<table>
<thead>
<tr>
<th>Class</th>
<th>Day</th>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tr>
<td>0</td>
<td>Fri</td>
<td>1/25/19</td>
<td>Shopping Day (4:15-5:30 pm, L140)</td>
<td>Blendon</td>
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<tr>
<td>1</td>
<td>Mon</td>
<td>1/28/19</td>
<td>Introduction to the Politics of Health Care</td>
<td>Blendon</td>
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<td>2</td>
<td>Wed</td>
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<td>How Leaders Develop a Political Strategy</td>
<td>Blendon</td>
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<tr>
<td>3</td>
<td>Mon</td>
<td>2/4/19</td>
<td>How Interest and Advocacy Groups Influence Policy</td>
<td>Blendon</td>
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<tr>
<td>4</td>
<td>Mon</td>
<td>2/6/19</td>
<td>History of Politics of the National Healthcare Reform Debate</td>
<td>Mike Botta</td>
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<tr>
<td></td>
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<td>No Laptops</td>
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<tr>
<td>5</td>
<td>Mon</td>
<td>2/11/19</td>
<td>Lessons for Influencing Congress: The Case of Medicare Catastrophic Repeal</td>
<td>Blendon</td>
</tr>
<tr>
<td>6</td>
<td>Wed</td>
<td>2/13/19</td>
<td>How to Research and Write Political Memos</td>
<td>Adrianna McIntyre</td>
</tr>
<tr>
<td>n/a</td>
<td>Mon</td>
<td>2/18/19</td>
<td>PRESIDENT'S DAY HOLIDAY</td>
<td>n/a</td>
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<td>7</td>
<td>Wed</td>
<td>2/20/19</td>
<td>The Decline of Public Trust &amp; Growth of Polarization</td>
<td>Blendon</td>
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<td>8</td>
<td>Mon</td>
<td>2/25/19</td>
<td>Case 1: Clinton Health Reform No Laptops</td>
<td>Students</td>
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<td>9</td>
<td>Wed</td>
<td>2/27/19</td>
<td>Campaigns, Elections &amp; Health Policy</td>
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<tr>
<td>10</td>
<td>Mon</td>
<td>3/4/19</td>
<td>Health Politics in the States</td>
<td>Blendon</td>
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<td>11</td>
<td>Wed</td>
<td>3/6/19</td>
<td>Health Politics as a State Legislator</td>
<td>Jeffrey Sanchez</td>
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<td>12</td>
<td>Mon</td>
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<td>Case 2: Obama Health Reform No Laptops</td>
<td>Students</td>
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<tr>
<td>13</td>
<td>Wed</td>
<td>3/13/19</td>
<td>Mass Health Plan: A Political Perspective</td>
<td>Nancy Turnbull</td>
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<td>n/a</td>
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<td>3/18/19</td>
<td>SPRING BREAK</td>
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<td>SPRING BREAK</td>
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<td>14</td>
<td>Mon</td>
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<td>Educating &amp; Influencing the Broader Public</td>
<td>MollyAnn Brodie</td>
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<td>15</td>
<td>Wed</td>
<td>3/27/19</td>
<td>Media and Public Opinion</td>
<td>Blendon</td>
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<tr>
<td>16</td>
<td>Mon</td>
<td>4/1/19</td>
<td>Case 3: South Dakota Abortion Referendum No Laptops</td>
<td>Students</td>
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<tr>
<td>17</td>
<td>Wed</td>
<td>4/3/19</td>
<td>Repeal of the Affordable Care Act</td>
<td>Joanne Kenen</td>
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<tr>
<td>18</td>
<td>Mon</td>
<td>4/8/19</td>
<td>Guest Lecture, former U.S. Senator from North Dakota</td>
<td>Heidi Heitkamp</td>
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<tr>
<td>19</td>
<td>Wed</td>
<td>4/10/19</td>
<td>Guest Lecture, 55th Governor of Missouri</td>
<td>Jay Nixon</td>
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<tr>
<td>20</td>
<td>Mon</td>
<td>4/15/19</td>
<td>Health Politics in the U.S. Congress</td>
<td>Sheila Burke</td>
</tr>
<tr>
<td>21</td>
<td>Wed</td>
<td>4/17/19</td>
<td>Case 4: Colorado Marijuana Legalization No Laptops</td>
<td>Students</td>
</tr>
<tr>
<td>22</td>
<td>Mon</td>
<td>4/22/19</td>
<td>Developing a Political Strategy for Gun Control</td>
<td>Blendon</td>
</tr>
<tr>
<td>23</td>
<td>Wed</td>
<td>4/24/19</td>
<td>Learning from the Cases / Course Wrap-up</td>
<td>Blendon</td>
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<tr>
<td>n/a</td>
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<td>4/29/19</td>
<td>NO CLASS (extra time to study for the final exam)</td>
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<td>24</td>
<td>Wed</td>
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<td>IN-CLASS FINAL EXAM</td>
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POLITICAL ANALYSIS AND STRATEGY FOR U.S. HEALTH POLICY
SUP 575 / HPM 247
Harvard University
Harvard Kennedy School/ Harvard T.H. Chan School of Public Health
Spring 2019 Course Syllabus

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Course Staff</th>
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<tbody>
<tr>
<td><strong>Robert J. Blendon</strong></td>
<td><strong>Teaching Fellows</strong></td>
</tr>
<tr>
<td>HSPH Office: Kresge 402</td>
<td>The Teaching Fellows will use Canvas as the primary method of communication with students. Please contact your assigned TF via Canvas if you have questions. TFs will respond to student inquiries within 1 business day.</td>
</tr>
<tr>
<td>HKS Office: Taubman 464</td>
<td></td>
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<tr>
<td>Office hours by appointment, please contact <strong>Justin Sayde</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Faculty Assistant</strong></td>
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<tr>
<td>Justin Sayde</td>
<td></td>
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<tr>
<td><a href="mailto:jsayde@hsph.harvard.edu">jsayde@hsph.harvard.edu</a></td>
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<tr>
<td>HSPH – Kresge 416</td>
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<tr>
<td>Phone: 617-432-4502</td>
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<table>
<thead>
<tr>
<th><strong>Student last names A-H:</strong></th>
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<tbody>
<tr>
<td>Adrianna McIntyre – <a href="mailto:amcintyre@h.harvard.edu">amcintyre@h.harvard.edu</a></td>
<td>PHD Candidate in Health Policy (Political Analysis)</td>
</tr>
<tr>
<td>Office Hours: By Appointment</td>
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<tr>
<th><strong>Student last names I-P:</strong></th>
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<tbody>
<tr>
<td>Caitlin McMurtry – <a href="mailto:caitlin_memurtry@h.harvard.edu">caitlin_memurtry@h.harvard.edu</a></td>
<td>PHD Candidate in Health Policy (Political Analysis)</td>
</tr>
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<td>Office Hours: By Appointment</td>
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<th><strong>Student last names Q-Z:</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Michael Anne Kyle – <a href="mailto:mkyle@hbs.edu">mkyle@hbs.edu</a></td>
<td>PHD Candidate in Health Policy (Management)</td>
</tr>
<tr>
<td>Office Hours: By Appointment</td>
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Weekly Meeting Time and Location: Mon. & Wed. 4:15 – 6:00 pm, L140 (HKS Campus)

- **Shopping Day:** Friday, January 25, 2019, 4:15-5:30 pm, L140 (HKS Campus)
- **First Day of Class:** Monday, January 28, 2019
- **Last Day of Class (in-class final exam):** Wednesday, May 1, 2019

Course Overview
Health policy making in the U.S. has a strong political dimension. This course offers analytical insights into understanding U.S. health policymaking and developing political strategies that influence health policy outcomes. The course provides strategic skills for those in future leadership roles to influence the health policy process. Major topics to be covered include analyzing how health policy is shaped by interest groups, media, public opinion, legislative lobbying, elections, coalition building, policy legacies, institutions, and the politics of information. Student-led case studies focus on movements toward comprehensive national health insurance in the U.S., including the Clinton and Obama health plans and the debate over the implementation of the Affordable Care Act, as well as marijuana legalization in Colorado and abortion policy in South Dakota. This course must be taken for a grade and is not open to auditors.

Spring 2019 syllabus revised March 29, 2019
**Course Objectives**
This course is designed to meet the following objectives:
1. To understand why U.S. health policy involves political decision-making;
2. To analyze the politics of major health policy developments in the United States;
3. To understand the ways political analysis can improve health policy and its implementation;
4. To develop the following skills in political strategy and case analysis:
   a. Diagnosing the political environment for health issues
   b. Identifying who makes the key health policy decisions
   c. Understanding when an issue will be a “political issue”
   d. Creating effective political strategies to influence U.S. health policy

**Course Grading**
Grading for this course will follow the Harvard Kennedy School Recommended Grade Distribution.

<table>
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<tr>
<th>Component</th>
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<tbody>
<tr>
<td>Political Strategy Memo 1</td>
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<tr>
<td>Political Strategy Memo 2</td>
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<tr>
<td>Political Strategy Memo 3</td>
<td>15%</td>
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<tr>
<td>Op-Ed</td>
<td>10%</td>
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<tr>
<td>Class Participation*</td>
<td>10%</td>
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<tr>
<td>Final Exam</td>
<td>35%</td>
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**Course Requirements**
Students will be expected to complete assigned readings, participate in class discussions, prepare for case discussions, and write three political strategy memos and one Op-Ed. The final exam will be closed-book, in-class on the last day of class, **Wednesday, May 1, 2019**.

**Note on collaboration and academic integrity:** please develop your own original work, always cite your sources, and do not collaborate with classmates on any of the assignments.

**Electronic Materials & Course Website**
All course materials will be posted on Canvas, and updates and notifications will occur through Canvas. Cross-registered students will have access to Canvas once the Add/Drop period ends.

*Class Participation*
Class participation includes: 1) mandatory attendance, 2) active participation during class time, and 3) active participate during the case discussion. **To facilitate class participation, please bring your name plate to each class.** Students should either have a name plate made (the Staples on JFK Street makes them for ~$5, ask for the HKS name plate template), or bring your own name plate with your name clearly displayed in large font. If students do not regularly use a name plate, points will be deducted from their participation grade.

**Class Protocol**
Students are expected to attend all classes, attendance will be recorded, and lectures will not be videotaped. During class, please turn off cell phones or switch them to silent. **Laptops or other electronic devices are allowed only for taking notes. Please do not use the Internet for email or other purposes during class, as they distract your classmates.** While covered drinks are allowed, please keep snacks to a minimum.
Course Participants
All students are welcome, no prerequisites are required. However, students will benefit most from this course if their professional interests include improving their skills and insights into how to influence the outcomes of future U.S. health policy debates. 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. Undergraduate students are welcome to enroll but must take the course for a grade.

Required Book

Although we encourage students to read the entire book, we have assigned less than half of the chapters to ensure a manageable workload.

Links to readings that are available online or through the Harvard Libraries are provided on the course website.

Optional Further Reading
We recommend that interested students read the following texts for additional background and context.


Health Policy News
We recommend that students sign up for email news briefs to stay updated with new issues in health politics and policy. The following sources may be helpful:

Politico PULSE- http://www.politico.com/tipsheets/politico-pulse
Real Clear Politics Health- https://www.realclearpolitics.com/daily_newsletters/

DETAILED COURSE SCHEDULE & READINGS

Session 0: Shopping Day, 4:15-5:30 pm (L140, HKS)
Fri. 1/25/2019 Robert J. Blendon

Session 1: The Politics of Health Care
Mon. 1/28/2019 Robert J. Blendon
Assigned Readings:

Fukuyama F. “What’s Wrong with Public Policy Education.” The American Interest, August 1, 2018.

Session 2: How Leaders Develop a Political Strategy
Wed. 1/30/2019 Robert J. Blendon
Assigned Readings:

Discussion:
➢ What factors make a health policy issue “political” in nature?
➢ What is a “window of opportunity,” and how does it affect the health policy process?
➢ What is the “issue-attention cycle” [Downs]? What are the implications of it for solving long-standing health policy issues, such as long-term care?
➢ How do political experts differ from health policy experts in the advice they give to politicians and policy makers?
➢ If you were the health commissioner of a state, advising a new Governor on health policy priorities, what kinds of political data would you use to inform your advice?

Session 3:  How Interest and Advocacy Groups Influence Policy
Mon. 2/4/2019  Robert J. Blendon

Assigned Readings:


Optional Readings


Discussion:
➢ What makes interest groups politically important and effective with policy makers?
➢ Compare the effectiveness and influence of the American Medical Association and the American Public Health Association as interest groups. What makes effective groups effective? What makes ineffective groups ineffective?

Session 4:* History of Politics of the National Healthcare Reform Debate
Wed. 2/6/2019  Michael Botta, PhD

*Please do not bring laptops, tablets, or other digital devices to this session. Please prepare accordingly for taking notes by hand.
Assigned Readings:


Kaiser Family Foundation. 2009. *National Health Insurance - a Brief History of reform efforts in the U.S.*


Discussion:

➢ How has the history of health reform efforts in the U.S. affected the design and politics of the Affordable Care Act?
➢ What political lessons did President Obama utilize to enact the Affordable Care Act, where other Presidents failed [Morone]?
➢ Where has health care reform been on previous presidential agendas? Where was it on Obama’s agenda, and how did that contribute to its passage?

Session 5:* Lessons for Influencing Congress—the Case of Medicare Catastrophic Repeal

Mon. 2/11/2019    Robert J. Blendon

*Please be prepared to answer questions 1-11 on page 24, as class discussion and exam questions will focus on the political strategy surrounding the repeal of the Medicare Catastrophic Coverage Act

Assigned Readings:


Optional Further Reading:

For students who want more background on how the legislative process works in the Congress, read:


Discussion:

➢ How do members of Congress influence other members to achieve their legislative goals?
➢ What types of lobbying activities influence policy makers’ decision-making?
➢ What political lessons can be drawn from the 1989 repeal of the Medicare Catastrophic Coverage Act, to inform future health reform efforts?
➢ What role did public opinion and interest groups, respectively, play in the 1989 repeal of the Medicare Catastrophic Coverage Act?
Session 6:  How to Research and Write Political Memos  
Wed. 2/13/2019   Adrianna McIntyre, PhD Candidate in Health Policy

Assigned Readings:
Readings TBD

Discussion:
➢ What are some key differences between an academic essay and a memo?  
➢ What are the different types of strategies that stakeholders can use?  
➢ What factors help determine what type of strategy is best for a given situation?  
➢ Name three potential veto points for a piece of federal legislation.

Mon. 2/18/2019   NO CLASS: President’s Day

Session 7:  The Decline of Political Trust & Growth of Polarization  
Wed. 2/20/2019   Robert J. Blendon

Assigned Readings:


Discussion:
➢ What is public trust, and why is it significant for health policy in the U.S.?  
➢ Is the loss of public trust in recent decades unique to government?  
➢ Does partisanship shape attitudes toward science and public policy? If not, why? If so, how? (Blank and Shaw)  
➢ How has polarization changed the political landscape in the United States in recent decades?  
➢ What are some understood sources of polarization?  
➢ What are the implications of political polarization for health policy?
Session 8:  Case Discussion 1: Clinton Health Reform  
Mon. 2/25/2019   Robert J. Blendon and Students

Assignments due to Canvas by 4:15.

* Please be prepared to answer questions 1-11 on page 24, as class discussion will focus on the political strategy surrounding your memo. Please do not bring laptops, tablets, or other digital devices to this session. Please prepare accordingly for taking notes by hand.

Assigned Readings:


Optional Further Reading:


Discussion:

➢ What happened to Americans’ support of the Clinton health plan? When and why did this occur, and how did public support affect the outcome of this plan?

➢ According to Johnson and Broder in *The System,* what characteristics of the U.S. political system inhibit the passage of large scale, comprehensive health care reform?
  □ What is it about these aspects of the U.S. political system that make it so difficult to pass major health reform?
  □ How did these characteristics affect the failure of the 1993-1994 Clinton health care reform initiative?
Session 9: Campaigns, Elections, and Health Policy
Wed. 2/27/2019 Robert J. Blendon

Assigned Readings:


Discussion:
➢ Why do elections matter for health policy making in health care and public health?
   o Why do primary elections matter for health policy?
   o How do primary elections differ from general elections?
➢ What were the most important issues deciding the 2016 Presidential vote?
➢ Where does health care fall in importance as an election issue for voters?

Session 10: Health Politics in the States
Mon. 3/4/2019 Robert J. Blendon

Assigned Readings:


Discussion:
➢ What state-level factors influence whether a state is interested in health policy issues (eg, reducing racial and ethnic disparities, gun policies, mental health policies, abortion)?
➢ What factors influence whether a state would enact legislation on any of these issues, and how would those factors impact the implementation of any legislation?
➢ What role does the governor play in promoting a state’s health policy?
➢ How does the makeup of the state legislature affect a state’s health policy?
➢ What are some factors that might impede the incorporation of research into state policy?
Session 11: **Health Care as a State Legislator**  
**Wed. 3/6/2019**  
*Guest: Jeffrey Sanchez, former Chair of the Ways & Means Committee, Massachusetts House of Representatives*

**Assigned Readings**

*TBD*

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Session 12:* **Case Discussion 2: Obama Health Reform**  
**Mon. 3/11/2019**  
*Robert J. Blendon and Students*

**Assignments due to Canvas by 4:15.**

- *Please be prepared to answer questions 1-11 on page 24, as class discussion will focus on the political strategy surrounding your memo. Please do not bring laptops, tablets, or other digital devices to this session. Please prepare accordingly for taking notes by hand.*

**Assigned Readings:**


**Optional Further Reading:**


**Discussion:**

- What political conditions were present that enabled the Affordable Care Act to be passed?
- How did the politics surrounding the passage of the Affordable Care Act impact its implementation?
Session 13:  The Massachusetts Health Care Plan: A Political Perspective  
Wed. 3/13/2019  Guest: Nancy Turnbull, Senior Lecturer on Health Policy/Associate Dean for Educational Programs at Harvard School of Public Health  

Assigned Readings:  

Discussion:  
➢ Who were the most influential interest groups in expanding Massachusetts health coverage, and what made them effective?  
➢ How do political leaders in conservative states frame Medicaid expansion to voters? How does this differ from those in liberal states, and why would leaders frame this differently?  
➢ What political lessons from the Massachusetts experience were used to inform the passage of the Affordable Care Act?  

Mon. 3/18 – Wed. 3/20  No Class - SPRING BREAK  

Session 14:  Educating and Influencing the Broader Public  
Mon. 3/25/2019  Guest: Mollyann Brodie, Senior Vice President, Director of Public Opinion and Media Research, Henry J. Kaiser Family Foundation  

Assigned Readings:  

Spring 2019 syllabus revised March 29, 2019  
12
Discussion:
➢ Name 3 ways that interest groups can use the media for political advocacy.
➢ What effect does the media have on public opinion?
➢ How does the media set the public agenda?
➢ How can health policy campaigns work with the media to spread their message?
➢ Does a majority of the public follow health news stories closely?
Which types of health issues draw the greatest public attention? [Brodie et al.]

**Session 15: Media and Public Opinion**

**Wed. 3/27/2019 Robert J. Blendon**

**Assigned Readings:**


**Discussion:**
➢ How does public opinion influence the political process, and why has public opinion become more important in recent years?
➢ In which situations does public opinion play a more important role?
➢ How do liberal and conservative adults differ in media viewing habits?
➢ How does public trust in news sources differ across the ideological spectrum?
➢ How has the media climate changed in the past two 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 kind of frames would move this issue up the media’s agenda?

**Session 16: * Case Discussion 3: South Dakota Referendum on Abortion**

**Mon. 4/1/2019 Robert J. Blendon and Students**

**Assignments due to Canvas by 4:15.**

* Please be prepared to answer questions 1-11 on page 24 as class discussion will focus on the political strategy surrounding your memo. Please do not bring laptops, tablets, or other digital devices to this session. Please prepare accordingly for taking notes by hand.
Assigned Readings:


Optional Further Reading:


Discussion:
➢ How do abortion politics differ between the state and federal levels?
➢ What role does religion play in abortion politics?
➢ Compare and contrast abortion politics in South Dakota with California.

Session 17: Repeal of the Affordable Care Act
Wed. 4/3/2019 Guest: Joanne Kenen, Executive Editor of Health at Politico

Assigned Readings:


Oberlander J. “The Republican War on Obamacare—What Has It Achieved?” NEJM 2018; 379.


Spring 2019 syllabus revised March 29, 2019
Discussion:
➢ What public values underlie the current debate over the repeal of the Affordable Care Act?
➢ What insights can we learn from polls during the recent Congressional debate over the repeal of the Affordable Care Act?

Session 18: Guest Lecture, former U.S. Senator from North Dakota
Mon. 4/8/2019 Guest: Heidi Heitkamp

Assigned Readings:


Discussion:
➢ How do attitudes toward health policy differ between Republicans and Democrats?
➢ Compare and contrast how health care was raised as an issue in the 2008 Presidential primaries versus the 2010 Congressional Election.
➢ If you were an advisor to Hillary Clinton before the 2016 election, in one sentence, what would you advise her to do in terms of political strategy on the issue of health care? What about Donald Trump?

Session 19: Guest Lecture, 55th Governor of Missouri
Wed. 4/10/2019 Guest: Jay Nixon

Assigned Readings
TBD

Session 20: Health Politics in the U.S. Congress
Mon. 4/15/2019 Guest: Sheila Burke, Former Chief of Staff, Senator Robert Dole, Kansas

Assigned Readings:

Discussion:
➢ How are legislative decisions in the U.S. Congress made?
➢ How are the U.S. House of Representatives and the U.S. Senate structurally different?
  o How do these structural differences impact the policies they create?
  o What are the specific implications of these differences for health policy?
➢ If you advise an interest group aiming to improve provisions in the Affordable Care Act in 2017, which Senators would you want to speak with first, and why?

Session 21:*   Case Discussion 4: Colorado Marijuana Legalization
Wed. 4/17/2019       Robert J. Blendon and Students

Assignments due to Canvas by 4:15.

* Please be prepared to answer questions 1-11 on page 24 as class discussion will focus on the political strategy surrounding your memo. Please do not bring laptops, tablets, or other digital devices to this session. Please prepare accordingly for taking notes by hand.

Assigned Readings:


Optional Further Reading:


Discussion:
➢ How did the political framing of this issue affect its legalization?
➢ How would the politics of marijuana legalization differ between Colorado and states such as Mississippi or South Dakota?
Session 22: Developing a Political Strategy for Gun Control
Mon. 4/22/2019 Robert J. Blendon

Assigned Readings:


Session 23: Learning from the Cases / Course Wrap-up
Wed. 4/24/2019 Robert J. Blendon

Assigned Readings:


Discussion:

➢ How do the roles of interest groups, public opinion, agendas, elections, and the issues themselves differ among cases?
➢ What did President Obama and his administration do differently to address political obstacles to passing health reform that led to the demise of the Clinton reform initiative?
➢ What role did interest groups play in lobbying for or against the passage of the Affordable Care Act?
   o How did this differ than previous health reform attempts?

Mon. 4/29/2019 — NO CLASS (extra time given to study for the final exam)

Session 24: In-Class Final Exam (closed-book exam administered during class time)
Wed. 5/1/2019
ASSIGNMENTS & GRADING RUBRIC
Political Analysis and Strategy for U.S. Health Policy
SUP 575/HPM 247
Spring 2019

This document contains guidelines for completing the case-related assignments for the SUP 575/HPM 247 course. The purpose of these assignments is for students to engage with the complex political dimensions that influenced critical health policy decisions in recent history.

Grading
Each student will be required to develop one deliverable for each of 4 cases throughout the semester. These will be political strategy memos for 3 out of the 4 cases and an Op-Ed for 1 out of the 4 cases. At the beginning of the term there will be an opportunity for students to express their preferences for stakeholder assignments, as well as which case they would like to write the op-ed for; TFs will do their best to accommodate these preferences. Students should be prepared to engage in the case discussion for all cases. The written components will make up 55% of your overall grade in the course. Discussion of the cases in class will count towards class participation, which is 10% of your overall grade.

Political Strategy Memo 1: 15%
Political Strategy Memo 2: 15%
Political Strategy Memo 3: 15%
Op-Ed: 10%
Class Participation*: 10%
Final Exam: 35%

Logistics
Within the first few weeks of the course, the Teaching Fellows will send a form that you should complete to state your preferences for stakeholders as well as ranking your preferences for which case you will write an op-ed instead of a political strategy memo.

We will make every effort to accommodate your top preferences, though we cannot guarantee that you will be assigned the stakeholder or op-ed case that you wish. Students who do NOT submit their preferences for the cases by the deadline will receive random assignments.

Please note that all assignments should be completed independently and collaboration is not allowed (i.e., do not consult or collaborate with other students playing the same actor).

Political Strategy Memo Guidelines
Each memo and Op-Ed should be written from the perspective of an advisor to one of the key players listed for the chosen case.
Memo and Op-Ed Date:

- Please date the assignment as it is listed in the guidelines.
- You are welcome to use references that are dated AFTER the memo, insofar that you are not using knowledge or facts that occurred after the memo date. For instance, a book published about the passage of the Affordable Care Act will be dated AFTER its passage in March 2010, but you can use the facts that the book explores that key stakeholders knew about in March 2010. Your actor, however, cannot “know” something in March 2010 that occurred in June 2010, so make sure that the facts you use are relevant to and appropriate for the date of your memo.

Logistics

- Teaching Fellows can meet with you to discuss your questions regarding the political strategy memos, but they will not be permitted to read through drafts of these assignments.
- While “real” political strategy memos may not include references or citations, it is essential for you to cite your sources in these assignments. Please remember to cite any and all sources that you consult and rely upon when drafting your memo. You are welcome to use any citation format of your choosing, but it is important to provide reference to these documents. Suspected plagiarism will be brought to the attention of the instructor immediately. Please refer to the HKS policy on academic integrity: https://www.hks.harvard.edu/educational-programs/academic-calendars-policies/student-handbook/general-regulations-and-1

- The deadlines for each case are listed below:

<table>
<thead>
<tr>
<th>CASE</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1. Clinton Health Reform</td>
<td>Memos/OpEds due to Canvas Mon. 2/25 @ 4:15pm</td>
</tr>
<tr>
<td>Case 2. Obama Health Reform</td>
<td>Memos/OpEds due to Canvas Mon. 3/11 @ 4:15pm</td>
</tr>
<tr>
<td>Case 3. South Dakota Abortion</td>
<td>Memos/OpEds due to Canvas Mon. 4/1 @ 4:15pm</td>
</tr>
<tr>
<td>Case 4. Colorado Marijuana Legalization</td>
<td>Memos/OpEds due to Canvas Wed. 4/17 @ 4:15pm</td>
</tr>
</tbody>
</table>

Late materials will not be accepted without prior discussion with a Teaching Fellow and permission from the instructor.
Political Strategy Memo Grading Rubric

- 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 teaching fellows will post examples of exemplary memos and OpEds on Canvas within the first few weeks of the course.

Strong memos should thoroughly cover all of the following sections:

15 Points: Goal(s) (1-2 sentences)

What is your goal in this health policy debate?

a) 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

15 Points: Political Environment (~1/2 page)

What is the current political environment?

a) 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?

b) Is this a high, medium, and low salience issue [and how does that affect your strategy]?

c) Where are you in the election cycle, legislative cycle, and budgeting cycle?

d) Assess the strengths and weaknesses of your stakeholder to influence the environment vs. that of your opposition

   a. Resources (staff/external funding)
   b. Volunteers/endorsements
   c. Support by key legislators and interest and advocacy groups
   d. State of public opinion/media coverage and editorial opinion

10 Points: Key Decision makers (~1/2 page)

Who makes the decision?

a) Identify the actors/government organizations who make the policy decision

   i. President, Governor, Secretary, Congress, Legislature

b) Where do these key decision makers stand, and why do they take these positions?

   i. What is their stated or implied position (party/ideology/religion/ tie to interest groups, etc.)?

   ii. What are the views of the media, public opinion, etc.?

   iii. Voting history, election outcomes, other relevant history?

50 Points: Political Strategy (~1.5 pages)

What is your political strategy to accomplish your goal(s)?

a) What is the likelihood this issue will be acted on in your direction within the next 2 years?

b) What has your stakeholder/organization been doing on this issue in the past 6 months?

c) Based on an assessment of the political environment and the strengths and limitations of your stakeholder in influencing the process, outline a strategy by:

   i. Considering which tactics are appropriate and feasible for your actor. **Not every tactic is appropriate for every actor.** Some examples of tactics include:

      a. Convincing potentially supportive political leaders to take action (offer political support to swing members—contributions, volunteers, awards, media coverage)
b. Activating contributors and volunteers to potentially campaign for the issue

c. Trying to elicit supportive media coverage for your policy position

d. Buying media advertising for your message

e. Writing Op-Eds and seeking major media endorsements

f. Trying to get politically influential experts to speak out

g. Building a coalition of like-minded groups

h. Organizing “grassroots” groups’ responses, focused on decision-makers

i. Using litigation, ballot initiatives, and/or referenda

j. Creating and disseminating new policy research and information

k. Influencing the elections of key politicians

l. Lobbying selected policy makers

ii. Presenting powerful evidence/facts supporting your choices, and framing them to provide compelling messaging

iii. Developing a persuasive message for your policy position (including targets and timing)

iv. Considering the target audience of your strategy, and including the timing on when to take action

v. Considering which parts of your strategy should be kept confidential vs. public

10 Points: Strategic Assessment of Policy Position (~½ page)

Might there be a need to amend your policy position during the course of the political debate?

a) Assess the need to alter your policy position, given the political realities

i) Do you lack revenue?

ii) Is the opposition too strong?

iii) How will your position be affected by a change in the political environment?

iv) Is your position viewed unfavorably by decision-makers’, the publics’ or the media’s agenda?

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. Also, a strategy is stronger if it is 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. Points will be deducted for memos that do not have references or citations, and these memos will be brought to the attention of the instructor. Please see our note regarding academic integrity above – it is imperative that you cite your sources.

• If these memo formatting rules are not followed, points will automatically be deducted from the memo grade.
Op-Ed Details and Grading Rubric

- Students should write an Op-Ed for 1 out of the 4 cases (as assigned at the beginning of the semester), using the template provided in this document. There will be a grade penalty if these formatting rules are not followed.
- The Op-Ed should aim to be between 500 and 600 words (maximum).
- The Op-Ed should be considered as a part of your broader political strategy to make your key player’s position (or thoughts) regarding the health policy debate known to the public.
- References should be included on a separate page(s) and do not count toward the 600 word limit. Points will be deducted for Op-Eds that do not have appropriate references or citations, and these will be brought to the attention of the instructor.
- Useful resources for developing the Op-Ed are below:
  - http://newsoffice.duke.edu/duke_resources/oped
  - http://researchguides.library.tufts.edu/content.php?pid=295088&sid=2422862
Op-Ed Template and Grading Rubric

A complete Op-Ed should include each of the following components:

<table>
<thead>
<tr>
<th>Points</th>
<th>Component Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>(Does the title clearly convey the point of the Op-Ed? Will it grab readers’ attention?)</td>
<td>Title of Your Op-Ed: (e.g., “Why Front of Package Labeling May Harm Consumers’ Health”)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your Name (student): (e.g., Jennifer Smith)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public Author of the Op-Ed: (****MUST BE SOMEONE FROM THE ORGANIZATION YOU REPRESENT)</td>
</tr>
<tr>
<td>5</td>
<td>(Is the newspaper relevant to the political strategy?)</td>
<td>Newspaper: (e.g., Wall Street Journal)</td>
</tr>
<tr>
<td>25</td>
<td>(Is there a clear political reason to use this newspaper? Does the readership impact the political decision? Op-Ed clearly and directly relates to political goals, is appropriate and realistic)</td>
<td>~500 words on the rationale for Op-Ed timing and for choosing this newspaper. Also include: what is your political goal, and how does this Op-Ed help accomplish this goal? (e.g., My political goal with this Op-Ed is ____. The Wall Street Journal is read by X, Y, and Z audiences that are important to my political strategy because they ____. The WSJ has a circulation of _____, and I framed my arguments to build support from the business community because _____.)</td>
</tr>
<tr>
<td>60</td>
<td>(Clear, compelling message that captures the political strategy and messaging of the actor. Points deducted for lack of clarity, use of jargon or too many facts, and lack of relevance to the political strategy.)</td>
<td>Body of your Op-Ed: (500 words suggested, 600 word maximum)</td>
</tr>
</tbody>
</table>
Case Discussion Guidelines
In the case discussion, you will act as the advisor to your key stakeholder and interact with the advisors of other stakeholders. This discussion is designed to help you articulate your political strategy for achieving the policy objective that you have explored in your memo and Op-Ed.

Professor Blendon will open the session with some general remarks. He may call upon any of you to describe some basics regarding the political environment, issue, etc. Below are the general basic questions to guide discussion. Please prepare for the case discussion independently, and do not consult with other students (even those assigned to the same key stakeholder). You are welcome to bring notes to this session to refer to throughout the class discussion.

1. At the time of this case study, who are the decision makers on the issue?
2. What policy issues are politically controversial and why?
3. For interest groups: what role did your interest group play in the debate?
4. How did public opinion play a role in your advice to your stakeholder?
5A. Where is this issue on the agenda of stakeholders?
5B. Where is this issue on the public’s agenda?
5C. Where is this issue on the agenda of Democrats/Republicans at the time?
6A. Which resources does your stakeholder have to influence the political environment at this time?
6B. Which stakeholders have the biggest strengths/weaknesses at the time?
6C. Does that influence your decision to partner with them or your strategy to oppose their position?
7. What was your political strategy, and how did your political strategy differ from how history actually played out in this debate?
8. Which of you think you have media support and used the media as a primary part of your strategy?
9. Is your position at odds with decision-makers’, the publics’ or the media’s agenda? If so, how did that affect your strategy?
10. Were there contingencies that would make you advise an alteration in your policy position? If so, what were they?
11. How would an op-ed fit into your political strategy?
Political Strategy Memo/OpEd 1: Clinton Health Reform
Assignment due Monday, 2/25 at 4:15pm

“ Summoning Congress on a ‘complicated journey’ that could mark the course of his presidency, President Clinton on Wednesday night proposed a broad makeover of the nation's health system to guarantee all Americans medical benefits, ‘that can never be taken away.’ In a speech to a nationally broadcast session of Congress, he said his plan would reform, ‘the costliest and most wasteful health care system on Earth without any new broad-based taxes.’ Senate GOP leader Bob Dole said Republicans would work with Clinton to fashion a new health care system, but warned of disagreements ahead. ‘In the complex debate that will come in the months ahead, let's keep in mind four key issues: choice, quality, jobs and cost,’ Dole said.” (Terence Hunt, Associated Press, 9/23/93)

President Clinton's controversial universal health care plan was meant to be the cornerstone of his administration's first-term agenda, but drew heavy opposition after he unveiled it, after concentrating on the economy and budget during his initial year in office.

Memos should be written as if the date is September 23, 1993 – just after Clinton’s speech to unveil his plan. They should be written from the perspective of a political adviser and targeted to affect the debate over enacting or defeating Clinton’s health plan.

<table>
<thead>
<tr>
<th>Key Player</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>President Bill Clinton (D)</td>
<td>His controversial universal health care plan was meant to be the cornerstone of his administration’s first-term agenda, but drew heavy opposition after he unveiled it, after concentrating on the economy and budget during his initial year in office</td>
</tr>
<tr>
<td>AMA president (physicians)</td>
<td>The 290,000-member American Medical Association is the largest association of physicians in the U.S. and had long opposed health care reform</td>
</tr>
<tr>
<td>HIAA president (health insurers)</td>
<td>The Health Insurance Association of America, a trade association of small and medium-sized insurance firms, had long opposed compulsory health insurance</td>
</tr>
<tr>
<td>Business Roundtable chairman (big business)</td>
<td>Group of ~200 executives of the nation's largest companies, formed to promote pro-business public policy. Their health committee was chaired by a representative from the insurance industry; are primarily concerned about the employer mandate.</td>
</tr>
<tr>
<td>Rep. Newt Gingrich (R-GA)</td>
<td>House Minority Whip, goal is to use the 1994 campaign season to re-gain control of the House of Representatives</td>
</tr>
</tbody>
</table>
Soon after his historic election, Barack Obama took up health insurance reform as a top domestic priority. President Obama called on Congress to draft reform legislation that would substantially expand coverage to the 46 million uninsured individuals in America. On November 7, 2009 the U.S. House of Representatives narrowly passed their health reform bill—with a vote of 220 to 215. This passage was no easy task and followed months of work by three House committees to craft the legislation, and skillful deal-making orchestrated by Speaker Nancy Pelosi. November 30th marked the next stage in the battle for the other chamber of Congress, as the floor debate on the Senate’s more moderate health reform bill began. Facing staunch opposition both inside and outside of Congress, and the power of single members to block legislation due to the Senate’s rules, the passage of health reform is no guarantee for Majority Leader Harry Reid at this point in time.

Memos should be written from the perspective of a political adviser and targeted to affect the debate over enacting or defeating Obama’s health plan. You should write your memo based on information available up through November 30, 2009, when the full Senate is beginning to take up health reform.

<table>
<thead>
<tr>
<th>Key Player</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>President Obama</td>
<td>Health reform tops his agenda; would be his signature legislative achievement</td>
</tr>
<tr>
<td>AMA president (physicians)</td>
<td>James Rohack; publicly supportive of health care reform passage; favors a fix to the SGR; privately opposes public option</td>
</tr>
<tr>
<td>PhRMA president</td>
<td>Bill Tauzin; The Pharmaceutical Research and Manufacturers of America is publicly supportive of health care reform; in favor of the Senate Finance Committee plan</td>
</tr>
<tr>
<td>AHIP president (health insurers)</td>
<td>Karen Ignani; America’s Health Insurance Plans is the national trade association of 1,300 health insurance companies that offer coverage to 200 million Americans; concerned about the public option</td>
</tr>
<tr>
<td>Senator Mitch McConnell (R-KY)</td>
<td>Senate Minority Leader, opposes passage of health care reform; focused on gaining Republican seats in the 2010 election</td>
</tr>
</tbody>
</table>
Political Strategy Memo/OpEd 3: South Dakota Referendum on Abortion
Assignment due on Monday, 4/1 at 4:15pm

On March 6, 2006, the Republican Governor of South Dakota, Michael Rounds, signed House Bill 1215, the Women’s Health and Human Life Protection Act (HB 1215) into law, banning abortions in the state. The law provided an exception if the mother’s life was in danger due to the pregnancy, but it did not allow exceptions for rape or incest, and it was the most restrictive ban on abortion in the U.S. since Roe v. Wade.

It is believed that the architects of HB 1215 and South Dakota Rep. Roger Hunt, who sponsored the bill, intended for the law to serve as a constitutional challenge to Roe vs. Wade that would incite abortion rights advocates to file a lawsuit. Instead, opponents of the ban quickly gathered signatures to put the law on the ballot for the November 7, 2006, election by employing a vote by referendum: a legal provision that gives voters the chance to overturn legislation. Subjecting the law to a referendum meant delaying its implementation until after the election and provided voters the chance to decide on the law’s fate. Instantly, South Dakota became a focus of national attention fueling the abortion debate. The outcome of HB 1215 in South Dakota would have significant implications for the future of abortion rights in the U.S.

Memos should be written as if the date is August 2006 – after opponents have collected enough signatures to place the bill on the ballot. The memo should be targeted to affect the outcome of the referendum in November.

<table>
<thead>
<tr>
<th>Key Player(s)</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor Mike Rounds (R)</td>
<td>Governor of South Dakota that signed the bill into law, supports HB 1215</td>
</tr>
<tr>
<td>Leslee Unruh, Vote Yes For Life Campaign</td>
<td>Group organizing support for the ban, supports HB 1215</td>
</tr>
<tr>
<td>Kate Looby, Planned Parenthood of South Dakota</td>
<td>Director of Planned Parenthood in South Dakota, opposes HB 1215</td>
</tr>
<tr>
<td>Head of the South Dakota Section of the American College of Obstetricians and Gynecologists</td>
<td>Professional association (55,000-person membership nationwide) for specialists in obstetrics and gynecology; opposes HB 1215</td>
</tr>
</tbody>
</table>
Political Strategy Memo/OpEd 4: Colorado Marijuana Legalization

Assignment due Wednesday, 4/17 at 4:15pm

Marijuana policies have changed rapidly in the past decade in the United States. While it remains illegal under federal law, 21 states have legalized medical marijuana from 1996-2012, and 15 states decriminalized its use. Colorado is one of 24 states that allow citizens to initiate legislation through ballot measures, and on November 6, 2012, Amendment 64, the Regulate Marijuana Like Alcohol Act was on the ballot as an initiated constitutional amendment. Amendment 64 would legalize limited marijuana possession and commercial sales, and it would be the first legalization of marijuana for recreational use in the U.S. At the time, no states had legalized marijuana for recreational use, although a similar amendment was on the 2012 ballot in Washington State.

While supporters said that regulating marijuana would bring in much-needed revenue to the state, and that marijuana was no more dangerous than alcohol use, opponents argued that legalizing it would increase its use among young people, as well as increase marijuana-related traffic accidents. Supporters of Amendment 64 included the Colorado Democratic Party and Libertarian Party of Colorado. Opponents of Amendment 64 included Colorado’s Governor and Attorney General, the Colorado Education Association, the Greater Metropolitan Denver Ministerial Alliance, and the Denver Post Editorial Board.

Memos should be written as if the date is May 1, 2012, six months before the November 6, 2012 election. They should be written from the perspective of a political adviser and targeted to affect the debate over enacting or defeating Amendment 64 as it stood at the time.

<table>
<thead>
<tr>
<th>Key Player</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gov. John Hickenlooper (D)</td>
<td>Governor of Colorado, opposed to Amendment 64</td>
</tr>
<tr>
<td>Roger Sherman, “No on 64” Campaign</td>
<td>Head of the “No on 64” Campaign; opposes Amendment 64</td>
</tr>
<tr>
<td>Colorado Chapter of the American Academy of Pediatrics</td>
<td>Professional association of pediatricians, opposed to Amendment 64</td>
</tr>
<tr>
<td>Rob Kampia, Marijuana Policy Project</td>
<td>Co-founder and Executive Director of the Marijuana Policy Project, the largest organization working solely on marijuana policy reform in the United States</td>
</tr>
<tr>
<td>Rosemary Harris Lytle, NAACP</td>
<td>President, Colorado/Montana/Wyoming NAACP State Conference, supports Amendment 64</td>
</tr>
</tbody>
</table>