleague "I hear they have the votes, Larry!! Simply amazing," regarding the reform bill. The emails have rekindled calls for Kagan to recuse herself from ruling on the health care reform law next year because of a provision of the U.S. code that calls on justices to disqualify themselves when they have "expressed an opinion concerning the merits of the particular case in controversy" while in government service (Pecquet, 11/15).

CQ HealthBeat: NFIB Lawyer Describes Timetable For Health Care Lawsuit
Supreme Court oral arguments in the health care lawsuit will kick off with a debate over the requirement that all Americans have health insurance, a lawyer for one of the plaintiffs said Tuesday at a breakfast briefing. The court has ordered a highly unusual five-and-a-half hours of oral arguments, and they will be spread over the morning and afternoon of two days, said Gregory Katsas, who represents the National Federation of Independent Business in its suit against the law. Katsas said court officials sent lawyers involved in the case a memo laying out a timetable for the suit's consideration (Norman, 11/15).

http://online.wsj.com/article/SB10001424052748703416204575145683793783008.html (5 mins)

The New York Times: Whatever Court Rules, Major Changes In Health Care Likely To Last
No matter what the Supreme Court decides about the constitutionality of the federal law adopted last year, health
care in America has changed in ways that will not be easily undone. Provisions already put in place, like tougher oversight of health insurers, the expansion of coverage to one million young adults and more protections for workers with pre-existing conditions are already well cemented and popular. And a combination of the law and economic pressures has forced major institutions to wrestle with the relentless rise in health care costs (Abelson, Harris and Pear, 11/14).


Background
The Supreme Court decision is only the beginning. There will be many more court challenges in the next decades. (10 mins)

This is background

Listen or read ONE of the following two about alternatives to the Mandate – relevant if the Supreme Court decides that the Mandate is unconstitutional.

Rovner, “Alternatives to Mandating Insurance? Maybe”, February 7, 2011, National Public Radio. Listen to the tape or read the transcript: (5 mins)

The Hill: New Report Presents Alternatives to Health Reform’s Individual Mandate
Health care experts have proposed an array of alternatives to the reform law's individual mandate in case it gets repealed or struck down by the Supreme Court. A new Government Accountability Office (GAO) report outlines some of the most prevalent ideas. The report was requested last year by Sen. Ben Nelson (D-Neb.), a centrist Democrat who has shown an interest in finding a way around the unpopular mandate while retaining the law's insurance reforms, such as the requirement that health plans cover everyone regardless of pre-existing conditions (Pecquet, 3/25). (10mins)

Study Questions for this unit - find the answers as you complete the assignments. Short answers are fine

1. What is the role of the Supreme Court: ( Weissert and Weissert – also Ifill if you read it.)
2. Is the Supreme Court becoming more conservative and is it in sync with the US population? (Liptak, “Court under Roberts...”)
3. On what basis do judges make decisions ( M. Fix power point)
4. Which of the major decisions taken by the Supreme Court in the last few sessions will have an impact on public health? (Coyle, Washington Post, Totenberg) and what about the 2011-12 session? (Liptak “new Term”, or Bravin or Totenberg)

5. Do you favor the election of judges or should they be appointed on the basis of merit? Name one problem with electing judges and how that problem might be solved? (Michael Fix’s power point presentation, Yeager, Johnson, PBS “Justice for Sale, both parts; Goldschmidt, and PBS, “ How Should Judges be Selected”, Liptak, “Justices Tell judges not to rule …” & NCSC)

6. What is “originalism” and what is the unlikely coalition that has emerged around it concerning the public health issue of firearms control? (Bravin – “Rethinking original intent…” , Windermute, and Cantor)

7. What is the “gun show loophole?” and is this important from a public health point of view? (Wintemute).


9. Whatever happened to malpractice policy and tort reform within the health system reform legislation and what changes regarding malpractice are still being considered outside the health reform legislation? (Jones)

10. Do you think that the health system reform legislation will hold up to judicial scrutiny?

11. Is the Supreme Court’s decision to “take the case” of the ACA a “ho-hum conclusion? – “so lacking in interest as to cause mental weariness” or is it “ground shaking”? need refer to Liptak)

12. Name a fall-back, alternative plan that might be used if the Mandate is declared unconstitutional (Rovner OR The Hill).

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Unit 13 Long Term Care

Time on task: 4.5 hours

This unit will introduce health policy in the long-term care sector. We start with an overview and discussion of the issues in the Bodenheimer book. Then a brief summary about “the continuum of care” is covered. Next the “cost “of long term care in the U.S. is addressed. Readings in the next section put the US in context, comparing it to other industrialized countries so that we get a better perspective on our own long-term care policy. Sections of the health reform bill, the ACA, address the problems with long term care policy. While the CLASS ACT will not be implemented and we will not spend time studying it – except for a short aticle on whether it can be repealed. The ACA’s “Nursing Home Transparency and Improvement” section of the bill is being implemented. The author of the paper, Guan-UEi Tsai, will attend the class and answer any questions you have about his policy brief. What you learned in Unit 9 and 10 will help you understand why this is the case. Public-health-friendly innovative long term care programs such as PACE and the Eden Alternative are introduced. Finally a brief introduction to the long term concept of the ombudsman program in Houston is offered. Here is a comprehensive...
question for you to think about as you complete this Unit Assignment: how can the care of vulnerable populations, be it very young children, or very old patients in long term residential care with dementia, be assured?

Assignment:

Introduction to Long Term Care:

Bodenheimer and Grumbach, “Chapter 12, “Long-Term Care” in Understanding Health Policy, Lange, 5th edition 2005 (20 mins)

In Class: Continuum of Long Term Care

Harrington and Rosenau, “Continuum of care in the USA – organizational characteristics,” (15 mins)

“Cost” of Long Term Care

Ludden, “AARP Finds Toll On Family Caregivers Is 'Huge’,NPR, July 18, 2011. Read the transcript or listen to the tape: http://www.npr.org/2011/07/18/138163839/aarp-finds-toll-on-family-caregivers-is-huge (5 minutes)

Harrington, Hauser, and Rosenau, “Ownership, Financing, and Management Strategies of the Ten Largest For-Profit Nursing Home Chains in the US,” Accepted for Publication International J. of Health Services, vol 41, 2011 ABSTRACT only is required – the remainder of the article is optional (10 mins)


Carreyrou, “Home-Health Firms Blasted: Senate Panel Alleges Big Providers Abused Medicare by Tailoring Patient Care to Maximize Profits”
http://online.wsj.com/article/SB10001424452970204612504576606791708892886.html?mod=djemHL_t#printMode (10 min)

PHD students to browse the full report and read pages 1-2 and 27-30 at:

HHS “Program of All Inclusive Care for the Elderly” (PACE)
https://www.cms.gov/pace/

Is PACE the answer?

A Comparative Analysis of long term care – Putting the U.S. in Perspective


Executive summary required for all:
http://www.oecd.org/dataoecd/12/62/47903344.pdf (10 min) AND for doctoral students
http://www.oecd.org/dataoecd/52/11/47884942.pdf, pp 213 - 242 (50 min)

Colombo et al, “Summary of Long Term Care in the USA,” from Help Wanted? Providing and Paying for Long-Term Care, May 18, 2011, OECD,

Health Care Reform (ACA) and Long Term Care; Changes for long term residential care regulation:

“The Patient Protect and Affordable Care Act (PPACA) Subtitle B – Nursing Home Transparency and Improvement,” The summary of the Subtitle B under the Title VI of the PPACA was written according to the book: Law, Explanation and Analysis of the Patient Protection and Affordable Care Act, Including Reconciliation Act Impact Volume 1 by CCH Editorial Staff. (15 mins)

Please read Guan-Uei Tsai’s summary of changes to long term care laws included in the ACA (health reform legislation)
Optional: The “best practices” in the U.S.


**CLASS Act Repeal Vote Will Test Dems' Unity**

Pecquet “House Democrats’ Unity Tested over CLASS Act Repeal Vote”  *The Hill, 11/13/2011*

House Democrats’ Unity Tested Over CLASS Act Repeal Vote House Democrats face their first test of unity over a key provision of their health care reform law next week when legislation to repeal the long-term care CLASS Act comes up for a vote. Republicans are trying to capitalize on the program's demise after the Obama administration announced last month that it could not find a way to make it work. The House will get that ball rolling on Tuesday when the Energy and Commerce health subcommittee marks up repeal legislation (Pecquet, 11/13).

**OPTIONAL:** A Case study of Long Term Care in Houston:

Please read this Power Point presentation about a local nursing home and the role of the ombudsman. It was prepared by Health Science Center students (GRO Team) as part of their Ombudsmen course in 2011 (30 mins).

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**Study Questions for this unit - find the answers as you complete the assignments.**

1. How is the need for long term care determined? Who provides long term care? (Bodenheimer)

2. What is the role of Medicare in financing long term care services? How does it differ from Medicaid? (Bodenheimer)

4. What does Social Insurance mean, what is unique about the “On Lok” program mentioned in this chapter? (Bodenheimer)

5. Describe corporate nursing home ownership (Harrington, Hauser, and Rosenau) – 3 sentences

7. What is in your opinion the biggest challenge to long term care in the USA (Harrington and Rosenau, Ludden, HHS, Eden Alternative, and Waldman).

6. How, in your opinion, is the US doing in the field of long-term care compared to other countries? (refer to the two assigned readings by Colombo)

7. What do you think of the “Nursing Home Transparency and Improvement,” sections of the ACA?

9. OPTIONAL What do you think of the ombudsman program for nursing home residents in Houston? (GRO team)

Unit 14 - Ethics and Public Health Policy

Time-on-Task: 2.2 hrs

This unit takes on the topic of ethics. We look at the principles of beneficence, non-malfeasance, autonomy, and justice. Next we consider rationing and the complexities of scarce medical care resources, individual accountability for health status, and inequality associated with the ability to pay. We consider how public health ethics might be “enforced”. Along the way we consider a case study of the pharmaceutical industry and the plethora of whistleblower cases against this sector. Finally we consider the ethics of the health care reform bill’s treatment of comparative effectiveness research.

This unit features a guest lecture, Dr. Beatrice Manning, who reported on Schering Plough’s fraud in Medicare billing. She is one of the most important whistleblowers of the last decade. Her appearance may have to be via Skype because we do not have the funds to fly her here from Boston.

Study Questions for this unit - find the answers as you complete the assignments. Short answers are fine

1 Do you agree with Bodenheimer about rationing? Explain your answer (Bodenheimer)

2 Bodenheimer discusses whether or not those who “fall sick as a result of high-risk behavior…. should pay higher health insurance premiums.” Compare your own view with his. (Bodenheimer)
3 Should Individuals Be Held Accountable for Their Health Behaviors? Do an analysis of your answers from the point of view of the principles of ethics: **beneficence, nonmaleficence, autonomy, and justice**? (Jauhar and Tierney)

4 What is the role of a Whistle-Blower in the health system? (Manning, Abelson, Kaiser, Ornstein and Steenhuysen)

5 Are public health ethics enforceable? Should they be? If so – how? (Rosenau & Roemer)

6 What motivates whistleblowers? (Kesselheim and Johnson)

7 Is it ethical, in your opinion, to ignore comparative effectiveness research? (Neumann and Iglehart)

**Assignment: Unit 14**

**Introduction to Ethics and Public Health**


**Should Individuals Be Held Accountable for Their Personal Health Behaviors?**


But there is also a school of philosophers — in fact, perhaps the majority school — who consider free will compatible with their definition of determinism. This compatibility believes that we do make choices, even though these choices are determined by previous events and influences. In the words of Arthur Schopenhauer, “Man can do what he wills, but he cannot will what he wills.” (10 mins)


This article argues “it is all a matter of degree....” (10 mins)
Pharmaceutical Companies and Ethics


“Most of the cases against pharmaceutical companies such as Pfizer, AstraZenica and Novartis were initiated "with the help of drug company employees who blow the whistle to the federal government." The Justice Department has used the False Claims Act, "a law from the Civil War era that helps the federal government yank back money when it's been overcharged by contractors," to pursue drug companies "accused of questionable marketing practices or overbilling federal insurance programs. ... The law has worked so efficiently in the health care sector that the government is trying to enlist whistle-blowers in all sorts of ways. The Securities and Exchange Commission recently developed a program where corporate insiders can share in the financial rewards if they provide tips on fraud to the federal government, just as the Justice Department initiative works." However, experts say the settlements don't hit companies hard enough to "change the economics of fraud"

Read the transcript or listen to the audio: http://www.npr.org/2010/11/22/131522125/dojs-whistle-blower-recruitment-pays-off  (10 mins)


Reacting to Unethical Behavior: A Case Study of Schering Plough and other Pharmaceutical Companies

Guest Speaker: Beatrice Manning – please read her C.V. attached. We are very happy to have Beatrice Manning as a guest in the class – if you are a little familiar with the case that would be great as she is willing to answer your questions.

Testimony of Beatrice Manning to the U.S. Senate Finance Committee, June, 29, 2005. 


Rothfeld, “Drug Firms Face Bribery Probe; Justice Department, SEC Seek Information From Companies on Payments to Overseas Officials “OCTOBER 5, 2010 http://online.wsj.com/article/SB100014240527487048704847104575532091781199092.html?mod=djemHL_t  (10 mins)


Ornstein and Weber, “Lawsuits Say Pharma Illegally Paid Doctors to Push Their Drugs” ProPublica, Oct. 18, 2010 http://www.propublica.org/article/lawsuits-say-pharma-illegally-paid-doctors-to-push-their-drugs "Drug companies say the millions of dollars they pay physicians for speaking and consulting justly compensates them for the laudable work of educating their colleagues. But a series of lawsuits brought by former employees of those companies allege the money often was used for illegal purposes -- financially rewarding doctors for prescribing their brand-name medications. In several instances, the ex-employees say, the physicians were told to push 'off-label' uses of the drugs -- those not approved by the U.S. regulators -- a marketing tactic banned by federal law. In the past three years alone, pharmaceutical companies have ante'd up nearly $7 billion for settlements. ... Allegations in other whistleblower lawsuits provide a rare glimpse into the inner workings of the drug marketers" such as Allergan, AstraZeneca, Cephalon and Pfizer (Ornstein and Weber, 10/18).” (4 mins)

Steenhuysen, “Wyeth paid writers to promote hormone therapy: study,” Tue Sep 7, 2010 , http://www.reuters.com/article/idUSTRE6865FQ20100907 “In other pharmaceutical industry news, Reuters reports, that drugmaker Wyeth paid ghostwriters to tout the benefits of hormone replacement therapy, according to studies published in medical journals. "Dr. Adriane Fugh-Berman of Georgetown University Medical Center in Washington and colleagues analyzed dozens of ghostwritten reviews and commentaries published in medical journals and journal supplements, many of them using documents from judicial trials. They said Wyeth, now owned by Pfizer, paid a
medical communication company called DesignWrite $25,000 to ghostwrite articles on clinical studies, including four testing low-dose Prempro, the company's combination estrogen-progestin therapy." Pfizer challenged the report, saying Fugh-Berman was paid as an expert witness for plaintiffs in hormone therapy litigation and that she could not verify any inaccuracies in the peer-reviewed articles (Steenhuysen, 9/7).” (8 mins)

**Comparative Effectiveness Research and Ethics**

Iglehart “The Political Fight Over Comparative Effectiveness Research: The creation of a public-private institute to direct new comparative effectiveness research represents a challenging new chapter in America’s on-again, off-again support “ Health Affairs, October 2010

http://content.healthaffairs.org/cgi/reprint/29/10/1757?gca=29%2F10%2F1757&sendit=Get+All+Checked+Abstract%28s%29&  This article was assign for Unit 2 - please review it with the Study Question in mind for this Unit (10 mins)