

Political Science 100: Health Policy and Politics

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Monday 3:30 to 5:25 p.m.
Bascom 54

Office Hours: Mondays and Wednesdays, 11 a.m. to noon, 201 La Follette
Tuesdays 1:00 to 3:00 p.m., 215 North Hall
Appointments at other times welcome.

Overview

Good health enables people to lead full and productive lives. Many factors affect health: lifestyle, genetic endowment, social and physical environments, and medical care. At various times, governments have attempted to improve health through policies affecting each of these factors. Some of these efforts, such as eugenics, were misguided and abandoned. Others, such as improved sanitation, were highly successful in reducing the incidence of disease and increasing longevity. Governments in industrialized countries now play fundamental roles in funding the development and provision of medical care. In the United States, over 42 percent of the 17 percent of gross domestic product, or about \$8,100 per capita, expended on medical care annually flow through government programs, primarily Medicare and Medicaid. The Patient Protection and Affordable Care Act (PL 111–148), which seeks to make health insurance coverage universal, will increase the fraction of health expenditures paid by government as it is implemented. Because health, and therefore medical care, are desirable goods, per capita expenditures are likely to increase as the population becomes wealthier. They are also likely to increase as the elderly become a larger fraction of the population, new but expensive medical technologies are introduced, and medical care prices continue to outpace inflation. The intrinsic importance of health, the growing share of the economy devoted to medical care, and the increasing role of the government in funding and regulating it, suggest that health policy will become even more important politically over the next generation. Our objective in this course is to prepare ourselves to be more effective participants in debates over health policy.

Our preparation has several components. First, we should become familiar with the major health-related government programs and their politics. Second, because of the importance of insurance in the medical care market, we should develop an understanding of the fundamental concepts of insurance. Third, because most medical care involves risks as well as benefits, we should become familiar with the basics of decision analysis. Our approach will blend theory and application. It will involve some lectures, but rely heavily on class discussion.

Our course provides the focus for a First-Year Interest Group (FIG 42). The other two courses are Women and Their Bodies in Health and Disease (Women Studies 103, Professor Araceli Alonso—teaching assistant, Coco L. O'Connor) and Principles of Microeconomics (Economics 101, Professor Elizabeth Kelly—teaching assistant, Matthew Friedman). Our section on HPV

vaccine policy should fit well with Women Studies 103. Some of the microeconomic concepts you will learn in Economics 101 will be directly applicable to our discussions of insurance, vaccination, and regulation. Together, the three courses should give you a good start for thinking carefully about health policy.

We are fortunate to be included in the Undergraduate Writing Fellows Program. Our writing fellows, Noah Pearce (npearce@wisc.edu) and Fabiola Valenzuela (fvalenzuela@wisc.edu), will comment on two of your written assignments and meet with you to discuss revisions you can make before you submit the papers to me for substantive evaluation and grading. (I will also pay close attention to your writing throughout the course.) It is important to meet assignment deadlines so that the writing fellows will have adequate time to read your papers, prepare comments, and meet with you to discuss their comments and how you can improve your papers.

In order to take full advantage of this FIG, we will begin each class with discussions of what you are learning in the linked courses. I will call for volunteers at the beginning of each class to report briefly on what topics are currently being covered in your economics and women's health courses. I will also entertain questions you have about academic life in general. For example, how are faculty recruited and promoted? Or, how is research evaluated for publication? Please use this opportunity to become more knowledgeable about, and more comfortable with, academic life.

Course Requirements

Your achievement in the course will be assessed as follows:

Midterm and final examinations (20 and 30 percent, respectively): The exams are intended to give you an opportunity to integrate and apply the various concepts encountered during the course. The final will be held as scheduled by the Registrar (10:05 a.m., December 20) — please make end-of-term travel arrangements accordingly.

Short papers and exercises (20 percent): The short papers and exercises provide practice in applying course material and presenting it clearly and concisely. Two of the papers will be in the format of policy memoranda. The third paper will be a proposal and annotated bibliography for your research paper.

Policy analysis (30 percent): The policy analysis provides an opportunity to delve more deeply into some particular aspect of health policy that you find interesting. In addition to learning about your specific issue, you will also gain experience in the process of researching and writing a substantial paper that should be valuable to you in the rest of your academic career. *Please take advantage of my office hours to get advice and coaching to help you complete your research successfully.*

You may want to pursue several strategies for finding an appropriate issue for your policy analysis. First, early in the semester, scan the syllabus for readings on subjects you find

interesting and give them a quick read to see if they suggest a specific research topic. Do the same for readings in WS 103. Second, pay attention to current affairs. Hardly a day passes without several stories in national and local newspapers about health policy issues. Third, take advantage of more specialized information sources related to health policy. In particular, you may want to visit the web sites of organizations that deal with health policy issues such as the Kaiser Family Foundation (www.kff.org), the Robert Wood Johnson Foundation (www.rwjf.org/research/index.jsp), the Commonwealth Fund (www.commonwealthfund.org), Centers for Disease Control and Prevention (www.cdc.gov), and Centers for Medicare & Medicaid Services (www.cms.hhs.gov). Fourth, draw on your personal experience. Have you observed something puzzling or otherwise interesting in your or your family's interaction with the health care system? Does it suggest a general issue of interest? However you find ideas for research topics, *I urge you to talk with me about ideas for policy analyses whenever you have them.*

Book Recommended for Purchase

Course readings are drawn primarily from articles available at learn@uw. In addition, we will read most of the chapters in the following book, which is available on reserve and at the bookstore:

Keith Wailoo, Julie Livingston, Steven Epstein, and Robert Aronowitz, eds., *Three Shots at Prevention: The HPV Vaccine and the Politics of Medicine's Simple Solutions* (Baltimore: Johns Hopkins University Press, 2010).

Class readings will sometimes use terms or make references to things with which you are unfamiliar. Please jot these down so that we can discuss them in class or office hours.

Schedule

Introduction and Overview (September 12)

Course outline

What produces health?

Doing policy analysis

“Memorandum on Memoranda Writing”

Population Health: Obesity (September 19)

Causes, consequences; public health or public policy problem?

Eric A. Finkelstein, Christopher J. Ruhm, and Katherine M. Kosa (2005) *Economic Causes and*

Consequences of Obesity. *Annual Review of Public Health* 26, 239–257.

Lawrence O. Gostin (2007) Law as a Tool to Facilitate Healthier Lifestyles and Prevent Obesity. *Journal of the American Medical Association* 297(1), 87–90.

Regina G. Lawrence (2004) Framing Obesity: The Evolution of News Discourse on a Public Policy Issue. *Harvard International Journal of Press/Politics* 9(3), 56– 5.

Basics of Private Health Insurance (September 26)

Risk pooling, moral hazard, adverse selection

Kaiser Family Foundation (2008) *How Private Health Coverage Works: A Primer—2008 Update*. (<http://www.kff.org/insurance/7766.cfm>). Read pages 1–8.

John A. Nyman (2007) American Health Policy: Cracks in the Foundation. *Journal of Health, Politics, Policy, and Law* 32(5), 759–783.

Advanced reading (try pages 115–120 after we have covered adverse selection in class):
Liran Einav and Amy Finkelstein (2011) Selection in Insurance Markets: Theory and Empirics in Pictures. *Journal of Economic Perspectives* 25(1), 115–138.

First Policy memorandum due.

Frameworks for Understanding Health Politics (October 3)

Interest group theory, institutional rational choice, advocacy coalition, path dependence, policy streams, social construction

Aidan R. Vining and David L. Weimer, *Policy Analysis: Concepts and Practice*, 4th ed. (Upper Saddle River, NJ: Longman, 2011). Chapter 11: Adoption. Read pages 263–274.

Politics of Medicare and Medicaid (October 10)

National health insurance, Medicare, Medicaid

Department of Health and Human Services, *Medicare & You, 2011*. (<http://www.medicare.gov/publications/pubs/pdf/10050.pdf>) (Especially pages 14–46).

Please view the Kaiser Family Foundation video, *Medicare + Medicaid at 40* at the following address: <http://www.kff.org/medicaid/40yearsvideo.cfm>.

First draft of project proposal due.

Politics of the Patient Protection and Affordable Care Act (October 17)

What is it and how did it happen?

Kaiser Family Foundation (2010) Summary of New Health Reform Law.

<http://www.kff.org/healthreform/upload/8061.pdf> (Read first two pages carefully, scan the rest)

Jacob S. Hacker (2010) The Road to Somewhere: Why Health Reform Happened Or Why Political Scientists Who Write about Public Policy Shouldn't Assume They Know How to Shape It. *Perspectives on Politics* 8(3), 861–876.

Vaccine Policy in Theory and Practice (October 24)

Vaccination as public health strategy

Wailoo et al., Chapters 1, 9, 10, 11

HPV Vaccine: Policy (October 31)

Policy and political response to Gardasil

Wailoo et al., Chapters 2, 3, 4, 6, 7, 8, Conclusion

Revised draft of policy project proposal due.

Midterm and Discussion of HPV Memoranda (November 7)

Second Policy memorandum due.

Tragic Choices: Organ Transplantation (November 14)

Stakeholder rulemaking, values in organ allocation and donation

David L. Weimer (2007) Public and Private Regulation of Organ Transplantation: Liver Allocation and the Final Rule. *Journal of Health Politics, Policy and Law* 32(1), 9–49.

Lara Rosen, Aidan R. Vining, and David L. Weimer (2011) Addressing the Shortage of Kidneys for Transplant: Purchase and Allocation Through Chain Auctions. *Journal of Health Politics, Policy and Law* 36(4), 717–755.

Regulation of Pharmaceuticals (November 21)

Safety and efficacy

Daniel P. Carpenter (2004) The Political Economy of FDA Drug Review: Processing, Politics, and Lessons for Policy. *Health Affairs* 23(1), 52–63.

First draft of policy project due.

Comparative Effectiveness (November 28)

Evidence-based medicine, comparative effectiveness, cost-effectiveness

Amitabh Chandra, Anupam B. Jena, and Jonathan S. Skinner (2011) The Pragmatist's Guide to Comparative Effectiveness Research. *Journal of Economic Perspectives* 25(2), 27–46.

Report card exercise

Health Analysis: Screening (December 5)

Decision analysis

Catherine D. DeAngelis and Phil B. Fontanarosa (2010) US Preventive Services Task Force and Breast Cancer Screening. *Journal of the American Medical Association* 303(2), 172–173.

Steven H. Woolf (2010) The 2009 Breast Cancer Screening Recommendations of the US Preventive Services Task Force. *Journal of the American Medical Association* 303(2), 162–163.

Wendie A. Berg (2010) Benefits of Screening Mammography. *Journal of the American Medical Association* 303(2), 168–169.

Steven Woloshin and Lisa M. Schwartz (2010) The Benefits and Harms of Mammography Screening. *Journal of the American Medical Association* 303(2), 164–165.

Wrap-Up and Discussion of Policy Projects (December 12)

Final draft of policy projects due.

Summary of Writing Assignments

First Policy Memorandum (due September 26): Write a two- to three-page double-spaced policy memorandum that considers some policy intervention aimed at reducing obesity. Closely follow the format described in the “Memorandum on Memoranda Writing” available at learn@uw.

Policy Project Proposal (first draft due October 10; revised draft due October 31): This exercise is intended to help you get an early start on your policy project. It should have three components. First, it should provide background on the history of the policy issue (one or two pages). For example, if your issue is direct-to-consumer advertising of prescription drugs, then your proposal should provide a brief history of the issue— pharmaceutical companies began direct advertising largely in print in the 1980s but the Food and Drug Administration (FDA) imposed a moratorium between 1983 to 1985. After 1985 direct-to-consumer advertising grew but did not become common on television until 1997 when the FDA granted more flexibility in the presentation of side-effects. Second, it should make the case for why this is an important health policy issue (one or two pages). For example, in the case of direct-to-consumer advertising, concerns have been raised about its contribution to over-medication, its diversion of about \$4 billion per year from research to advertising, and its impact on the doctor-patient relationship. (You do not have to assess these concerns fully in the proposal.) Third, provide an annotated bibliography with the “best” sources you have found so far (one page). Your first draft, which should be no longer than five double-spaced pages, will be read by the Writing Fellows and returned to you with comments within about two weeks. You should then revise your proposal for submission in light of these comments.

Second Policy Memorandum (due November 7): Write a two- to three-page double-spaced policy memorandum that addresses the question: Should Wisconsin change its policies concerning HPV vaccines?

Policy Project Report (first draft due November 21; revised draft due December 12): Prepare a policy analysis that does the following: First, sets out the issue and explains why it is an issue worthy of concern. Second, discusses the relevant policy goals—what values should public policy addressing this issue promote? Third, clearly explains current policy and develops and clearly explains one or two possible alternatives to current policy. Fourth, systematically compares current and alternative policies in terms of the policy goals. Fifth, considers the tradeoffs among the policies and makes an argument for one of them. Your report should be no more than ten double-sided pages exclusive of a one-page executive summary and a list of references or endnotes. As with the policy project proposal, the first draft of the report goes to the Writing Fellows and the revised draft is submitted for evaluation.