

HPM 247: Political Analysis and Strategy for U.S. Health Policy

SPRING 1, 2023 // MW 9:45-11:15 // FXB G12

INSTRUCTOR

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TEACHING FELLOWS

Motunrayo Tosin-Oni
PhD Student, Health Policy

Katie Camacho-Orona, MPH
PhD Student, Health Policy

TF office hours are by appointment; see Canvas. When contacting the TFs, please email [both](#) to facilitate faster responses.

COURSE OVERVIEW

HPM 247 offers insights into the political dimension of U.S. policymaking and political strategies to influence health policy outcomes. The course develops analytic and strategic skills for those who expect to engage in the health policy process to effect change. Major topics include analyzing how federal and state health policies are shaped by political institutions, interest groups, public opinion, lobbying, and regulatory processes. Key dynamics will be illustrated through recent, real-world case studies, such as federal reforms of drug pricing and surprise billing practices and state-level action on Medicaid expansion and abortion access. *This course is not open to auditors.*

SCHEDULE AT A GLANCE

Class	Day	Date	Topic
1	Mon	01/23/23	Introduction to the Politics of U.S. Health Policy
2	Wed	01/25/23	Health Politics in the U.S. Congress
3		01/30/23	How Interest Groups Effectively Lobby on Health Policy
4	Wed	02/01/23	How to Write Political Strategy Memos (Mini-Case: ACA)
5	Mon	02/06/23	Public Opinion and Persuasion
6	Wed	2/8/23	Grassroots Organizing to Influence Policy <i>Guests: Alister Martin, Aliya Bhatia, Emily Rencsok, Naomi Fener (Vot-ER)</i>
Case 1 memo due Friday, February 10 @ 9:00am			
7	Mon	2/13/23	In-class Case Exercise #1: Federal Drug Pricing Reforms (early 2022)
8	Wed	2/15/23	Federalism and Variation in State Political Environments
	Mon	2/20/23	<i>President's Day, no class</i>
Peer feedback on Case 1 memos due Wednesday, February 22 @ 9:00am			
9	Wed	2/22/23	Health Policy and the Administrative State
10	Mon	2/27/23	Lessons from the Trenches <i>Guest: Dr. Melanie Egorin, HHS Assistant Secretary for Legislation</i>
11	Wed	3/1/23	Influencing the Regulatory Process (Mini-Case: No Surprises Act)
Case 2 memo due Friday, March 3 @ 9:00am			
12	Mon	3/6/23	In-class Case Exercise #2: Nurse-Patient Staffing Limits (Massachusetts 2018 ballot measure)
13	Wed	3/8/23	Policy Feedback Processes & Course Wrap-Up
Take-home final due Friday, March 10 @ 11:59pm			

COURSE OBJECTIVES

This course is designed to meet the following objectives:

- To understand why U.S. health policy involves political decision-making;
- To analyze the politics of major health policy developments in the United States;
- To understand the ways political analysis can improve health policy and its implementation;
- To develop the following skills in political strategy and case analysis:
 - Diagnosing the political environment for health issues
 - Identifying who makes key health policy decisions in different contexts
 - Understanding when and why an issue will be considered politically contentious
 - Creating effective political strategies to influence U.S. health policy

COURSE REQUIREMENTS

Students will be expected to complete assigned readings, participate in class discussions, prepare for case discussions, and write two political strategy memos. The final exam will be open-book and take-home, but should be completed individually without consulting classmates or colleagues.

COURSE GRADING

Grading for this course will be comprised of the following:

Political Strategy Memo 1:	25%	Take-Home Final Exam:	15%
Peer Feedback on Memo 1:	15%	Class Participation*:	20%
Political Strategy Memo 2:	25%		

LATE ASSIGNMENTS

All students have **three 24-hour extensions** that may be used (together or separately), no questions asked, for any of written assignment. Students are responsible for notifying TFs if they intend to use an extension(s). Unless accommodations have been otherwise arranged, late work submitted without an extension will be penalized by 7 percentage points per day. If you believe you have extenuating circumstances, please reach out to Prof. McIntyre directly. Extensions are not transferable; no additional credit will be given for not using them.

ACADEMIC INTEGRITY

Students are expected to develop their own original work and cite sources. Please do not collaborate on the writing of memos, peer feedback, or the take-home exam. Though AI programs (e.g., ChatGPT) may facilitate useful self-directed brainstorming exercises, they should not be considered reliable sources of information and students may not submit work generated by an AI program as their own.

*CLASS PARTICIPATION

Class participation includes:

- Attending class sessions (attendance will be recorded, please notify TFs of expected absences)
- Active participation on Canvas discussion boards. For at least *one* session each week (starting week 2), please post reflections (100-250 words) related to the readings or session theme to the Canvas discussion board by 6:59pm the night before the course meets. Prof. McIntyre and the TFs may respond to these messages and use them to inform the in-class lecture and discussion.
- Active participation during class time and case discussions. To facilitate in-class participation, please bring your name plate provided by the school to each class.

GENERAL COURSE INFORMATION

All students are welcome, no prerequisites are required. The principal focus of the course is political strategy in this field, rather than the more theoretical aspects of the politics of health policy. Enrollment is limited to those students taking the course for credit and is NOT open to auditors beyond University-wide Fellows.

Lectures generally will not be videotaped unless special circumstances arise. During class, please turn off cell phones or switch them to silent. Please only use laptops and other electronic devices for taking notes; browsing the internet, sending emails, and other uses during class can distract your classmates.

Attendance is expected and will be recorded. However, the teaching team recognizes that extenuating circumstances arise; please reach out to the TAs if you expect to miss a class. If childcare arrangements fall through (or parenting otherwise poses a conflict) but you would still like to attend a session, you are welcome to bring your child to class. To minimize potential disruptions, please try to sit near the door in case your little one requires extra attention during class.

If you have a disability or are encountering circumstances where you may benefit from accommodations or other forms of support to maximize your academic success, please reach out to the [Office for Student Affairs \(OSA\)](#). OSA will only disclose information to Prof. McIntyre if you permit the disclosure.

All course materials will be posted on Canvas, and course updates and notifications will occur through Canvas. There is no textbook or other course material that requires purchase.

HEALTH POLICY & POLITICS NEWSLETTERS

As a strictly optional matter, if you are interested in staying current on health policy and politics news, we strongly encourage students to sign up for one or more of the following email news briefs:

- [POLITICO Pulse](#) – Attends to politics of national health policy on a very detailed level
- [The Health 202](#) (The Washington Post) – Similar to POLITICO Pulse, emphasis on DC politics
- [Axios Vitals](#) – Like Pulse/202 in terms of orientation toward politics, but shorter/pithier
- [KHN Morning Briefing](#) – Rounds up and summarizes news stories from the prior day
- [VoxCare](#) – Unlike the preceding newsletters, which typically arrive each weekday, VoxCare is delivered weekly and usually focuses on one newsy or big-picture topic

HEALTH POLICY & POLITICS PODCASTS

In recent years, a number of podcasts focused specifically on health policy and politics have sprung up:

- [What the Health](#) – Ensemble cast of health policy journalists discuss the latest news
- [The Dose](#) – Interview-based podcast from The Commonwealth Fund that explores different challenges in the U.S. health care system
- [McDermott+ Health Care Preview](#) – Unique for its focus on nitty-gritty Beltway politics
- [Tradeoffs](#) – At the intersection of health policy research and health policy news
- [Podcasts by Health Affairs](#) – Several different offerings with an emphasis on research

Session 1: Introduction to the Politics of U.S Health Policy

Mon. 01/23/23

Required:

- Fukuyama F. [What's Wrong with Public Policy Education](#). *The American Interest*, August 1, 2018.
- Astor M. [How the Politically Unthinkable Can Become Mainstream](#). *The New York Times*. Published February 26, 2019.
- Taylor J. [What Democrats Can Learn from the Republicans about Political Power](#). Niskanen Center. Published August 10, 2020.
- Kingdon J. How do Issues Get on Public Policy Agendas? In: *Sociology and the Public Agenda*. SAGE Publications, Inc.; 1993:40-50. (PDF on course site)
- Blendon RJ, Benson JM, Schneider EC. ["The Future of Health Policy in a Partisan United States: Insights from Public Opinion Polls."](#) *JAMA*. 2021;325(13):1253-1254.
- Glied S. [Policy Analysis in Government and Academia: Two Cultures](#). *Journal of Health Politics, Policy and Law*. 2018;43(3):537-542.
- Michener J, LeBrón AMW. [Racism, Health, and Politics: Advancing Interdisciplinary Knowledge](#). *Journal of Health Politics, Policy and Law*. 2022;47(2):111-130.
- Read pp. 111-118 (up to "Interdisciplinary Approaches")

Optional deeper dives:

- Watch:* [What's Next for Health Policy After the Election?](#) KFF. Published November 15, 2022.
- [The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2020](#). Trust for America's Health; 2020:36.
- Carpenter D. [Is Health Politics Different?](#) *Annu Rev Polit Sci*. 2012;15(1):287-311.
- Downs A. [Up and Down with Ecology: The Issue-Attention Cycle](#). *The Public Interest*. 1972, 28:38-50.
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Discussion:

- If someone asked you for an analysis of the *politics* of an issue, how would this be different from your assessment of the *policy* itself?
- If you were the health commissioner of a state advising a new governor on health policy priorities, what kinds of political information might you want to inform your advice?
- What are Kingdon's "three streams," and why is their convergence important?
- What are some key political differences between *public health* and *health care* issues?

Session 2: Health Politics in the U.S. Congress

Wed. 01/25/23

Required:

Watch: [The Legislative Process \(Overview\)](#). Congress.gov. – *Optional refresher*

Lau T. [The Filibuster, Explained](#). Brennan Center for Justice. Published April 26, 2021 – *Optional refresher*

Curry JM, Lee FE. [The Limits of Party: Congress and Lawmaking in a Polarized Era](#). University of Chicago Press; 2020. Chapter 1. (PDF available on course site.)

[Introduction to the Federal Budget Process](#). Center on Budget and Policy Priorities. Published October 24, 2022.

[A Short Primer on the Congressional Budget Office](#). Committee for a Responsible Federal Budget. Published February 14, 2018.

Rocco P. [Congress is waiting on the CBO for its Build Back Better report – but how did fiscal scorekeepers come to be so powerful in politics?](#) *The Conversation*. November 16, 2021.

Sotomayor M, Alemany J, Paybarah A, Goodwin L, Scherer M. [Congressional Republicans panic as they watch their lead dwindle](#). *Washington Post*. Published November 12, 2022.

Optional deeper dives:

Rocco P. Keeping Score: [The Congressional Budget Office and the Politics of Institutional Durability](#). *Polity*. 2021;53(4):691-717.

Patashnik EM, Peck J. Chapter 3, [Can Congress Do Policy Analysis? The Politics of Problem Solving on Capitol Hill](#). In: *Does Policy Analysis Matter? Exploring Its Effectiveness in Theory and Practice*. University of California Press; 2017. (PDF available on course site and here.)

Volden, Craig, and Alan E. Wiseman. 2011. [Breaking Gridlock: The Determinants of Health Policy Change in Congress](#). *Journal of Health Politics, Policy and Law* 36(2): 227–64.

Discussion:

- How are the House of Representatives and Senate structurally different? Why does this matter?
- How are legislative decisions in the U.S. Congress made?
 - Where does *power* reside within Congress? What about *expertise*?
 - How do the federal budgeting process and the CBO affect the legislative process?
- How would your congressional advocacy strategies differ if you were aiming to expand Medicare benefits vs. increase national pandemic preparedness?
- What consequences might arise from poorly drafted legislation?

Session 3: How Interest Groups Effectively Lobby on Health Policy

Mon. 01/30/23

Required:

Watch: [How Lobbying Became A \\$3.5 Billion Industry](#). CNBC, October 3, 2020. (links out to YouTube)

Skim: Hall RL, Deardorff AV. [Lobbying as Legislative Subsidy](#). *Am Polit Sci Rev*. 2006;100(1):69-84.

- *Alternatively*, watch Rick Hall deliver the 2020 Barbara Sinclair Lecture, “[Insidious Influence: Lobbyists and Their Allies on Capitol Hill](#).” (links out to YouTube)

Skim: Marchetti K. [Intersectional Advocacy and Policymaking Across US States](#). In: *The Palgrave Handbook of Intersectionality in Public Policy*. Springer International Publishing; 2019:451-469.

Schpero WL, Wiener T, Carter S, Chatterjee P. [Lobbying Expenditures in the US Health Care Sector, 2000-2020](#). *JAMA Health Forum*. 2022;3(10):e223801.

Counts NZ, Taylor LA, Willison CE, Galea S. [Healthcare lobbying on upstream social determinants of health in the US](#). *Preventive Medicine*. 2021;153:106751.

Smith B. [The Summer of Astroturf](#). *POLITICO*. Published August 21, 2009.

Rowland C, Stein J. [Anonymous ‘ghost ship’ is among groups flooding drug pricing debate](#). *Washington Post*. Published January 23, 2019.

Vogel KP, Edmondson C, Drucker J. [Coronavirus Stimulus Package Spurs a Lobbying Gold Rush](#). *The New York Times*. Published March 20, 2020.

Optional deeper dives:

Olson A, Barrick J, Tayler WB, Rajgopal S, Bai G. [Lobbying Expenditures of the Health Sector During the COVID-19 Pandemic](#). *J Gen Intern Med*. 2020;35(10):3133-3136.

McCrain J. [Revolving Door Lobbyists and the Value of Congressional Staff Connections](#). *The Journal of Politics*. 2018;80(4):1369-1383.

McKay AM. [Buying Amendments? Lobbyists’ Campaign Contributions and Microlegislation in the Creation of the Affordable Care Act](#). *Legislative Studies Quarterly*. 2020;45(2):327-360.

Discussion:

- How does lobbying work in practice? What makes for effective lobbying?
 - How might these principles be applied by organizations that are not conventionally perceived as “special interests”?
- What factors affect how effective and politically important different interest groups are?
- Who tends to be represented well by interest groups? Who tends *not* to be represented and why?

Session 4: Writing Political Strategy Memos (Mini-Case: ACA)

Wed. 02/01/23

This class will cover the nuts and bolts of writing political strategy memos using passage of the Affordable Care Act as a vignette; a sample strategy memo for Sen. Ben Nelson (D-NE) will be presented. As you do the assigned readings, consider the strategies that different key stakeholders used—both successfully and less successfully—during the health reform debate.

Required:

Vaida B. “Health Care Reform Faces Its ‘Super Bowl Moment.’” *National Journal*. 2009, 41(24): 20-27.
(PDF available on course site)

Serafini MW and B Vaida. “Eight Key Hurdles for Health Care Overhaul.” *National Journal*. 2009, 41(47-48): 30-37. (PDF available on course site)

Frates C. [AHIP Gave More Than \\$100 Million to Chamber’s Efforts to Derail Health Care Reform.](#) *National Journal*. June 13, 2012.

Cohn J. Chapters 15–17. In: *The Ten Year War: Obamacare and the Unfinished Crusade for Universal Coverage*. First edition. St. Martin’s Press; 2021. (PDFs on course site)

Optional deeper dives:

[National Health Insurance - a Brief History of reform efforts in the U.S.](#) KFF. 2009.

Deane C et al. Public Opinion on Health Care Reform through the Prism of Obama's 2009-2010 Reform Effort. In: RJ Blendon et al., eds. *American Public Opinion and Health Care*. Washington: CQ Press (2010). (PDF available on course site.)

Oberlander J. [Picking the Right Poison: Options for Funding Health Care Reform.](#) *NEJM*. 2009, 360(20): 2045-2048.

Hacker JS. [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*. 2010;8(3):861-876.

Discussion / In-class exercise:

- What political conditions were present that enabled the Affordable Care Act to be passed?
- Who had power during negotiations over the specific contours of the Affordable Care Act? What were their sources of leverage?
 - What policy compromises were made because of these dynamics?
- How did the politics surrounding the passage of the Affordable Care Act impact its implementation and subsequent health reform efforts?

Session 5: Public Opinion and Persuasion

Mon. 02/06/23

Required:

[The Trouble with Polling](#). *The Week*. Published on November 7, 2021.

Heltzel G, Laurin K. [Polarization in America: two possible futures](#). *Current Opinion in Behavioral Sciences* 2020; 34:179-184.

Blendon RJ, Benson JM. [Trust in Medicine, the Health System & Public Health](#). *Daedalus*. 2022;151(4):67-82.

Listen: Mettler S, Green A. [“In Government We Distrust.”](#) No Jargon. September 13, 2018. (Links out to podcast website.)

Lakoff G. Framing 101: How to Take Back Public Discourse. In: *Don't Think of an Elephant!: Know Your Values and Frame the Debate – The Essential Guide for Progressives*. Chelsea Green Pub. Co; 2004. (PDF on course site)

Cohen RM. [How abortion rights advocates won every ballot measure this year](#). *Vox*. Published November 11, 2022.

Optional deeper dives:

Crow D, Jones M. Narratives as tools for influencing policy change. *Policy & Politics*. 2018;46(2):217-234.

Harvard T.H. Chan School of Public Health/Robert Wood Johnson Foundation. [The Public's Perspective on the United States Public Health System](#). Published online, May 2021.

SteelFisher GK, Blendon RJ, Caprello H. [An Uncertain Public — Encouraging Acceptance of Covid-19 Vaccines](#). *N Engl J Med*. 2021; 384:1483-1487.

Iyengar S, Lelkes Y, Levendusky M, Malhotra N, Westwood SJ. [The Origins and Consequences of Affective Polarization in the United States](#). *Annu Rev Polit Sci*. 2019;22(1):129-146.

Discussion:

- How does public opinion influence the political process? When is it more/less important?
 - What challenges complicate our ability to clearly understand public opinion?
- What types of public trust are significant for health policy in the U.S.?
 - How have these evolved in recent years? How might this affect the political process?
- How has polarization changed the political landscape in the United States in recent decades?
- If you are the political advisor to the leader of the American Public Health Association:
 - How would you frame the “social determinants of health” to the national media?
 - What if you were advising her for a meeting with Gov. Abbot of Texas?

Session 6: Grassroots Organizing to Influence Policy

Guests: Alister Martin, Aliya Bhatia, Emily Rencsok, Naomi Fener – *Vot-ER*

Wed. 02/08/23

Required:

Skocpol T. [The Tea Party and the Resistance: No, They're Not the Same](#). *Democracy Journal*. Published March 1, 2021.

Lawrence W. [Understanding Sunrise, Part 1: Strategy](#). *Convergence*. Published online March 14, 2022.

Shapiro I, Namjoshi S, Morris OS. [How Medical Systems Can Help People Vote](#). *Scientific American*. Published November 6, 2022.

Watch: [How medical providers are checking on patients' civic health](#). *PBS NewsHour*. Published online October 30, 2022.

Browse: [Vote-ER's Resource Center](#)

Optional deeper dives:

Han H, McKenna E, Oyakawa M. Chapter 4, The Strategic Logic of Prisms. In: [Prisms of the People: Power and Organizing in Twenty-First-Century America](#). Chicago studies in American politics. The University of Chicago Press; 2021. (PDF available on course site)

Weldon L. Introduction. In: [When Protest Makes Policy: How Social Movements Represent Disadvantaged Groups](#). University of Michigan Press; 2011. (PDF available on course site)

Zoorob M, Skocpol T. [The Overlooked Organizational Basis of Trump's 2016 Victory](#). In: *Upending American Politics*. Oxford University Press; 2020:79-100.

[The Commons Social Change Library](#). (This is a free library of resources on campaign strategy, community organizing, digital campaigning, communications and media, fundraising and more.)

Discussion:

- What is community organizing? What specific role can grassroots organizing play in service of promoting health equity and specific health policies?
- When have you seen a nonprofit organization help shift health policy? How did they take a big challenge and identify something feasible to shift within it?
- What potential roles can health professionals step into in service of shifting health policy?

Memo for Case 1 due Friday, February 10 @ 9:00am

Session 7/Case 1: Medicare Drug Pricing Provisions in the Inflation Reduction Act Mon. 02/13/23

In early 2021, the Senate runoff victories of Jon Ossoff and Raphael Warnock handed national Democrats unified government: they held the White House, the House of Representatives, and the Senate. This new dynamic ushered in the possibility of a long-term Democratic goal: passing legislation that would help rein in drug costs, particularly for Medicare beneficiaries. However, those goals were far from assured; the Senate was held by the thinnest-possible margin¹ and Speaker Nancy Pelosi had few votes to spare in the House.

In early 2021, advocacy groups organized to generate momentum for prescription drug price reform; President Joe Biden called for such reforms (and Medicare drug price negotiation specifically) in [remarks](#) to a Joint Session of Congress. Throughout the latter half of 2021, congressional Democrats hammered out policy details and political deals in the Build Back Better Act (BBBA). After a small number of moderate House members secured concessions on drug pricing, the BBBA narrowly passed the House (220-213) on November 19, 2021.

The bill was [expected to change in the Senate](#), at least modestly, in order to secure two crucial swing votes: Sen. Joe Manchin of West Virginia and Sen. Kyrsten Sinema of Arizona. However, negotiations ended abruptly, exactly one month after the House passed their version of BBBA, when Sen. Manchin announced during a Fox News interview that he would not be supporting the package. The fate of drug pricing reform—and everything else that had been rolled into the sweeping legislation, but this case focuses on drug pricing reform—was suddenly unknown.

Goals: Memos should be written from the perspective of a political adviser (specialized in health policy) to your assigned case actor (next page). If your stakeholder is Patients for Affordable Drugs or President Joe Biden, your memo should advise what actions should be taken to maximize the likelihood that the most or all drug pricing provisions in the BBBA are taken back up—and passed—by Congress in 2022. For PhRMA and Sen. Mitch McConnell, you should advise what actions should be taken to maximize the likelihood that meaningful drug pricing reforms are *not* taken up by Congress in 2022.

Timing: Imagine your boss has asked you to think about what steps will be necessary over the next three to six months.² Please write your memo based as if it is dated **January 3, 2022**, just as members of Congress and their staff are returning from the holiday recess.

The teaching team gratefully acknowledges Sarah Kaminer Bourland, RN, MPH (Legislative Director at Patients for Affordable Drugs) and John Barkett, MBA (former Senior Policy Advisor at the White House Domestic Policy Council)—both alums of HPM 247 themselves—for conversations that greatly enriched the development of this case.

¹ The Senate was technically split 50-50 between Democrats and Republicans, but in cases of 50-50 tied votes, the Vice President (in this case, Kamala Harris) casts the deciding vote. This is why an evenly split Senate is considered to be in the “control” of the party that holds the White House. Democratic Senator Chuck Schumer was the Majority Leader in the Chamber, whereas Republican Mitch McConnell is considered the Senate Minority Leader.

² Use “three to six months” as a loose guide. We’re not trying to box you into a timeline but do want you to be thinking about a medium-term strategy; a new legislative deal is not likely to appear overnight, but you have no way of knowing how long it will actually take (if a deal materializes at all). **In essence, your memo is answering the question prompted by Sen. Manchin walking away from BBBA negotiations in late December: “Now what?”**

Reminder: Please use your HUID (not your name) on your memo to facilitate anonymous grading.

Last Name	Case Actor	Background
A–Cal	President Joe Biden	<p>President Biden was a strong champion of the drug pricing provisions in the BBBA and had been negotiating directly with Sen. Manchin to try to ensure that the package would be passed. On December 6, he gave a speech at the White House specifically highlighting the drug price reforms.</p> <p>Following Sen. Manchin’s Fox News December 19 interview, the White House put out a stern statement asserting that the senators comments during the interview were “at odds with his discussions this week with the President, with White House staff, and with his own public utterances” and that “Senator Manchin will have to explain to those families paying \$1,000 a month for insulin why they need to keep paying that, instead of \$35 for that vital medicine.”</p> <p>Beyond being a strong advocate of on policy grounds, the President is also conscious that failure to pass these drug pricing reforms could adversely affect Democrats’ prospects in the 2022 midterms. Although multiple features of the BBBA may matter, please write the memo as though you’ve been asked to focus specifically on making sure that Congress takes up meaningful drug pricing reform of some kind in 2022.</p>
Cas–J	P4AD	<p>Patients for Affordable Drugs (P4AD) is an advocacy organization dedicated to advancing robust drug pricing reforms, including drug price negotiation in Medicare.</p> <p>P4AD is better funded (primarily by the Laura and John Arnold Foundation) than many similarly positioned organizations. Although P4AD itself is a 501(c)3 nonprofit which is subject to lobbying limits, the organization has a 501(c)4 arm (P4AD NOW) that can lobby freely. <i>(Do not feel the need to make this distinction in your memo, we just want you to know that there are no rigid limits here.)</i></p> <p>The organization invested heavily to ensure that strong drug pricing provisions made it into the BBBA and is worried that if reform does not pass in 2022, the next opportunity—depending largely on the outcome of the midterms—could be years away.</p>
K–O	PhRMA	<p>Pharmaceutical Research and Manufacturers of America (PhRMA), the nation’s largest trade group for pharmaceutical companies, strenuously objects to any reforms that give government more leverage over drug pricing. Failure to prevent Medicare drug price negotiation from getting into the bill would be a historic failure for the industry group, which had successfully held that policy at bay for decades, despite its broad popularity.</p> <p>PhRMA generally objects to any drug price reforms being taken up by the Congress, but in particular wants to make sure that Congress abandons the Medicare drug price negotiation provision under consideration.</p>
Q–Z	Sen. Mitch McConnell	<p>Sen. Mitch McConnell opposes the drug pricing reforms, such as the ones included in the BBBA, on the grounds that they are government overreach. When House Democrats passed H.R. 3 in 2019 (a more ambitious set of reforms that what was included in BBBA), McConnell—who controlled the Senate at the time—said, “Socialist price controls will do a lot of left-wing damage to the healthcare system. And of course, we’re not going to be calling up a bill like that.”</p> <p>In addition to his ideological opposition, Sen. McConnell is worried that a Democratic victory on drug pricing might diminish the prospects of Republicans potentially retaking the House and/or Senate in the midterm election.</p> <p>Although Sen. McConnell is likely to oppose various parts of any legislative package that Senate Democrats put forward, please focus this memo on trying to make sure that Congress does not take up drug pricing reforms, specifically.</p>

Resources and Readings for Case 1

None of these readings are specifically required; the list is meant to offer a comprehensive starting place for you to learn more about the political context of this debate and how your stakeholder fit into it. Different readings may be more (or less) informative for different case actors. **You may benefit from conducting additional stakeholder-specific research beyond these provided resources.**

All items are ordered chronologically within category. To enhance the benefit of hindsight, we have included resources that postdate when the memo is supposed to be written (January 3, 2022); when that is the case, publication dates are noted in **red**.

Policy background and public opinion polls

Kirzinger A, Kearney A, Stokes M, Hamel L, Brodie M. [The Public Weighs In On Medicare Drug Negotiations](#). KFF. Published October 12, 2021.

Hamel L, Lopes L, Kirzinger A, et al. [Public Opinion on Prescription Drugs and Their Prices](#). KFF. Published October 20, 2022. Accessed February 1, 2023.

Sachs R. [Understanding the New Drug Price Reform Deal](#). Health Affairs Blog. Published online November 4, 2021.

Cubanski J, Neuman T, Freed M. [Explaining the Prescription Drug Provisions in the Build Back Better Act](#). KFF. Published November 23, 2021.

Sachs R. [Understanding The Democrats' Drug Pricing Package \[in the Inflation Reduction Act\]](#). Health Affairs Blog. Published online **August 10, 2022**.

News articles

Everett B. [McConnell warns Pelosi's drug-pricing plan is DOA](#). POLITICO. Published September 19, 2019

Knight V, Pradhan R, Lucas E. [Pharma Campaign Cash Delivered to Key Lawmakers With Surgical Precision](#). Kaiser Health News. Published October 27, 2021.

Torbati Y, O'Connell J. [Pharmaceutical industry likely to shatter its lobbying record as it works to shape Democrats' spending bill](#). Washington Post. Published November 8, 2021.

Rosenthal E. [Public opinion is unified on lowering prescription drug prices — why are Democrats settling for less?](#) Los Angeles Times. Published November 16, 2021.

Klein B, Luhby T, Vazquez M. [Biden says he wants his social safety net bill passed "as early as we can get it" as negotiations drag on](#). CNN. Published December 6, 2021.

Cathey L. [Biden touts provisions to lower cost of prescription drugs in Build Back Better Act](#). ABC News. Published December 6, 2021.

Diamond D. [Democrats' plan to cap consumer insulin costs faces GOP threat, skeptical advocates.](#) Washington Post. Published December 13, 2021.

Prokop A. [Joe Manchin cancels Build Back Better's Christmas party.](#) Vox. Published December 16, 2021.

Becket S, O'Keefe E. [White House blasts Manchin's "inexplicable reversal" on Build Back Better Act.](#) CBS News. Published December 20, 2021.

Cochrane E, Sanger-Katz M. [Democrats Offer Plan to Cut Drug Costs, Seeking Climate and Tax Deal.](#) The New York Times. Published **July 6, 2022.**

Kansteiner F. [The fight is on: As US pricing reform advances through Congress, pharma gears up for a brawl.](#) Fierce Pharma. Published **August 11, 2022.**

Political statements, press releases, and other miscellany

[Democrats' Reckless Taxing and Spending Spree Meant to Turn Temporary Pandemic into Permanent Socialism.](#) Statement by Republican Leader Sen. Mitch McConnell on the floor of the U.S. Senate. Published September 20, 2021.

[New Analysis Confirms Government Price Setting Leads to Reduction in R&D Investment and Delayed Access to Medicines.](#) PhRMA. Published November 23, 2021.

[Remarks by President Biden on Prescription Drug Costs.](#) The White House. Published December 6, 2021.

[Statement from Press Secretary Jen Psaki.](#) White House Briefing Room. Published December 19, 2021.

[P4ADNow To Congress: Drug Price Provisions Are Overwhelmingly Popular and Urgently Needed; Must Be Included as Negotiations Continue On Reconciliation.](#) Patients For Affordable Drugs Now. Published December 20, 2021.

[New Analysis Finds More than Half of Brand Medicine Spending Goes to the Supply Chain, Middlemen and Other Stakeholders.](#) PhRMA. Published **January 7, 2022.** *(While publication of this report technically postdates the memo timeframe by a few days, it was commissioned by PhRMA, so they would have known it was forthcoming and likely had seen a draft by January 3. You may assume this if you are PhRMA.)*

[Senators McConnell and Durbin on Prescription Drug Costs.](#) C-SPAN. Published **July 18, 2022.**
(VIDEO)

Freire JP. [Analysis: Americans Don't Support Surrendering Innovation for Democrats' Drug Price Controls.](#) Ways and Means Republicans. Published **August 4, 2022.**

Session 8: Federalism and Variation in State Political Environments

Wed. 02/15/23

Required:

Weissert CS, Uttermark MJ. [Glass Half Full: Decentralization in Health Policy](#). *State and Local Government Review*. 2017;49(3):199-214.

Grumbach J. Chapter 3: From Backwaters to Battlegrounds. In: [Laboratories Against Democracy: How National Parties Transformed State Politics](#). Princeton University Press; 2022. (PDF on course site)

- Read pp. 34-44 (up to “Measuring Policy Outcomes”) and 67-69 (“State Resurgence”)

Huberfeld N, Gordon SH, Jones DK. [Federalism Complicates the Response to the COVID-19 Health and Economic Crisis: What Can Be Done?](#) *Journal of Health Politics, Policy and Law*. 2020;45(6):951-965.

Messerly M, Ollstein AM, Montellaro Z. [Republicans look to restrict ballot measures following a string of progressive wins](#). *POLITICO*. Published September 10, 2022.

Optional deeper dives:

Jones DK. [Political Participation in the Least Healthy Place in America: Examining the Political Determinants of Health in the Mississippi Delta](#). *Journal of Health Politics, Policy and Law*. 2019;44(3):505-531.

Jewell CJ, Bero LA. [“Developing Good Taste in Evidence”: Facilitators of and Hindrances to Evidence-Informed Health Policymaking in State Government](#). *Milbank Quarterly*. 2008;86(2):177-208.

Grumbach JM, Michener J. [American Federalism, Political Inequality, and Democratic Erosion](#). *The ANNALS of the American Academy of Political and Social Science*. 2022;699(1):143-155.

Rocco P, Keller AC, Kelly AS. [State Politics And The Uneven Fate Of Medicaid Expansion](#). *Health Affairs*. 2020;39(3):494-501.

Discussion

- Broadly speaking, what are the advantages and drawbacks of a federalist system?
 - What challenges do state governments encounter that the federal government does not?
- What key state-level factors influence whether a state can pursue a given policy issue that might be of interest to the legislature or the public?
- How do state legislatures differ, both across the nation and from Congress?
 - What implications does this have for whether, when, and how policy gets passed?

Peer feedback for Case 1 due Wednesday, February 22 @ 9:00am

No class on Monday, Feb. 20 (President’s Day)

Session 9: Health Policy and the Administrative State

Wed. 02/22/23

Required:

[A Guide to the Rulemaking Process](#). Office of the Federal Register; 2011.

Yackee SW. [The Politics of Rulemaking in the United States](#). *Annu Rev Polit Sci*. 2019;22(1):37-55.

- Feel free to skip the “Future Research Directions” section

Jarlenski M, Rocco P, Tipirneni R, Kennedy AJ, Gunturi N, Donohue J. [Shaping Health Policy for Low-Income Populations: An Assessment of Public Comments in a New Medicaid Waiver Process](#). *Journal of Health Politics, Policy and Law*. 2017;42(6):1039-1064.

Goodnough A. [Judge Blocks Medicaid Work Requirements in Arkansas and Kentucky](#). *The New York Times*. Published March 27, 2019.

Saylor R. [If Trump wins again, he wants to be able to fire civil servants](#). *Washington Post*. Published August 26, 2022.

Optional deeper dives:

Listen/Read: “How Liberals—Yes, Liberals—Are Hobbling Government.” *The Ezra Klein Show*. Published February 7, 2023. Podcast links: [NYT \(includes transcript\)](#) / [Apple Podcasts](#)

Strauss PL. [How the Administrative State Got to This Challenging Place](#). *Daedalus*. 2021;150(3):17-32.

Excerpt (pp. 5-19): [Regulatory Guidance Processes: Selected Departments Could Strengthen Internal Control and Dissemination Practices](#). Government Accountability Office; 2015.

Kerwin CM, Furlong SR. [Rulemaking: How Government Agencies Write Law and Make Policy](#). Fifth edition. CQ Press, an imprint of Sage Publications, Inc; 2019.

Podulka J, Blum J. [Issue Brief: Regulatory Changes to Medicare in Response to COVID-19](#). Commonwealth Fund, The SCAN Foundation; 2020.

Mortensen JD, Bagley N. [There’s No Historical Justification for One of the Most Dangerous Ideas in American Law](#). *The Atlantic*. Published May 26, 2020.

Discussion:

- How does the regulatory process fit into the policy process? When does it happen?
 - What are the key differences between regulations and subregulatory guidance?
 - What opportunities exist to influence the regulatory process?
- What determines how much discretion agencies have in drafting, revising, or rescinding rules?
- How has the importance of rulemaking evolved over time, and why?

Session 10: Lessons from the Trenches

Mon. 02/27/23

Guest lecturer: Melanie Egorin, PhD, Assistant Secretary for Legislation, U.S. Dept. of Health and Human Services

Required:

[Testimony before the U.S. Senate Committee on Finance and Responses to Questions for the Record](#), Hearing to Consider the Pending Nomination of Melanie Anne Egorin, of the District of Columbia, to be an Assistant Secretary of Health and Human Services. (PDF on course site)

Johnson H, Broder DS. Chapter 16: The Baron Falls. In: *The System: the American Way of Politics at the Breaking Point*. Little, Brown & Co.; 1996. (PDF on course site)

Stern K. "Ma'am, We've Got to Go." *The New Yorker*. Published January 18, 2021.

Glied S. [Policy Analysis in Government and Academia: Two Cultures](#). *Journal of Health Politics, Policy and Law*. 2018;43(3):537-542.

- This may look familiar; it was assigned for the first class. Please read it if you haven't already and quickly skim to refresh yourself on key themes if you read it previously.

Dr. Egorin will offer brief remarks at the start of class about her experiences both on the Hill (as professional staff on the House Ways and Means Committee) and in the administration (as Assistant Secretary for Legislation), then open the floor for questions and conversation.

Session 11: Influencing the Regulatory Process (Mini-Case: No Surprises Act) Wed. 03/01/23

Required:

[Fact Sheet: Requirements Related to Surprise Billing; Part II Interim Final Rule with Comment Period.](#)

Centers for Medicare & Medicaid Services. Published September 30, 2021.

Kliff S. [New Rule on Surprise Billing Aims to Take Patients Out of the ‘Food Fight.’](#) *The New York Times*. Published September 30, 2021.

Required comment letters (PDFs available on course site):

- [Louisiana Hospital Association/Tennessee Hospital Association](#) (read one, skim the other)
- [America’s Health Insurance Plans \(AHIP\)](#)
- [Families USA Coalition](#)
- [Members of the House of Representatives](#)

Optional deeper dives:

Optional comment letters & agencies’ partial response (PDFs available on course site):

- [American College of Emergency Physicians \(ACEP\) and the Emergency Department Practice Management Association \(EDPMA\)](#)
- [Independent researchers \(Brookings Institution and American Enterprise Institute\)](#)
- [Letter from Rep. Frank Pallone \(D-NJ, Chair of Energy & Commerce in 2020 and 2021\) and Sen. Patty Murray \(D-WA, Chair of the Senate HELP Committee in 2020 and 2021\)](#)
- Excerpt from [87 FR 52618](#) (agencies’ partial response, PDF on course site)

Hoadley J, Lucia K. [The No Surprises Act: A Bipartisan Achievement to Protect Consumers from Unexpected Medical Bills.](#) *Journal of Health Politics, Policy and Law*. 2022;47(1):93-109.

Potter RA. [Slow-Rolling, Fast-Tracking, and the Pace of Bureaucratic Decisions in Rulemaking.](#) *The Journal of Politics*. 2017;79(3):841-855.

Yackee SW. [Sweet-Talking the Fourth Branch: The Influence of Interest Group Comments on Federal Agency Rulemaking.](#) *Journal of Public Administration Research and Theory*. 2006;16(1):103-124.

Dwidar MA. [Coalitional Lobbying and Intersectional Representation in American Rulemaking.](#) *Am Polit Sci Rev*. 2022;116(1):301-321.

Discussion / In-class exercise:

Please read the comment letters (available on the course website). Be prepared to discuss: (1) how policy priorities and objections varied across stakeholders and (2) how their letters attempted to persuade CMS to either revise sections of the rule or finalize them as drafted.

Memo for Case 2 due Friday, March 3 @ 9:00

Session 12/Case 2: Nurse-patient staffing limits (Massachusetts, 2018)

Mon. 03/06/23

The Patient Safety Act (also known as Question 1) is a ballot measure that seeks to mandate an increase in nurse-to-patient ratios in hospitals.³ The ballot initiative was proposed by the Massachusetts Nurses Association (MNA) and would expand the 2014 mandate that increased nurse-to-patient ratios in MA's Intensive Care Units to other wards. If passed, the maximum number of patients assigned to a single registered nurse for most hospital departments would have been set at four patients per nurse but would vary by unit and patient type.

The proposed law would apply to all licensed hospitals in the state and would prohibit these facilities from reducing the overall number of nurses on staff in order to comply with the new restrictions. Hospitals or facilities that are found to be in violation of these ratios would be fined up to \$25,000 (it is important to note that these requirements would be waived in the event of a national or state public health emergency).

The ballot question has been challenged in court by the Coalition to Protect Patient Safety, a hospital-backed group, who oppose the question. They argued that the provisions related to setting staffing ratios and prohibiting hospitals from laying off workers to comply with the new law are two unrelated subjects, which is not allowed under state law. The Supreme Judicial Court said that Attorney General Maura Healey was correct in allowing the question be placed on the ballot. The MNA then submitted a second version of the bill which would require financial reporting requirements for hospitals, which Healey prevented from being placed on the ballot. The MNA then challenged that decision in court and the Supreme Judicial Court once again upheld Healey's decision in that case.

On October 3, 2018, the Massachusetts Health Policy Commission (HPC), an independent state agency that monitors and evaluates health spending in the state, released a long-awaited report estimating potential financial and workforce impacts of the initiative. The HPC estimated that annual costs could increase between \$676 million and \$949 million. Summing across the state, hospitals would need to hire an additional 2,286 to 3,101 full-time registered nurses to comply with the initiative.

Goals: Memos should be written from the perspective of a political adviser (specialized in health policy) to your assigned case actor (next page). *Stakeholder-specific goals to be addressed by your memo are outlined in the table on the following page.*

Timing: Imagine your boss has asked you to think about what steps will be necessary from now until November 6, 2018.⁴ Please write your memo as if it is dated **October 11, 2018**, a week after the Massachusetts Health Policy Commission Report came out and just a few short weeks before the election.

³ Nurses have previously advocated for staffing requirement legislation but it has failed to be passed by the state legislature.

⁴ This is the day Massachusetts residents will vote on the Patient Safety Act.

Last Name	Actor	Background
A-Cal	Massachusetts Health & Hospital Association (Against)	<p>The Massachusetts Health & Hospital Association represents 70 licensed member hospitals within 23 health systems and other healthcare stakeholders in Massachusetts. They are a well-funded lobbying body with tremendous political capital in the state.</p> <p>MHHA is strongly opposed to the nurse staffing ratio measure, citing threats to patient safety, the decision-making ability of nurses, and the stability of Massachusetts hospitals.</p> <p>For the MA Hospital Association you should advise what actions should be taken to maximize the likelihood that Question 1 is <i>not</i> passed by Massachusetts voters.</p>
Cas-J	Republican Governor Charlie Baker, up for re-election (Against)	<p>Gov. Charlie Baker is the incumbent governor of Massachusetts up for re-election in 2018. He had been reluctant to weigh in on whether he supported or opposed Question 1 until the Massachusetts Health Policy Commission released their report. On October 10, a week after the HPC report, Baker went on the record opposing the measure.</p> <p>Your memo should outline the steps that the Governor <u>could</u> take to maximize the likelihood that Question 1 is <i>not</i> passed by Massachusetts voters <i>if this was a top priority for him</i>. Because this is a sensitive re-election year, you should also spend at least one paragraph advising how much the Governor should engage on this issue in the lead up to the election.</p>
K-O	Democratic gubernatorial candidate, Jay Gonzalez (For)	<p>Prior to deciding to run for Massachusetts governor as a Democrat, Jay Gonzalez was CEO of CeltiCare Health and New Hampshire Healthy. He stepped down from that position in December 2018 and launched his campaign in January 2018. Gonzalez had been supportive of the ballot initiative since its earliest stages.</p> <p>Your memo should outline the steps that candidate Gonzalez <u>could</u> take to maximize the likelihood that Question 1 <i>is</i> passed by Massachusetts voters <i>if this was a top priority for him</i>. Because he is running for governor, you should also spend at least one paragraph advising how much the Governor should engage on this issue in the lead up to the election.</p>
Q-Z	Massachusetts Nurses Association (For)	<p>Representing more than 23,000 members, the Massachusetts Nurses Association (MNA) is the largest union and professional association of registered nurses and health professionals in Massachusetts. This is the organization the media and other stakeholders refer to as the nurses union. In 2001, MNA members voted to disaffiliate from the Massachusetts chapter of the American Nurses Association (ANA), citing concerns about ANA being too moderate and too slow to respond to several growing issues in the field, including short staffing and mandatory overtime. They have since been working on getting nurse staffing ratio measures passed.</p> <p>Your memo should advise what actions should be taken by MNA to maximize the likelihood that Question 1 <i>is</i> passed by Massachusetts voters.</p>

Resources and Readings for Case 2

None of these readings are specifically required but are meant to offer a comprehensive starting place for you to learn more about the political context of this debate and how your stakeholder fit into it. Different readings may be more (or less) informative for different case actors. All items are ordered chronologically within category. To enhance the benefit of hindsight, we have included resources that postdate when the memo is supposed to be written (October 11, 2018); when that is the case, publication dates are noted in red.

We have tried to be thorough, but **you may benefit from conducting additional stakeholder-specific research beyond these provided resources.** Note that there are fewer resources for this case (when compared to Case 1) because there was substantially less coverage of this state issue in the national media.

Note that Boston Globe and Becker's Healthcare articles are paywalled and PDFs are available on the course site.

Policy background

[Massachusetts Question 1, Nurse-Patient Assignment Limits Initiative \(2018\)](#). Ballotpedia.

Massachusetts Health Policy Commission. [Mandated Nurse-to-Patient Staffing Ratios in Massachusetts. Research Presentation: Analysis of Potential Cost Impact](#). Published October 3, 2018.

News articles (including reports of local public opinion polls)

Dumcius G. [Former healthcare CEO launches run for governor, targets Baker](#). MassLive. Published January 30, 2017.

Sippell M. [Mass. business groups oppose nurses' ballot question](#). *Boston Globe*. Published April 12, 2018.

Knowles M. [Survey: 90% of nurses admit they do not have enough time to properly care for patients](#). *Becker's Healthcare*. Published May 14, 2018.

Schoenberg S. [SJC upholds nurse staffing ballot question](#). MassLive. Published June 18, 2018.

Michek K. [Nurse Staffing Ratios to Hit the Ballot in Massachusetts](#). HealthLeaders Media. Published June 21, 2018.

[Registered Nurses Unite for Question 1: Safe Patient Limits](#). Massachusetts Nurses Association. Published July 16, 2018.

Gooch K. [Mandated nurse staffing ratios could cause Massachusetts to lose 1,000 behavioral health beds, trade group says](#). Published August 9, 2018.

Schoenberg S. [Nurses on Question 1: Hospitals choosing patients over profits](#). MassLive. Published August 22, 2018.

- McCluskey PD. [In ad war over ballot question, both sides give nurses leading roles.](#) *Boston Globe*.
Published September 6, 2018.
- Brown S. [Baker Holds Commanding Lead Over Gonzalez In WBUR Poll.](#) WBUR. Published
September 26, 2018.
- Triunfo C. [Baker waiting for Question 1 analysis; Gonzalez supports nurse staff plan.](#) MassLive
State House News Service. Published September 27, 2018.
- Abraham T. [Massachusetts nurse staffing mandate could cost nearly \\$950M annually.](#) Healthcare
Dive. Published October 4, 2018.
- McCluskey PD. [Majority opposes ballot question on nurse staffing, poll finds.](#) *Boston Globe*.
Published October 10, 2018.
- DeCosta-Klipa N. [What you need to know about Massachusetts ballot Question 1.](#) Boston.com.
Published October 9, 2018.
- Bebinger M. [Nurses Are Split On Staffing Ratio Ballot Question, WBUR Poll Finds.](#) WBUR.
Published **October 15, 2018.**
- Jonas M. [Clashing views on nurse staffing question.](#) Commonwealth Magazine. Published **October
18, 2018.**
- Masterson L. [Burnout hurts nurses' ability to meet profession's demands.](#) Healthcare Dive.
Published **October 23, 2018.**
- [Support is dropping for ballot question on nurse staffing, poll shows.](#) *Boston Globe*. Published
October 29, 2018.

Session 13: Policy Feedback Processes & Course Wrap-Up

Wed. 03/08/23

Required:

Hertel-Fernandez A. [How Policymakers Can Craft Measures That Endure and Build Political Power](#). Roosevelt Institute; 2020.

Listen/Read: “How Liberals—Yes, Liberals—Are Hobbling Government.” *The Ezra Klein Show*.

Published February 7, 2023. Podcast links: [NYT \(includes transcript\)](#) / [Apple Podcasts](#)

- Consider this “strongly recommended.” It was optional for Session 9, so skip if you’ve already listened/read. If you *must* choose, I would rather have you read the Hertel-Fernandez paper, but this offers valuable, forward-looking insights into regulatory politics and touches on a number of themes we’ve covered in class.

Optional deeper dives:

Michener J. [Medicaid and the Policy Feedback Foundations for Universal Healthcare](#). *The ANNALS of the American Academy of Political and Social Science*. 2019;685(1):116-134.

Singer PM, Willison CE, Moore N, Greer SL. [Anatomy of a Failure: COVID-19 in the United States](#). In: Greer SL, King EJ, Massard da Fonseca E, Peralta-Santos A, eds. *Coronavirus Politics: The Comparative Politics and Policy of COVID-19*.

Kelly AS. [Private Power in Public Programs: Medicare, Medicaid, and the Structural Power of Private Insurance](#). *Stud Am Pol Dev*. Published online January 27, 2023:1-17.

Discussion:

- What is meant by “new policy creates new politics”?
 - What are examples of policies that have had self-reinforcing feedbacks? Self-undermining feedbacks?
 - How might one try to *anticipate* this dynamic in policy design?
- As an interested stakeholder, what factors inform *when, where, and how* you attempt to influence the political process?
- What overarching lessons in political strategy can be learned from the cases and mini-cases?
- How did the U.S. political system influence (and how does it continue to influence) the response to the COVID-19 pandemic?
 - What policy feedbacks might we anticipate as a result of this response?

Take-home final due Friday, March 10 @ 11:59pm

Political Strategy Memo Guidelines

Political strategy memos should be no more than **3 pages**, double-spaced, one-inch margins, with no less than 11-point font (Times New Roman or equivalent), in Word.

There is no set “format” for composing a political strategy memo, but guidelines will be offered during early sessions in the course, and the teaching will post examples of exemplary memos the first few weeks of the course.

Strong memos, regardless of how students choose to organize them, should reflect on and incorporate the key elements below: goal(s), political environment, key decision makers, the political strategy itself, and strategic assessment. We offer *suggested* lengths for each of these elements, though they should be considered loose guidelines rather than hard-and-fast rules. Similarly, **the bullets and questions posed for each element are intended to help guide brainstorming**; students should not consider them a “checklist” where the memo needs to answer every single question.

Goal(s) (1-2 sentences)

- Decide what your group or individual’s policy position is, and articulate how it relates to the mission (or personal/professional goals) of the individual/group

Political environment (~1/2 page)

- Where is the issue on the agenda of stakeholders, the political party in power, the media, and public opinion? Is it rising or declining in attention? Where is the issue on professional and scientific agendas?
- Is this a high, medium, or low salience issue [and how does that affect your strategy]?
- Where are you in the election cycle, legislative cycle, and budgeting cycle?
- Assess the strengths and weaknesses of your stakeholder to influence the environment vs. that of your opposition
 - Resources (staff/external funding)
 - Volunteers/endorsements
 - Support by key legislators and interest and advocacy groups
 - State of public opinion/media coverage and editorial opinion

Key decision makers (~1/2 page)

- Identify actors/government organizations who make the policy decision (i.e., President, Governor, Secretary, Congress, Legislature)
- Where do these key decision makers stand, and why do they take these positions?
 - What is their stated or implied position (party/ideology/religion/interest groups, etc.)?
 - What are the views of the media, public opinion, etc.?
 - Voting history, election outcomes, other relevant history?

Political strategy (~1.5 pages)

- What is the likelihood this issue will be acted on in your direction within the window of interest?
- What has your stakeholder/organization been doing on this issue in the past 6 months?
- Based on an assessment of the political environment and the strengths and limitations of your stakeholder in influencing the process, outline a strategy by:
 - Considering which tactics are appropriate and feasible for your actor. **Not every tactic is appropriate for every actor.** Some examples of tactics include (*refer also to the strategy table*):

- Convincing potentially supportive political leaders to take action (offer political support to swing members—contributions, volunteers, awards, media coverage)
- Activating contributors and volunteers to potentially campaign for the issue
- Trying to elicit supportive media coverage for your policy position
- Buying media advertising for your message
- Writing editorials and seeking major media endorsements
- Trying to get politically influential experts or celebrities to speak out
- Building a coalition of like-minded groups
- Organizing “grassroots” groups’ responses, focused on decision-makers
- Using litigation, ballot initiatives, and/or referenda
- Creating and disseminating new policy research and information
- Influencing the elections of key politicians
- Direct lobbying of selected policy makers
- Presenting powerful evidence/facts supporting your choices, and framing them to provide compelling messaging
- Developing a persuasive message for your policy position (including targets and timing)
- Considering the target audience of your strategy, and including the timing on when to take action
- Considering which parts of your strategy should be kept confidential vs. public

Assessment of strategy (~1/2 page):

- Does your strategy have any particular strengths/benefits or weaknesses/risks that your boss should be aware of?
 - How is your position viewed by key decision-makers, the publics, or the media? Are those views likely to bear on your strategy’s odds of success or failure?
 - Are there anticipated changes (or sources of uncertainty) in the political environment? If so, can your strategy flexibly adapt to changes or uncertainty?
 - Is revenue likely to be a concern?

General Tips:

- The strategy is the most important part of your memo. A good strategy will be suited to the strengths and weaknesses of your actor and specifically address obstacles and opportunities that you have outlined in your discussion of the political environment. Strategies are particularly strong when they are flexible to uncertainty.
- Creativity in a strategy will be rewarded, as long as it is realistic.
- Be concise and choose each word carefully. Remember that your actor may only have a few seconds to scan your strategy memo, so you should make use of headings, bullet points and effective use of bolded/underlined/italicized text. This writing style is very different from an academic paper!
- References should be included on separate pages and do not count toward the page limit.