The United States spends more than any other country on health care, yet a substantial portion of the population lacks health insurance. American health care deploys the latest technological advances, yet other countries have better health outcomes. Doctors in the US are among the most highly paid in the world, yet many complain that insurers have limited their clinical freedom to such an extent that the quality of patient care is in serious jeopardy. Milwaukee ranks among the poorest American cities, yet its health care costs are among the highest in the nation.

How can we explain these realities of American health care? How have other countries addressed similar questions surrounding equitable access to quality health care at a reasonable cost? Can the United States learn from them? Can they learn something from the US? This course seeks to answer these questions by examining health care politics and policies in the United States and other industrialized countries. In doing so, we will examine the organization and financing of health care in the US, and the role that government, private insurers, employers, and health care providers play in the health care system and in health policy. We will pay close attention to how political institutions, dominant political values, and health care interest groups have shaped health policies. We will also analyze current efforts at comprehensive national health care reform in the United States.

While much of the course focuses on the United States, we will also examine the health care systems and underlying political factors driving health policy in other industrialized countries. The comparative approach will allow students to discover what is unique about the American approach to health care and what lessons other countries may provide.

We will also address special topics in comparative health policy, such as the challenge of HIV/AIDS and other infectious diseases confronting developing countries. The primary focus of the course, however, will be on the industrialized democracies.

The goal of this course is to provide students with the knowledge and analytical tools to participate intelligently in health policy debates and to evaluate critically health care reform proposals in the United States and elsewhere.
Course Requirements

Undergraduate students:
Your grade is based on the completion of the following assignments.

Two in-class exams: 40% (each exam is worth 20% of the course grade)
Policy memo on US health care reform: 25%
Final exam: 20%
Class participation and attendance: 15%

I will distribute instruction on the policy memo later in the semester.

Graduate students:
Graduate students must complete the same requirements as undergraduates. In addition, grad students will write a 10-15 page paper on a health policy topic. Paper topics must be approved by the instructor in advance. The breakdown of your course grade is as follows:

Two in-class exams: 30% (each exam is worth 15% of the course grade)
Policy memo on US health care reform: 20%
Paper: 20%
Final exam: 15%
Class participation and attendance: 15%

For all students:
Please be aware that there is a significant reading and writing component to this course. I will grade written assignments on the content and clarity of argument and on writing style (grammar rules, punctuation, spelling, etc.). Therefore, I encourage students to seek out advice and help from the Writing Center in completing these assignments. The Writing Center is located in Raynor Library R240; tel. 288-5542. (You need to call them to make an appointment.)

Students should complete the readings in advance of class so that they are able to participate in a meaningful way in class discussions. Class meetings will not simply recapitulate the readings but will also bring in additional material, so it is in your interest to attend class regularly and take notes in class. I expect you to read all assigned readings from required books, articles on reserve, and class handouts. It is not sufficient for you to rely only on one textbook or on a few of the assigned readings. If you do, it will be apparent in your written work and class participation and will be reflected accordingly in your course grade.

Attendance at all classes is required. I will take attendance for each class and will follow College of Arts and Sciences policies on attendance. If you have seven (7) or more unexcused absences, your grade will be lowered accordingly. Excessive absences may result in a grade of WA. Your attendance and participation in class will affect your
final grade. Class participation means more than merely attending class meetings; it also entails that you do the readings and contribute insightful comments and questions to class discussions.

I do not accept late assignments unless there is a legitimate medical or family emergency, or unless it is the result of an officially-sanctioned, scheduled university activity. Students who miss an exam or assignment because of a university-sanctioned activity must arrange a make-up exam or assignment with me in advance of their absence. Please let me know as soon as possible if you are experiencing a medical or family crisis so that we have time to make arrangements for you to complete the coursework for this class.

I do not tolerate academic dishonesty by students (including plagiarism, copying, or cheating). I will follow all University policies on academic dishonesty.

Readings

The following required books are available for purchase at Sweeney’s or at BookMarq.


In addition, required reserve readings will be either on D2L. These readings are noted in the syllabus with an asterisk (*). We will also read some chapters from my book, Markets and Medicine. The chapters will be on D2L but I will also place that book on Raynor Library reserve. In some instances, I may announce and distribute additional required readings in class. I will note on D2L the location of all reserve readings, so PLEASE CHECK D2L REGULARLY for any updates of assignments and their location.

Occasionally I will recommend additional readings for those who wish to explore a topic in greater depth than this course allows. I will list recommended readings in the syllabus or will announce them in class. These are not required readings.

Additional sources

Occasionally I will list recommended readings in the syllabus or announce them in class. These are not required readings, but I recommend them for further reading if you are interested in the topic. I will try to make these readings available on D2 when it is feasible.
I also encourage you to regularly read a newspaper to stay abreast of current health policy debates and issues. For national news on the politics of health care reform, you should read *The New York Times* or *The Washington Post*. The *Milwaukee Journal Sentinel* provides excellent state and local coverage of health policy issues. *The Economist* and *The Financial Times* provide excellent coverage of international health care policies. Finally, the journals and websites listed below provide a wealth of information on health policy and politics in the US and other countries. Most or all of these publications are in Raynor Library or available online. Student discount subscriptions for *The Economist* and *The Financial Times* are also available.

**Leading health policy journals include:**
- Health Affairs
- Journal of Health Politics, Policy and Law
- Milbank Quarterly
- The New England Journal of Medicine
- Journal of the American Medical Association (JAMA)

There are also some excellent health policy **websites:**
- Kaiser Family Foundation ([www.kff.org](http://www.kff.org))
- The Commonwealth Fund ([www.commonwealthfund.org](http://www.commonwealthfund.org))
- The Urban Institute ([www.urban.org](http://www.urban.org))
- European Observatory on Health Systems and Policies, World Health Organization (WHO) ([www.euro.who.int/observatory](http://www.euro.who.int/observatory))

See also reports on health care by the OECD, the World Bank, and the World Health Organization (WHO) on their websites.

Marquette University’s Raynor Library also has a number of excellent resources on health policy and politics. From Raynor Library’s website, go to Resources, then to Research Starting Points, and then Political Science and Government or Health Care listings. You will find a number of excellent electronic collections of academics journals and newspapers; see especially Proquest, JStor, PAIS, and EBSCO. Do not hesitate to ask a reference librarian at Raynor for additional assistance.
Class Schedule and Assignments

I. INTRODUCTION

A. Course introduction
Aug. 31: Thomas S. Bodenheimer and Kevin Grumbach, Understanding Health Policy, chap. 1.

B. Health status and expenditures in comparative context
Sept. 2:

Sept. 4:

Sept. 7: No class; Labor Day

II. HEALTH CARE IN THE UNITED STATES

A. Organization and financing of US health care
Sept. 9: Bodenheimer and Grumbach, chap. 5 (Organization I).
Sept. 11: Bodenheimer and Grumbach, chap. 2 (Paying)

B. Cost and access problems in the US

Sept. 16:

Recommended:
C. Who is uninsured, and why?

Sept. 21: Sered and Fernandopulle, chaps. 2, 6.
In class: excerpts from Michael Moore’s film, *Sicko*.

Sept. 23: Sered and Fernandopulle, chaps. 7 and 10.


Sept. 28: *1st in-class exam*

III. HEALTH CARE POLICY AND POLITICS IN THE UNITED STATES

A. Why the US does not have national health insurance
Sept. 30:

B. The failure of the Clinton plan

C. Market solutions and managed care
Oct. 5: Bodenheimer and Grumbach, chap. 6 (Organization II).

Oct. 7: Bodenheimer and Grumbach, chap. 4 (Reimbursing).

Oct. 9:

D. The managed care backlash and resurgent providers
Oct. 12:
Bodenheimer and Grumbach, chap. 16.
*Atul Gawande,” The Cost Conundrum,” *The New Yorker*, June 1, 2009, pp.36-44.*
Recommended:


Recommended:

**IV. A NEW WAVE OF HEALTH CARE REFORM**

A. Cost containment and quality challenges in reform
Oct. 16: Bodenheimer and Grumbach, chaps. 9 and 10.

Oct. 19:

Recommended:

B. The single-payer option
Oct. 21:

Oct. 23: No class; mid-semester break
C. Reform in the states: the Massachusetts Plan
Oct. 26:
*Sharon K. Long and Paul B. Masi,” Access and Affordability: An Update on Health Reform in Massachusetts, Fall 2008,” HA (web edition), (4) 2009, w578-w587.

Additional readings may be assigned.

D. National level reform efforts
Oct. 28, 30:

Additional readings to be assigned.

Nov. 2: Policy memo on US health care reform due

V. HEALTH CARE IN OTHER ADVANCED CAPITALIST DEMOCRACIES

A. The place of the medical profession in health care: issues of physician autonomy in cross-national perspective
Nov. 2:

**NOTE: Markets and Medicine book is on Raynor Library reserve; assigned chapters are on D2L.

Recommended:

B. Britain’s National Health Service (NHS)
Nov. 4:
**Giaimo, Markets and Medicine, chap. 1.

Nov. 6:
*Nicholas Timmins, “From millions to billions in eight years,” Financial Times, April 19, 2005, p. 4.
Recommended:

C. National Health Insurance (NHI) in Germany

Nov. 11:

Nov. 13:

D. Single Payer NHI in Canada
Nov. 16, 18:


E. Comparative lessons
Nov. 20:

Nov. 23:

PBS *Frontline*, “Sick Around the World” to be shown in class on Nov. 20 and 23.

Nov. 25, 27: No class; Thanksgiving break

Nov. 30: 2nd in-class exam
VI. HEALTH CARE CHALLENGES IN DEVELOPING COUNTRIES

A. Disease and Poverty in the Developing World
Dec. 2:

Dec. 4:

Dec. 4: Graduate student research paper due

B. Case study: HIV/AIDS
Dec. 7:
“Only a Glimmer of Hope,” FT Business and AIDS Special Report, *Financial Times,* December 1, 2006 (pp. 2-9. See also see p. 15 for useful websites). NOTE: I will hand out this reading because the copy on D2L is difficult to read.

Dec. 9:

C. Policy possibilities for health care in developing countries

Final exam: Wednesday, Dec. 16, 1-3 PM, Lalumiere 114