

INTRODUCTION

Healthcare is a dynamic policy issue encompassing a number of multifaceted problem areas. As a result, legislation often addresses the broader problem piecemeal, on a one-issue-at-a-time basis. In my research I examine this piecemeal process, with regard to three facets:

1. The proportion of each reform that amends a prior piece of legislation
2. The proportion of legislation devoted to specified solutions
3. The targeted population of provisions

HYPOTHESES

- Because health legislation is often incremental, a higher portion of provisions will be amendments to prior legislation.
- Health legislation targeting particular targets (populations, problems, or diseases) will illustrate a change of focus over time.
- Health care legislation tends to allocate a high percentage of provisions to issues of cost in comparison to a low proportion allocated to medical solutions

METHODS

- In three comparative case studies, legislation was coded* by provision for three facets (amendment, target, solution)

1. The *successful* Social Security Amendments of 1965 (SSA)
2. The *failed* Health Securities Bill of 1993
3. The *controversial* Patient Protection and Affordable Care Act of 2010 (PPAC)

- Data was then converted into graphical representations for analysis.

•Sources: Policy Agendas Project, Thomas Congress, Hein Online

* See Codebook

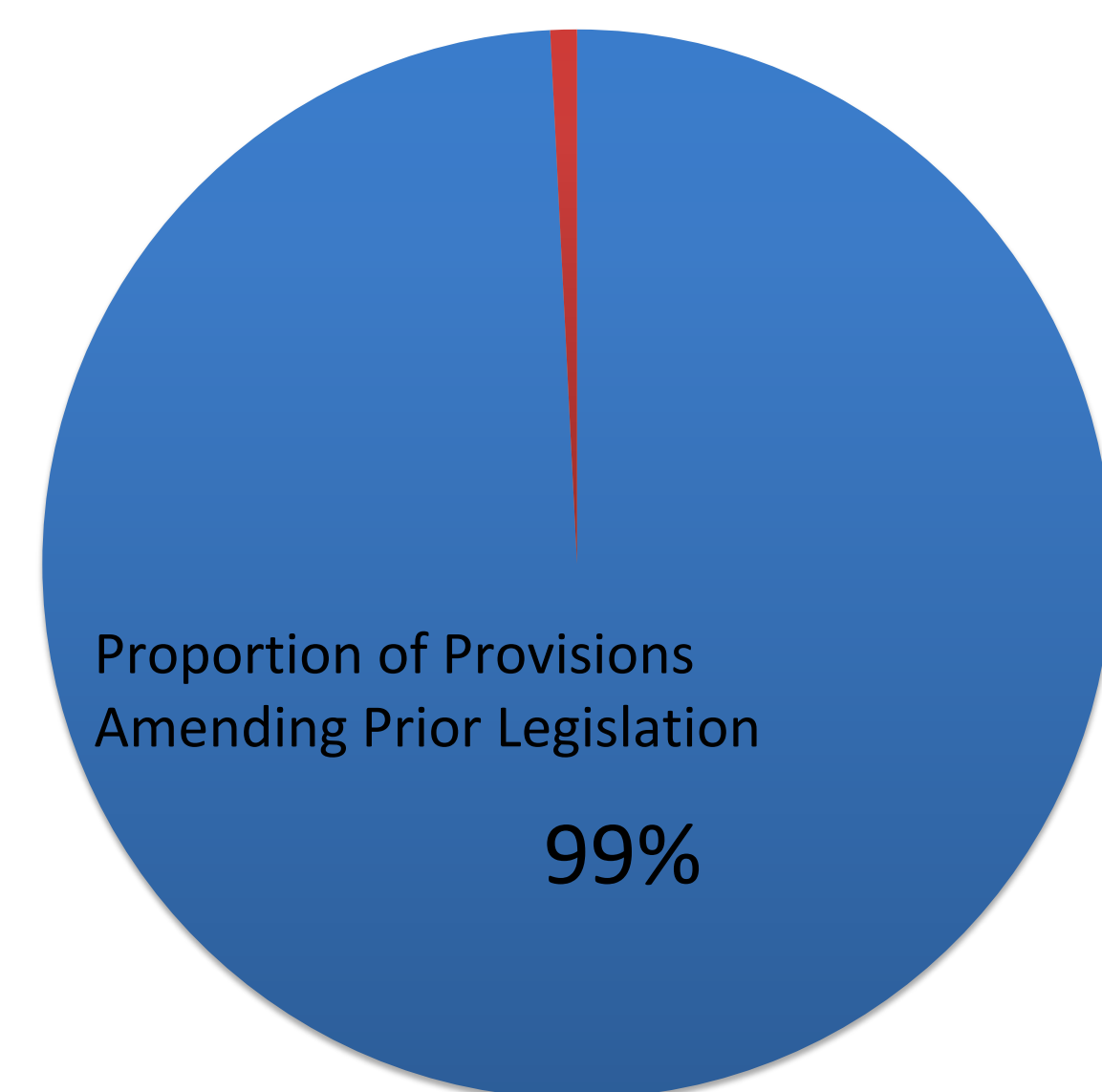
ACKNOWLEDGEMENTS

- Professor Bryan Jones, Policy Agendas Project - University of Texas Government Department
- Michelle Whyman, University of Texas Department of Government

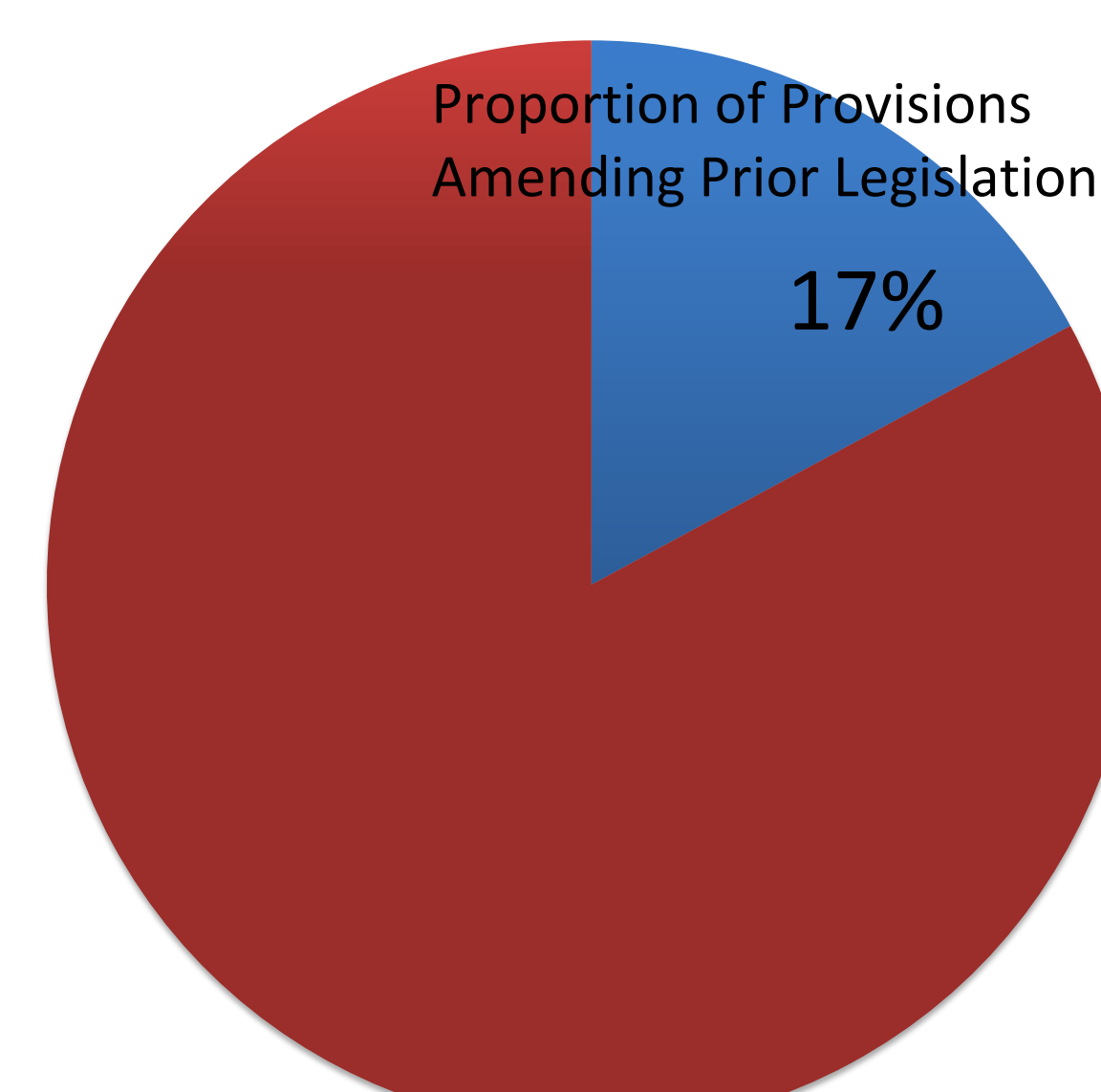
Healthcare Policy: Cost versus Solutions

Katelyn Woolheater, University of Texas

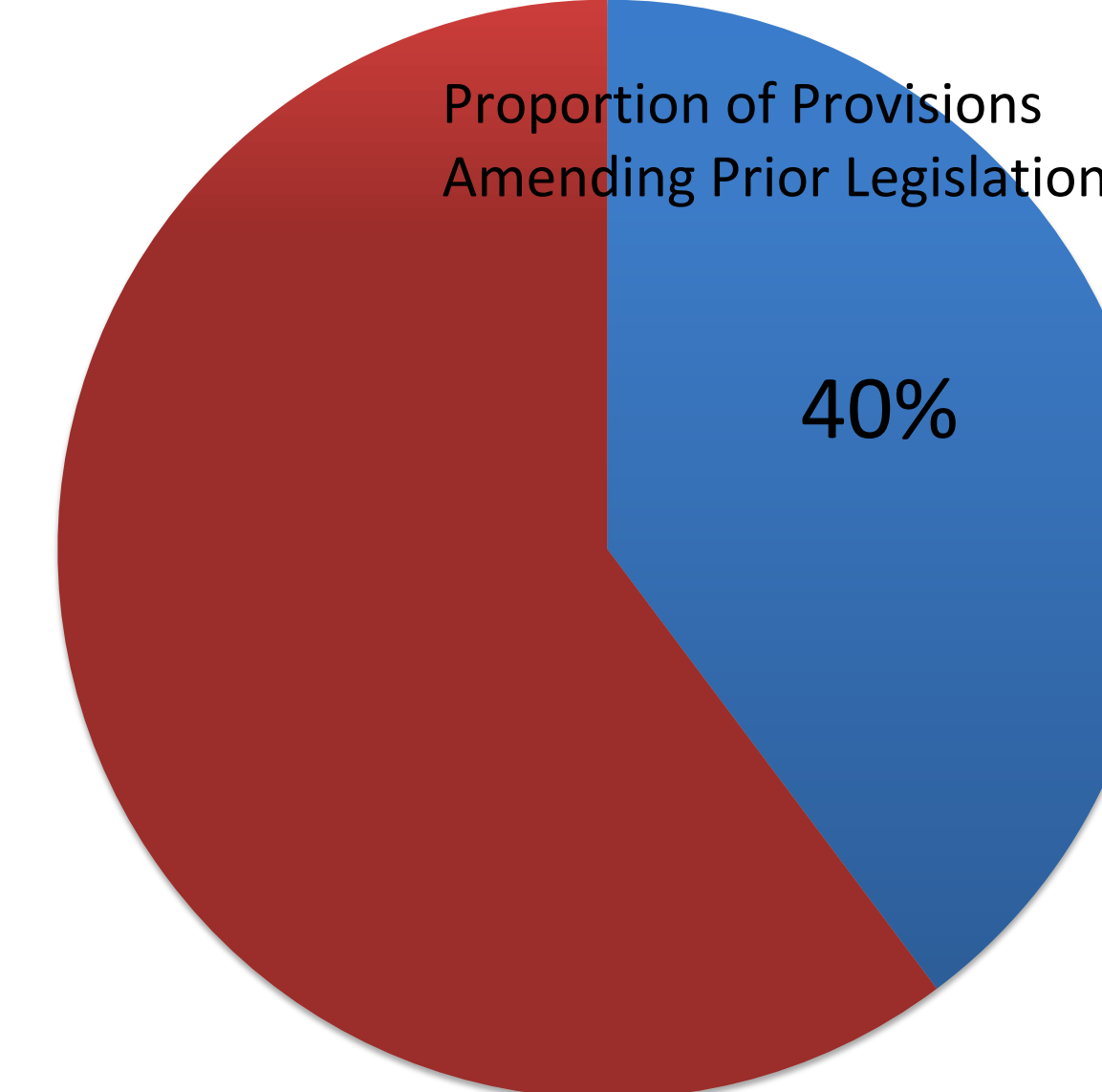
Amendment: Social Securities Amendments of 1965 (SSA)



Amendment: Health Securities Act



Amendment: Patient Protection and Affordable Care (PPAC)

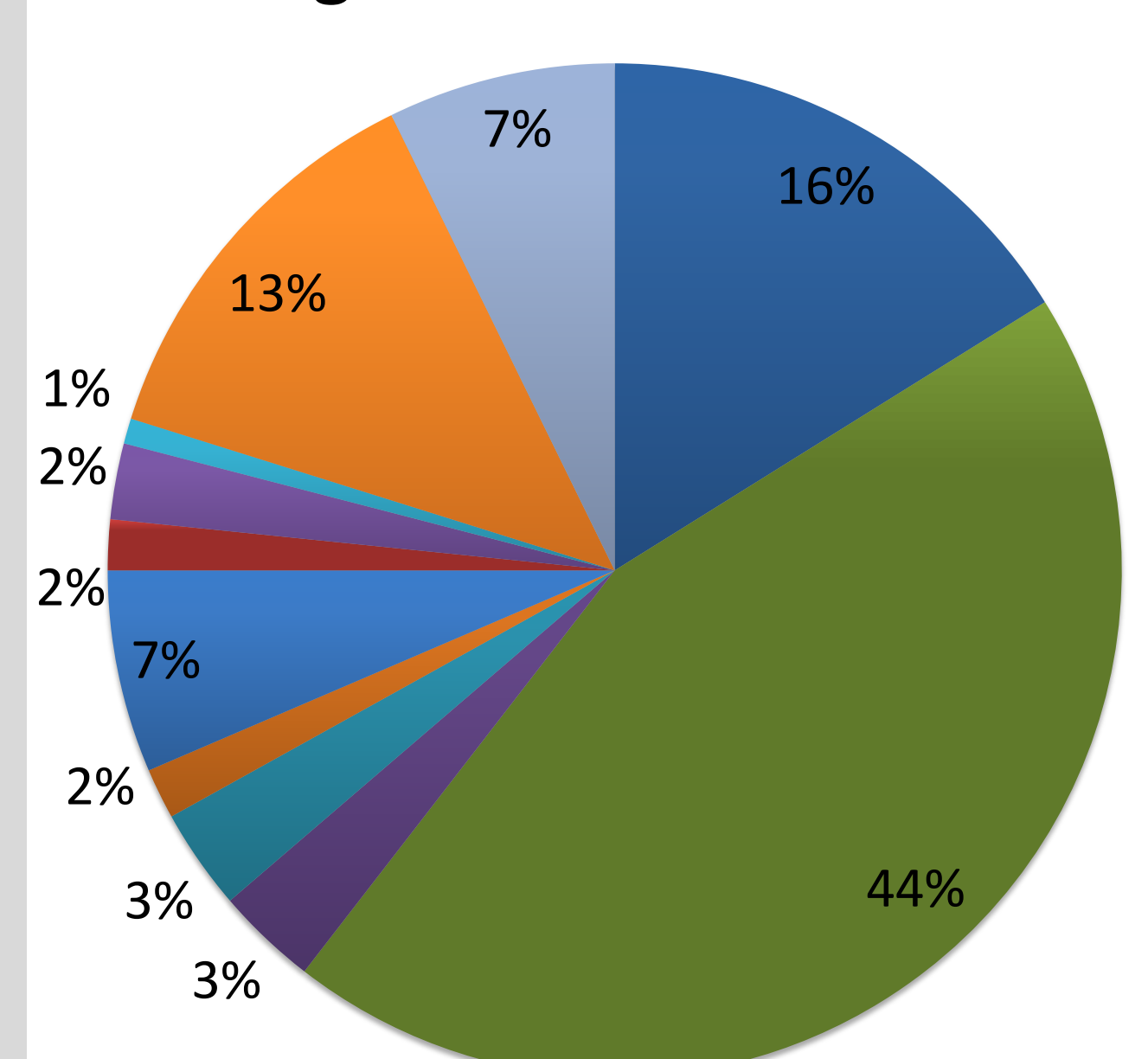


FACET 1 AMENDMENT

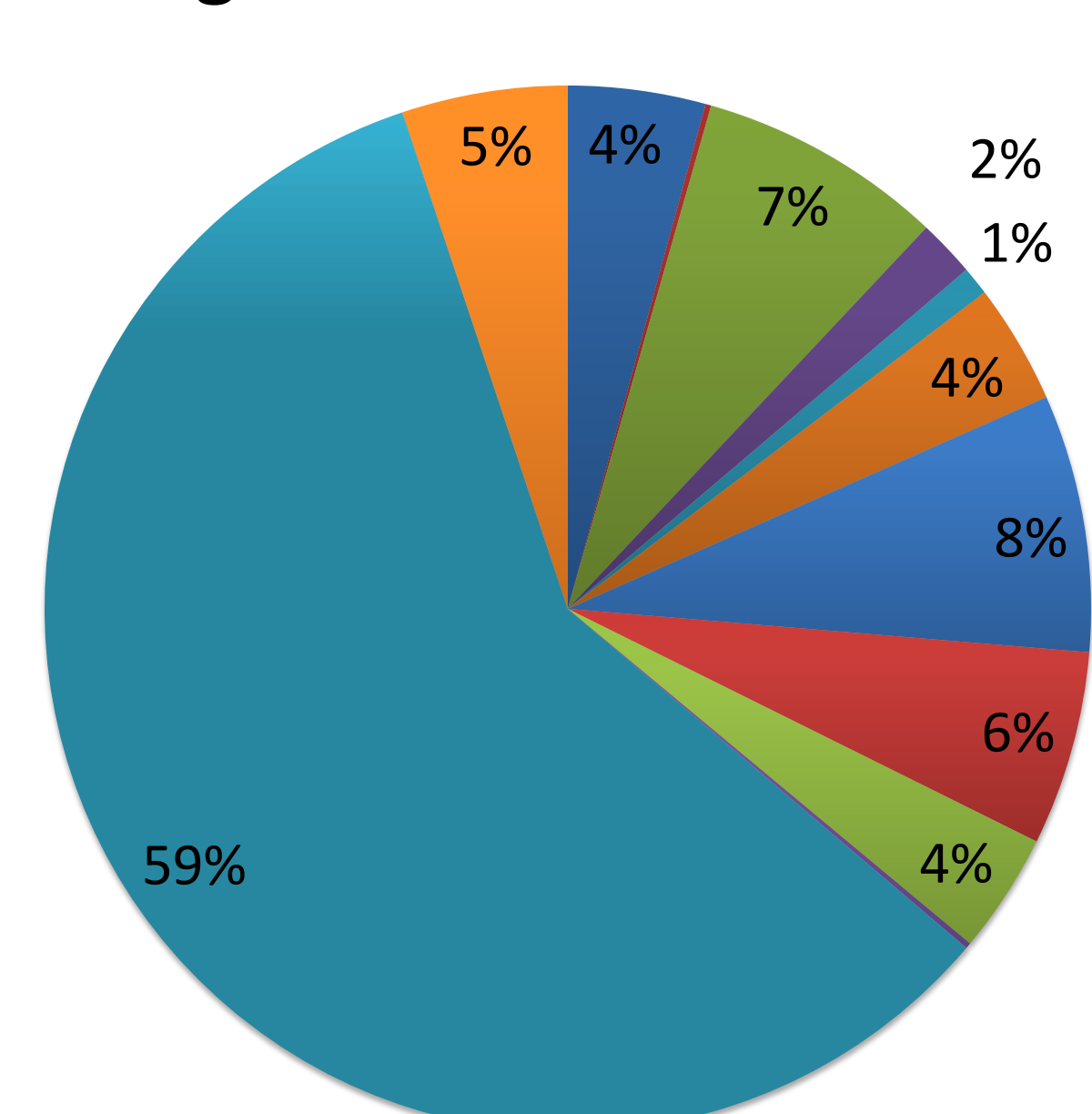
Provisions that amended prior pieces of legislation represented nearly 100% of the SSA, 17% of the Health Securities, and 40% of the PPAC Act.

- The high proportion of provisions that amended prior legislation in the SSA and PPAC illustrate the legislative trend of incrementalism. These provisions are likely acting to fix existing problems resulting from prior legislative reforms, rather than focusing on the implementation of new solutions.
- The high volume of new provisions in the Health Securities may have facilitated its failure.

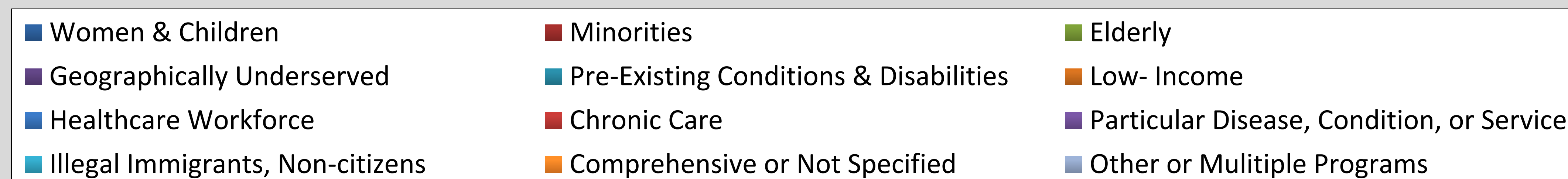
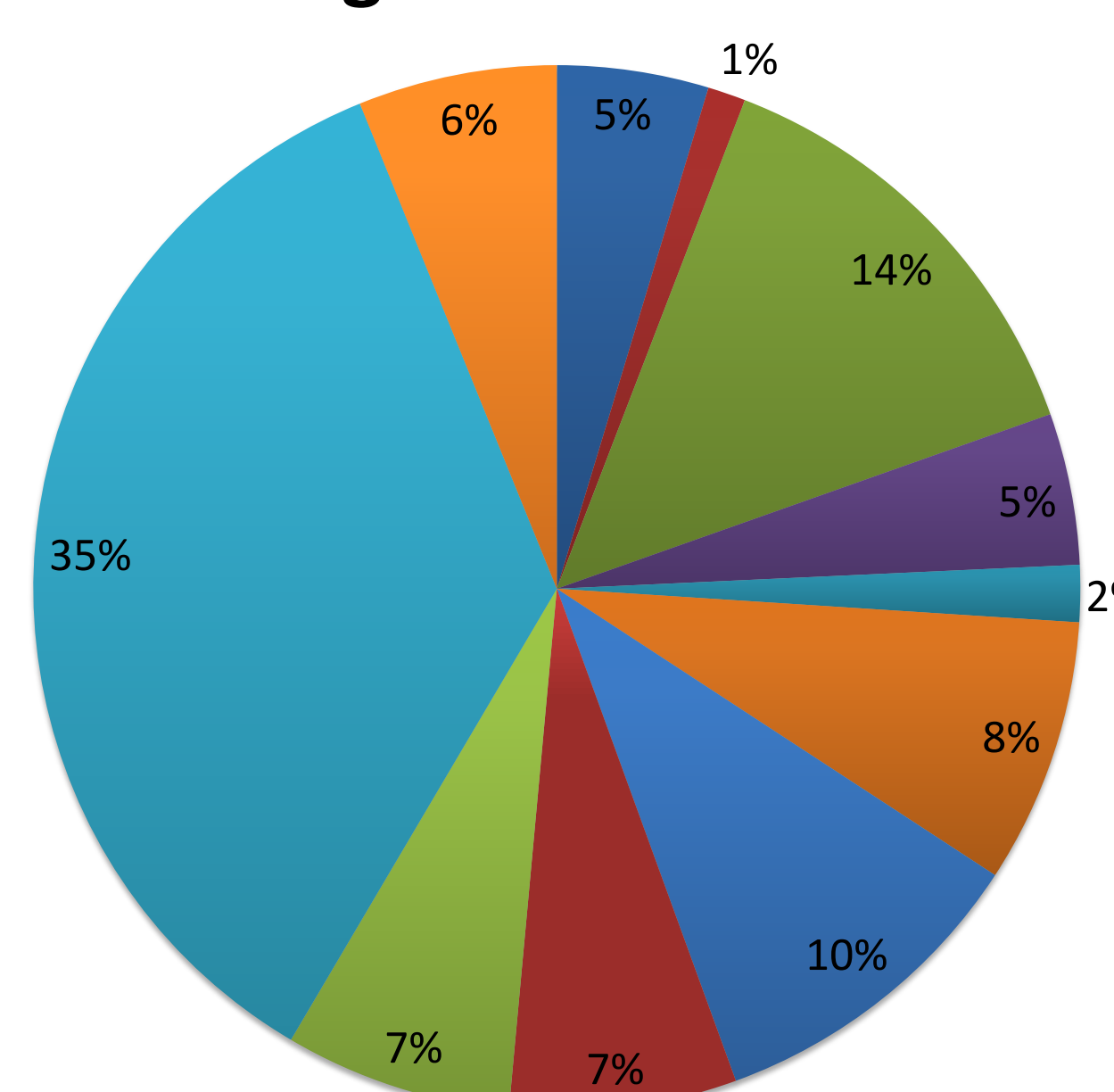
Targets of The SSA 1965



Targets of Health Securities



Target of The PPAC



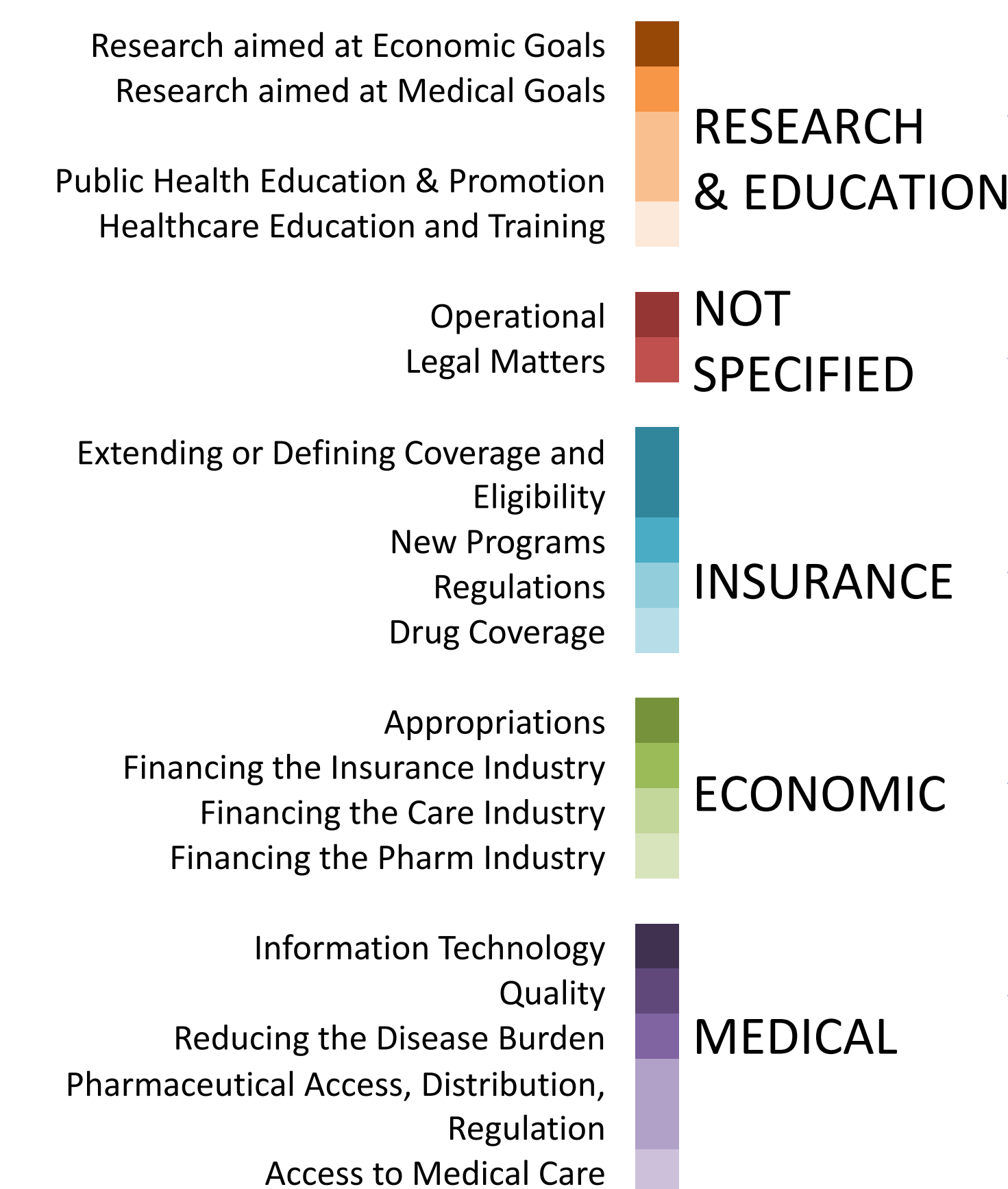
FACET 2 TARGETS

Legislation often targets the needs of particular populations, due in part to the mobilization of specialized interest groups who advocate for the interests of the groups they represent. Here, the influence of varied interest groups is graphically illustrated.

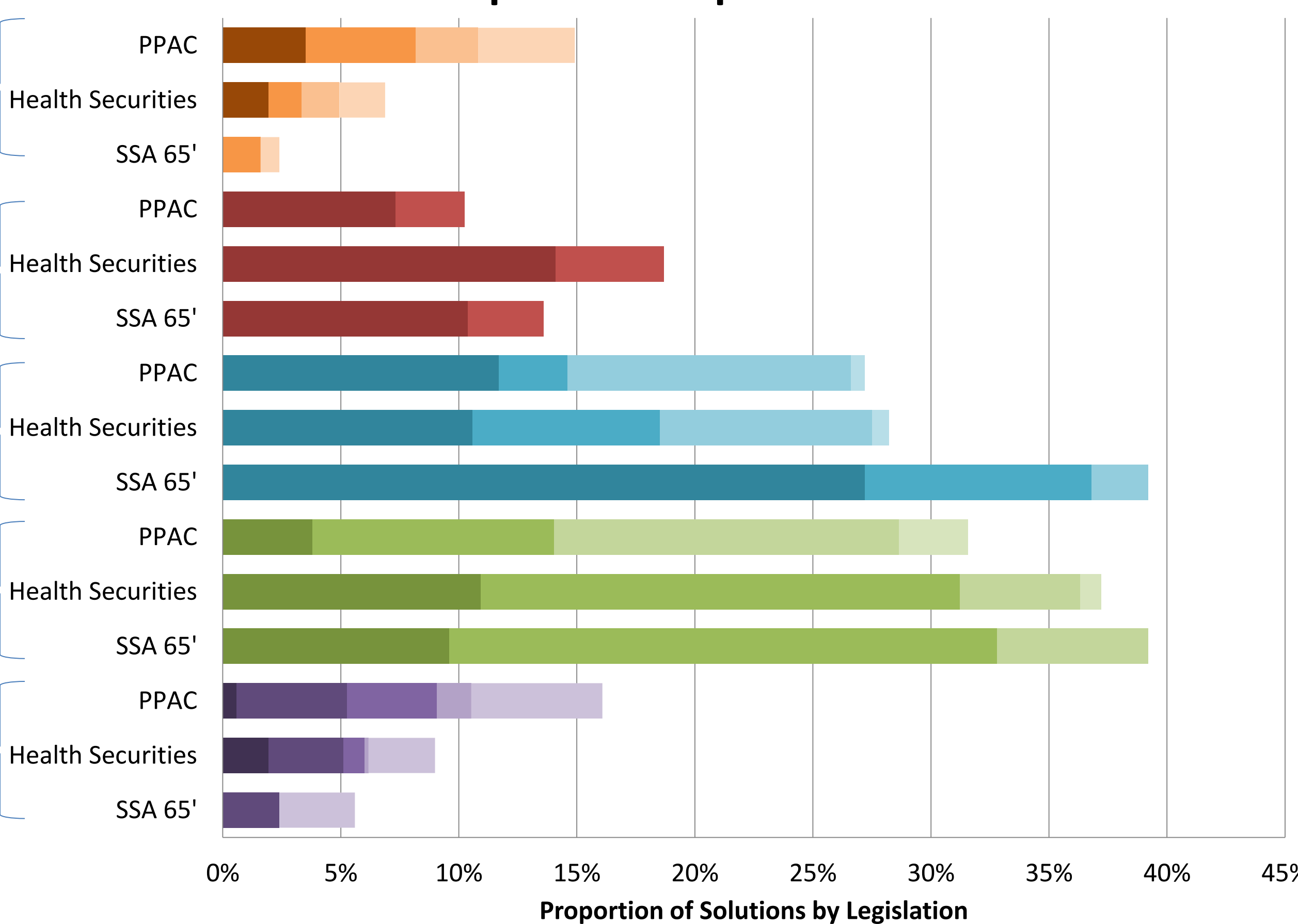
The provisions of the SSA of 1965 targeted the elderly, as well as women and Children, whereas the Health Securities Bill proposed a majority of comprehensive provisions.

- This variation suggests a trend of legislative success when reform targets populations versus aiming for comprehensive reform.
- The PPAC targets a range of populations, and is less than half comprehensive; Therefore, we can predict it to be successful
- There has been a notable shift from policy addressing individuals with the highest need of care to individuals with reduced access to care.

Subcategory Key



Solutions: Comparative Representation



FACET 3 SOLUTIONS

Provisions were coded for specific solutions, outlined in the key on the far left, and then organized into five general categories. The graph reveals that there is a consistently higher allocation of solutions to economic and insurance issues as compared to medical solutions. It should also be noted that research/ education and medical solutions have increased proportionally over time.

- This disparity could be rooted in a stronger focus on cost control rather than a focus on providing medical services.
- When medical solutions are proposed, they are often concerned with improving access and quality. This further supports the idea that health policy addresses concerns piecemeal, rather than addressing the overall disease burden.

DISCUSSION & FUTURE RESEARCH:

My analysis reinforces the idea that policy makers often function as pluralists, exhibiting traditionally episodic problem-solving in reaction to mobilization by affected interest groups. This has hindered comprehensive solutions to both economical and medical aspects of the health crisis. In future research I plan to code more reform legislation to refine these established patterns, which could be used to predict the outcome of future reform attempts. I would also like to identify the factors and influences driving the patterns my results have revealed.